
# City of New York
# Office of Chief Medical Examiner
# Pandemic Influenza Surge Plan
# To Manage In-Hospital Deaths Planning Tool

**June 2008**

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**City of New York OCME Pandemic Influenza Surge Plan To Manage In-Hospital Deaths Planning Tool**

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City of New York
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# Section I

## Introduction

The purpose of this planning document is to help New York City (NYC) healthcare facilities (HCFs) prepare to manage numerous fatalities likely to occur from a Pandemic Influenza (PI) event. By having all HCFs use this planning document template, NYC agencies will be better able to coordinate individual HCF resource requests regarding mass fatality management efforts.

It is likely NYC HCFs will experience 40,881 additional decedents over the course of a PI outbreak, based on estimates modeled by the Centers for Disease Control and Prevention's (CDC) "most likely" PI event fatality scenario. For hospitals, this means managing nine additional decedents per day related to the PI event at each facility over a continuous eight-week period, providing equal distribution of patients occurs among all 67 HCFs in NYC's healthcare system.

The NYC Office of Chief Medical Examiner (OCME), in collaboration with Gavin Emergency Management Consultants (GEMC), the NYC Department of Health and Mental Hygiene (DOHMH) Healthcare Emergency Preparedness Program (HEPP), and the NYC Office of Emergency Management (OEM) developed the Citywide PI Surge Plan to Manage In- and Out-of-Hospital Deaths. As part of this plan, the OCME has agreed to assist HCFs increase their storage capacity by distributing Body Collection Points (BCPs), which are refrigerated storage units, to HCF locations, recover decedents from BCPs, provide temporary long-term storage, track decedents under their responsibility, and release decedents to private sector entities (e.g., funeral directors and crematorium owners) without delay or perform City-directed burial of decedents when necessary.

HCFs should be aware that placing a BCP at their facility is only one component of the OCME's plan to manage numerous decedents from a PI event. Other components associated with this plan include managing those who die in residential locations, tracking decedents throughout the five NYC boroughs, and a means to support next of kin (NOK) needs. To support their strategy, the OCME has developed this disaster planning tool for HCFs to use when formulating their mass fatality management plans.

HCFs should note the OCME believes enacting a strategy involving the distribution of BCPs is achievable even during a PI event when resources are limited. During past disaster operations, the OCME has obtained and managed more than the 140 BCPs, which would likely be required to support HCFs in a PI event. Even if there were a shortage of these types of refrigerated storage units, the OCME plans to distribute BCPs to HCFs and establish a different type of cold storage unit for its own facilities.

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As part of the OCME's effort to prepare, we are requesting HCFs provide feedback by ***September 18, 2008*** regarding their HCF's ability to receive, maintain, and secure a BCP should their facility choose to integrate the use of BCPs as a means to increase the facility's morgue capacity. Though hospital participation in the OCME's strategy is voluntary, it is highly recommended as this is how OCME and OEM will prepare to support NYC HCFs during an actual PI event.

## General Guidance

- In general for HCFs to receive BCPs, they must be able to support two different types of BCPs—an 18-wheel unit and a CONEX container unit, as the OCME will not have the flexibility to determine the availability of either type of unit during a disaster event. *Note: Included in Section II of this document are specification sheets for both types of BCPs.

- HCFs electing not to receive BCPs must develop their capability to manage numerous fatalities in some other manner and incorporate a detailed description as part of their facility's Emergency Operation Plan (EOP). *Note: The OCME's plan will be executed to maximize the use of limited resources during a PI event. HCFs electing to implement alternate means of increasing their morgue capacity should be mindful to avoid competing for limited resources, like the BCPs, during a disaster event.

- The BCPs placed at HCFs should be used for all decedents having died from natural causes, including both PI and non-PI related deaths. It is likely a significant number of decedents will not have a known identity; although these deaths would normally be categorized as a medical examiner (ME) case, the OCME has determined they should be placed in the BCP. The BCP should not, however be used for any other cases requiring ME investigation (e.g., therapeutic complications, violent deaths including homicides, suicides and accidents, and all custody deaths). The OCME recommends HCFs use their regular morgue to store all cases requiring ME investigation (with the exception of decedents having clearly died from PI related or natural causes).

- As part of a complete fatality management strategy, HCFs should implement the Electronic Death Registration System (EDRS) at their facility. Although successful completion of Core Deliverable C is not contingent on implementing EDRS, using EDRS is much more efficient to process death certificate applications than the paper system. Presently, 30% of NYC HCFs are online with EDRS. To find out more information about EDRS, please contact the NYC DOHMH's Bureau of Vital Statistics, NYC DOHMH EDRS Coordinator, Aleida Maldonado at 212-788-4574 or edrs@health.nyc.gov.

- The DOHMH and OCME recommend HCF planners tailor the guidance provided within Section II of this document to suit the needs of their facility and to incorporate those changes as part of their HCF's EOP.

- The Citywide HCF Fatality Management PI Event Plan Survey (Part III of this document), once completed and returned to OCME and DOHMH, will become part of the OCME's PI Fatality Management Plan for managing fatalities.

## Developing a Mass Fatality Management (MFM) Plan

### *1. Understand the Basics*

The DOHMH and OCME recognize developing a comprehensive HCF Fatality Management PI Event Plan and associated protocols may take considerable time. To simplify the process, this document will provide HCFs a standardized approach from which key stakeholders within their facility can use to tailor to their facility's needs. This planning tool should be used in conjunction with:

- The OCME's PI Training Course, which describes in detail the City's plan for managing in-hospital deaths.
  - http://www.nyc.gov/html/doh/html/bhpp/bhpp-focus-bio.shtml

  or
  - http://www.nyc.gov/html/doh/html/bhpp/bhpp-hospital.shtml

### *2. Convene a MFM Working Group*

We recommend **each HCF convene a working group** composed of staff from key departments to review the materials proposed in this document, formulate a general response strategy, develop a specific HCF plan and sign off on a finalized HCF MFM plan. Members of this working group should include the emergency preparedness (EP) coordinator, morgue personnel, security director, facility and operations staff, safety officer or an industrial hygienist, and other staff responsible for planning or responding to an increase in fatalities during a PI event. If the HCF jointly uses morgue space, then members of each HCF should be part of the working group, particularly if HCFs determine to jointly implement the use of BCPs.

**These stakeholders should review the planning tools provided in Section II of this document**. This section is intended to serve as a quick-start guide, so that HCFs do not spend a lot of time figuring out all activities typically associated with fatality management. Specifically, Section II contains Job Action Sheets (JAS) for HCF personnel likely to perform fatality management activities, BCP specification sheets, Template Resource

Requirement Lists, and other helpful guidance regarding processes related to fatality management operations. Upon reviewing the planning tools, the committee should begin to tailor the information to fit their facility's needs.

**One of the first things the committee should determine is the feasibility of using BCPs for the management of mass fatalities during a disaster**. Involve security and facility's engineering personnel to help the committee determine if implementing the use of BCPs to increase morgue storage capacity is appropriate and feasible. It is important to pick a physical location at the HCF site having sufficient space for the placement of a BCP and accessibility for the large transport units used to deliver and replace the BCPs.

### *3. Review the Fatality Management Part of the Plan Annually in concert with the HCF's EOP*

As with all disaster plans, the HCF Fatality Management PI Event Plan should be considered a living document requiring regular revision and refinement. As indicated by the Joint Commission, disaster plans should be reviewed on an annual basis and updated as necessary.

### *4. Communicate the Intention of Being Part of the OCME's PI Plan to Manage In-Hospital Deaths*

Section III of this planning document contains a HCF Fatality Management PI Event Plan Survey. The DOHMH and OCME requests HCFs fill out this portion of the document, indicating the ability to manage an increase in decedents for several weeks. The Survey addresses five areas: (1) General Demographic Questions; (2) Morgue Operations and Capacity during Daily and Disaster Events; (3) Training; (4) HCF Fatality Management Responsibility Check-off Sheet; and (5) Sign-off Sheet.

The Survey will provide the NYC DOHMH and the OCME the status of each HCF's current morgue and surge capacity, as well as an assessment of each HCF understands with regard to its fatality management role. **Completing and returning Part III of this planning document to the DOHMH and OCME will communicate whether or not the facility plans to participate in this voluntary Citywide strategy to use BCPs to expand the facility's current morgue capacity.**

*Note: For those HCFs planning to participate in the strategy, the OCME would like to obtain an electronic copy of the facilities' maps identifying the intended BCP location. Further guidance regarding the placement of BCPs and how to obtain an electronic map can be found in Section II, parts 3.0 and 4.0 of this document.

The Survey should be completed for the site and returned to the DOHMH, both electronically and in hard copy. **The hard copy should be signed by the hospital Vice President of Operations, the EP Coordinator, and the Morgue Director.**

**The deadline for submitting the survey is September 18, 2008.** Please submit the hard copy of Part III of this template to: Dana Meranus, NYC DOHMH, 125 Worth Street, Room 222, CN-22A, New York, New York, 10013, and electronically to dmeranus@health.nyc.gov

*NOTE: Submission of the Survey, Section III of this document, fulfills the deliverable C requirements under the hospital's FY07 Core Contract with the NYC DOHMH HEPP. Upon receipt of the Survey, hospitals will be eligible to receive reimbursement up to $5000, as well as an emergency cache of 100 Human Remains Pouches (HRPs) for use during a PI event.

The delivery of the HRPs will be coordinated by the OCME after the submitted survey has been approved by the DOHMH. The OCME will coordinate with the HCF EP Coordinators to arrange a time for HCFs to pick them up.

One hundred HRPs measure 42" length x 48" width x 36"height and weigh approximately 740 lbs plus the weight of the skid they are placed on. More specifically,

- Five HRPs per box = 20 boxes total.
- Dimensions of each box = 16" length x 13"width x 8" height.
- Dimensions of the skid/pallet= 42" length x 48" width x 4"height.
- Nine boxes fit on one tier on the skid; requiring three tiers plus two boxes on top to accommodate 100 HRPs.
- Weight per box = 37 lbs/box.

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# Section II:
# New York City OCME Pandemic Influenza Surge Plan To Manage In-Hospital Deaths Planning Tool

During a PI event, HCFs will likely experience a large increase in patient deaths for which they must prepare to manage. Though HCFs will primarily be focused on caring for the living, they will also need to manage those who die under their care. In this section, the OCME recommends what HCFs should have in place to manage large numbers of fatalities. Though the intention of this planning tool is to help HCFs integrate their plans with the OCME's strategy to manage numerous decedents during a PI event, the information provided can be applied to all types of disaster events and can be applied even if HCFs elect not to use BCPs as a means of increasing their morgue capacity.

In this section the following information will be provided:

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# 1.0 List of Terms

Below is a list of terms the OCME uses in the Citywide OCME PI Surge Plan to Manage In- and Out-of-Hospital Deaths. All of these terms are not used within this planning document tool but are provided to you to review and consider, as HCFs should be familiar with the many tasks the OCME must manage during a disaster event involving numerous fatalities.

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**311 -** 311 is New York City's phone number for government information and non-emergency services. Calls are answered 24 hours a day, seven days a week. 311 operations provide immediate access to translation services in over 170 languages, as well as a state-of-the-art database of information and services about NYC government, updated in real-time, and can be scaled quickly to meet NYC demands in an emergency situation. One example of 311 operations is gathering missing persons' information to support New York City Police Department (NYPD) and OCME investigations.

**911 -** 911 is the official emergency number for New York City. Dialing 911 quickly connects the caller with a dispatcher trained to route the call to local emergency medical, fire, and law enforcement agencies as appropriate. All calls to 911 are answered by a live operator, 24 hours a day, seven days a week.

**Area Command Office of Chief Medical Examiner (AC-OCME) -** A pre-established location whereby OCME agency leaders meet to review their agency's Incident Action Plans (IAP) for each of the five borough OCME offices and coordinates their agency's response during the present or upcoming Operational Period (Op Period). During a PI event, the AC-OCME will be located at 520 First Avenue. This location will also be shared with the Manhattan Borough OCME, which is responsible for managing daily case investigations and management of PI cases.

**Autopsy -** An autopsy is a medical procedure consisting of a thorough examination of a corpse to determine the cause and manner of death and to evaluate any disease or injury present. It is usually performed by a specialized medical doctor called a pathologist. Autopsies are performed for legal or medical purposes.

**Body Collection Point (BCP) -** A temporary storage location used to expand HCF morgue capacity. BCPs are intended to provide temporary refrigerated storage of remains until the OCME can recover bodies and process them appropriately. HCFs placing bodies in a BCP are responsible for signing the death certificate, providing the OCME with as much information as appropriate regarding the next of kin (NOK), creating a manifest of those

bodies placed in the BCP, monitoring the temperature to ensure it stays at 37° Fahrenheit and securing the site appropriately.

**Body Collection Point Recovery Team -** Team of OCME personnel who will pick up bodies at BCPs. The OCME, with the support of the New York City Office of Emergency Management (OEM), will coordinate logistical support through the Health and Medical Desk at the NYC Emergency Operation Center (EOC), either to make arrangements to have the entire BCP removed and replaced, or to empty the BCP by recovery of individual bodies. Decedents in BCPs are transported by this team and brought to the most appropriate Borough OCME office (B-OCME) or Off-Site Morgue (OSM) as appropriate. The Team will tag and track bodies and BCPs as appropriate using designated OCME methods.

**Borough Office of Chief Medical Examiner (B-OCME) -** A term used to collectively represent each OCME located in the five NYC boroughs; this includes Bronx-OCME (BX-OCME), Brooklyn-OCME (K-OCME), Queens-OCME (Q-OCME), Manhattan-OCME (M-OCME) and Staten Island-OCME (R-OCME). B-OCMEs will become responsible for establishing command, control, and coordination regarding all activities taking place in their borough. Specifically, B-OCMEs will manage their daily caseload as well as PI cases requiring further investigation or autopsy. B-OCMEs will report to the OCME Area Command (AC) to synchronize their actions and obtain direction and resources.

**B-OCME Command Post (B-OCME CP) -** A location established at each B-OCME office whereby office staff meet to review their office's Incident Action Plans (IAP) and coordinate their office's response during the present or upcoming Op Period. Each B-OCME is also linked to the OCME Area Command Post located at 520 First Avenue.

**Casualty -** A casualty is an individual who is injured or becomes ill following an incident. This term does not typically include the deceased, who are labeled "fatalities."

**City Burial or City Directed Burial -** Disposition managed by the OCME. The OCME is responsible to manage in-the-ground burial of unidentified bodies, bodies having been identified but not having been claimed by the NOK, and decedents for whom the NOK does not have the resources to administer final disposition.

**CityNet -** The City of New York's intranet, which is used by City governmental agencies.

**City of New York Counties and Boroughs -** Within the City of New York exists five of the State's 62 administrative counties, namely: New York, Kings, Queens, Richmond, and Bronx. These counties do not have functioning county governments, although they each have a borough

president. They are coextensive with the five boroughs and share the same name with the exception of the Richmond County, which is called the Borough of Staten Island, Kings County, which is called the Borough of Brooklyn, and New York County, which is called the Borough of Manhattan.

**CONEX Container -** A type of refrigerated unit typically used to transport perishable items by an ocean vessel. Under the Citywide Pandemic Influenza Surge Plan to Manage In- and Out-of-Hospital Deaths, these units will be used to store decedents.

**Coroner** – A coroner is a public official who typically has statutory authority to investigate any death not due to natural causes.

**Distributed Death Registration Process -** A decentralized method used by the Office of Vital Records, which is part of the Department of Health and Mental Hygiene's Bureau of Vital Statistics, to register death certificates and obtain burial, cremation and transportation permits. Distributed Death Registration Process may entail either posting Office of Vital Records staff at B-OCMEs and off-site morgues (OSMs) or establishing an electronic death registration system (EDRS). EDRS is a secured Internet application enabling hospital and medical examiner staff to electronically submit death certificates to the Office of Vital Records for registration. EDRS can also be used by funeral directors to check on the status of registered death certificates and print burial/cremation/transportation permits at their funeral home location. To establish the EDRS at your facility, contact the DOMHM EDRS Coordinator Aleida Maldonado at 212-788-4574 or edrs@health.nyc.gov .

**Disaster Portable Morgue Unit (DPMU) -** A fully equipped, portable morgue established in a field setting. A DPMU is often established at or near an incident site. A DPMU comes complete with equipment and supplies necessary for performing a full external and internal examination (autopsy) and assessing decedents' identification by means of fingerprinting, photographing, obtaining dental and body x-rays, and gathering deoxyribonucleic acid (DNA) samples. A DPMU can be used as a whole unit or can be used in part to support limited morgue operations such as DNA and fingerprinting.

**(NYC) DOHMH Operations Center (DOHMH OC) -** An operations center established by the City of New York DOHMH during a disaster event to maintain its internal agency coordination. The DOHMH OC is activated during a PI event to coordinate planning and response activities.

**Emergency/Disaster Declarations -** An official emergency declaration made by specified elected officials to authorize and empower the executive to use any and all equipment, supplies, personnel and resources in a manner as may be necessary or appropriate to cope with the disaster or any emergency. The declaration of an emergency on the local level may result in funding, support, and access to additional state or federal assets. Such officials make

a formal declaration of an emergency when the event requires more assets and resources than exist within the jurisdiction. Emergency/disaster declarations can be made at the local, state and federal levels.

**Family Assistance Center (FAC) -** A FAC facilitates the exchange of timely and accurate information with family and friends of injured, missing, or deceased disaster victims; the investigative authorities; and the medical examiner/coroner. Types of services generally include: grief counseling; childcare; religious support; facilitation of family needs such as hotel, food, and transportation; antemortem data collection; and notification of death to the NOK. Although FACs can differ from one another, the OCME's role at the FAC includes gathering antemortem data and notifying the NOK regarding the deceased. FACs can be actual or virtually established sites.

**H5N1 Virus-** A specific virus strain of influenza currently causing large outbreaks of disease among poultry outside the United States that has limited transmission to humans. Current H5N1 virus outbreaks among humans have been due to direct or indirect contact with infected birds or their secretions/excretions. Although H5N1 is not easily transmissible between humans, the World Health Organization (WHO) recognizes the potential for this virus to mutate, resulting in human-to-human transmission.

**Health and Safety Plan (HASP) -** A plan formally identifying the potential health and safety risks and countermeasures associated with operational unit practices. It addresses practices put in place to help prevent illness or injury. HASPs generally include identification of potentially unsafe environments, the use of PPE, health or medical countermeasure practices, ingress and egress practices, and methods for assessing unsafe situations.

**Healthcare Facilities (HCFs) -** HCFs include public and private hospitals, nursing homes, retirement facilities, prison health clinics, public health clinics, and mental health hospitals. For the purposes of this planning document, HCFs refer to the 66 hospitals within the five New York City boroughs.

**Incident Action Plans (IAPs) -** IAPs identify agency and/or functional area objectives personnel must work toward accomplishing during the next Op Periods. IAPs not only help an agency maintain coordination between all functional areas/tasks being performed simultaneously during an Op Period but also support the larger jurisdiction's IAPs to mitigate the effects of a disaster event, when IAPs are coordinated jurisdiction-wide. IAPs: (1) specify the objectives for the next Op Period; (2) define the work assignments for the next Op Period, including site-specific safety messages; (3) define the resources needed to accomplish the work order; (4) depict how all response personnel are to be organized; (5) list radio and telephone communications for all incident personnel; (6) specify a medical plan to follow in case of a responder emergency; and (7) identify resources at risk.

**Incident Command System (ICS) -** A method of command, control, coordination, and communication that enhances agency operations when responding to a disaster event. Typically, ICS refers to management of people performing specific functions within a leader's span of control.

**Incident Management System (IMS) -** A method of command, control, coordination, and communication enhancing an agency's or multiple agencies' response to a disaster event. Typically, IMS refers to more than the ICS, as it also encompasses management of all phases of the disaster: preparedness, response, recovery, and mitigation.

**Medical Examiner (ME)** - A medical examiner is a physician who is appointed by the government to oversee and/or perform medicolegal death investigations.

**Medical Examiner Transport Team (METT) -** A team of two or more individuals recovering bodies from HCFs and residential locations and transporting them to the appropriate B-OCME location.

**Medicolegal** – Pertaining to medicine and law.

**Medicolegal Investigation**- The medicolegal investigation includes the collection of data, photographs, evidence, witness interviews, external examination of the body at the scene, and other forensic information and analysis that will contribute to the determination of cause and manner of death, reconstruction of the accident or crime scene, and support the provision of survivability factors. The medicolegal investigation falls within the exclusive purview of the Medicolegal Authority operating at the scene of an incident.

**Medicolegal Investigator (MLI) -** A medicolegal investigator is an individual with the training and experience to conduct a competent, thorough, and independent investigation into the circumstances surrounding a death in accordance with the legal requirements of the jurisdiction.

**Missing & Unidentified Persons -** Missing persons are those persons whose whereabouts are unknown to family or friends following an incident. Unidentified persons include those persons, both injured and deceased, who require the application of scientific methods to verify their identification. Scientific methods for identification include DNA, fingerprints, dental, radiographs, or medical record examination.

**Mortuary Affairs (MA)** - Mortuary Affairs is synonymous with fatality management, which is a general term referring to the provision of necessary care and disposition of missing and decedent persons, including their personal effects (PE). It is a term used by the Department of Defense (DOD) that encompasses the search, recovery, evacuation, tracking, tentative and

confirmatory identification, processing, and temporary and/or final interment and/or re-interment of human remains.

**Off-Site Morgue (OSM) -** A temporary OCME facility where staff can process decedent identification and perform an external examination. In some cases, an OSM may have a full complement of equipment, supplies, and personnel to perform all aspects of an internal examination/autopsy. The OCME primarily intends to establish OSMs in association with each B-OCME.

**Operational Period (Op Period)** - A length of time set by the Incident Commander during a disaster event to execute predetermined IAPs. During each Op Period, which typically lasts 1, 2, 8, 12, or 24 hours, agency commanders identify and execute key objectives. These agency objectives are generally coordinated with other agencies' objectives so as to successfully mitigate the effects of a disaster. Typically, Op Periods are shorter during initial occurrence of a disaster and grow longer as less complex coordination is required.

**Personal Effects (PE) -** Property, which includes clothing, jewelry, wallets, or other items, found on a decedent's body. Such items are often categorized as durable or non-durable items and are often used to help identify casualties and decedents.

**Point of Dispensing (POD) -** A specific location where appropriate medical or trained staff dispense medications to large numbers of persons for the purpose of preventing them from contracting a specific infection, illness or disease.

**Prosector -** Another name referring to the medical physician performing an autopsy.

**Residential Recovery Team -** An OCME recovery team made up of a medicolegal investigator (MLI) and two body handlers or a METT. This Team will investigate residential deaths, recover decedents, and transport the bodies to the appropriate B-OCME. The Team will tag and track bodies as appropriate using designated OCME methods.

**Remains Storage Facility (RSF) -** A temporary cold storage unit established at B-OCMEs and OSM enhancing decedent and PE storage capacity. RSFs can be refrigerated CONEX boxes, 18-wheeltrailer units, tents, or permanent facilities.

**Resource Typing -** A uniform means by which to name resources and package them with specific equipment, supplies, personnel, services and facilities so resources have consistent capabilities. Resource typing involves identifying the resource name, category, kind, components, metrics, type, and additional information. The United States Department of Homeland

Security is currently developing a national resource typing model as part of the National Incident Management System (NIMS).

**Standard Precautions -** Guidance from the Centers for Disease Control and Prevention (CDC) on infection control precautions that should be followed during all patient care activities in healthcare settings to protect against exposure to potentially infective blood or body fluids. Standard Precautions include the following:

- Performing hand hygiene before and after all patient contact or contact with items potentially contaminated with blood or body fluids.
- Wearing gloves, gowns, masks, and eye and/or facial protection to prevent contact with mucous membranes, non-intact skin, blood, and other moist body substances as determined by the nature and extent of the anticipated exposure.
- Removing and appropriately discarding all PPE immediately after completion of a task and performing hand hygiene.

**Staging Area -** A location where OCME personnel respond to gather equipment and assignments before responding to an incident. OCME has predesignated 520 First Avenue (the AC-OCME building) as the location to which command staff personnel will report, and FDR Drive at East 18$^{th}$ Street as the location to which field response teams (i.e., MLI, METT and Medical Examiner Special Operational Response Teams (MESORTs)) will report before going to an incident site. The OCME will determine alternate staging locations as dependent on disaster operations and environmental constraints.

**Unified Command Structure (UCS) -** A method of coordinating multiple agency responses during a disaster event promoting command, control, communication, and coordination. During a PI event, New York City agencies will utilize a UCS to govern their activities.

**Unified Command Post (UCP) -** A location established whereby multiple responding agencies review and coordinate all agencies' IAPs for the current or upcoming Op Period. During a PI event, New York City NYPD, FDNY, DOHMH, and OEM will jointly determine where to locate a UCP so as to appropriately coordinate multiple agencies response.

**Unified Victim Identification System (UVIS) -** A database system used by 311 NYC operators, NYPD, and OCME to gather key information to facilitate compiling an accurate list of missing persons thereby enhancing missing persons' investigation efforts during and after disaster events. UVIS is also used by the OCME to track decedents, collect antemortem information, and collect postmortem findings to facilitate the identification process during a disaster event. UVIS will also include a HCF module application so that HCFs may "self-report" decedents requiring the OCME to hold a body for claim and/or process decedents for identification or City-directed burial. The NYC OCME anticipates the UVIS HCF self-reporting

module will become available to HCFs in late 2008. *Note: HCFs will be able to communicate their needs to obtain a BCP, exchange a BCP, or refuel or obtain maintenance support via the UVIS application in addition to reporting their needs through the Emergency Support Function (ESF) #8 Health and Medical Desk at the NYC EOC.

# 2.0 Acronym List

Below is a list of acronyms used in association with the Citywide OCME PI Surge Plan to Manage In- and Out-of-Hospital Deaths. All of these terms are not used within this planning document template but are provided to you to review and consider.

| Acronym | Name |
|---|---|
| **A** | |
| AAR | After-Action Report |
| AC | Area Command |
| AC-OCME | Area Command-Office of Chief Medical Examiner |
| ACP | Area Command Post |
| AI | Avian Influenza |
| ALS | Advanced Life Support |
| ARC | American Red Cross |
| ASPR | Office of the Assistant Secretary for Preparedness and Response |
| **B** | |
| BCP | Body Collection Point |
| BLS | Basic Life Support |
| B-OCME | NYC Borough Office of Chief Medical Examiner |
| BX-OCME | NYC Bronx Office of Chief Medical Examiner |
| BSL | BioSafety Lab |
| BT | Bioterrorism |
| **C** | |
| CDC | Centers for Disease Control and Prevention |
| CIC | Citywide Interagency Coordinator |
| CIMS | Citywide Incident Management System |
| COP | Common Operating Picture |
| COSH | New York Committee of Occupational Safety and Health |
| CP | Command Post |
| **D** | |
| DCAS | Department of Citywide Administration Services |
| DMORT | Disaster Mortuary Operational Response Team |
| DNA | Deoxyribonucleic acid |
| DOA | Dead on Arrival |
| DOC | NYC Department of Corrections |
| DOHMH OC | NYC DOHMH Operations Center |
| DOD | Department of Defense |

| Acronym | Name |
|---|---|
| DOHMH | NYC Department of Health and Mental Hygiene |
| DoITT | NYC Department of Information Technology & Telecommunications |
| DPMU | Disaster Portable Morgue Unit |
| DSNY | Department of Sanitation, New York City |
| DVI | Disaster Victim Identification |
| **E** | |
| EENT | Ears, Eyes, Nose, Throat |
| ED | Emergency Department |
| EDRS | Electronic Death Registration System |
| EMS | Emergency Medical Service |
| EOC | Emergency Operation Center |
| EOP | Emergency Operations Plan |
| ESF | Emergency Support Function |
| **F** | |
| FAC | Family Assistance Center |
| FDNY | Fire Department for the City of New York |
| FEMA | Federal Emergency Management Agency |
| **G** | |
| GIS | Geographic Information System |
| GNYHA | Greater New York Hospital Association |
| **H** | |
| HAN | Health Alert Network |
| HASP | Health and Safety Plan |
| HCF | Healthcare Facility |
| HCM | Healthcare Morgue Manager |
| HEPP | Healthcare Emergency Preparedness Program |
| HERDS | Health Emergency Response Data System |
| HHC | NYC Health and Hospitals Corporation |
| HPAI | Highly Pathogenic Avian Influenza |
| HICS | Hospital Incident Command System |
| HRP | Human Remains Pouch |
| HRSA | Health Resources and Services Administration |
| HVAC | Heating/Ventilating/Air conditioning |
| **I** | |
| IAP | Incident Action Plan |
| IC | Incident Commander |
| ICP | Incident Command Post |
| ICS | Incident Command System |
| ILI | Influenza-Like-Illness |
| IMS | Incident Management System |
| **J** | |
| JIT | Just-in-Time |
| JIO | Joint Information Officer |

| Acronym | Name |
|---|---|
| **K** | |
| K-OCME | NYC Brooklyn Office of Chief Medical Examiner (Kings County) |
| **L** | |
| LPAI | Low Pathogenic Avian Influenza |
| LNO | Liaison Officer |
| **M** | |
| MA | Mortuary Affairs |
| MESORT | Medical Examiner Special Operations Response Team |
| ME | Medical Examiner |
| METT | NYC Medical Examiner Transport Team |
| MOA | Memorandum of Agreement |
| MOU | Memorandum of Understanding |
| MFI | Mass Fatality Incident |
| MFM | Mass Fatality Management |
| M-OCME | NYC Manhattan Office of Chief Medical Examiner |
| MLI | Medicolegal Investigator |
| MRC | Medical Reserve Corp |
| **N** | |
| NDMS | National Disaster Medical System |
| NIMS | National Incident Management System |
| NG | National Guard |
| NOK | Next of Kin |
| NRF | National Response Framework |
| NYC | New York City |
| NYDIS | New York Disaster Interfaith Services |
| NYPD | New York City Police Department |
| NYS | New York State |
| NYS DOH | New York State Department of Health |
| **O** | |
| OCME | NYC Office of Chief Medical Examiner |
| OCME Agency IC | NYC Office of Chief Medical Examiner Agency Incident Commander |
| OEM | NYC Office of Emergency Management |
| Op Period | Operational Period |
| OSHA | Occupational Safety and Health Administration |
| OSM | Off-Site Morgue |
| **P** | |
| PCR | Polymerase Chain Reaction |
| PE | Personal Effects |
| PHL | Public Health Laboratory |
| PI | Pandemic Influenza |

| Acronym | Name |
|---|---|
| PIO | Public Information Officer |
| PLI | Pandemic-Like Illness |
| POD | Point of Dispensing |
| PPE | Personal Protective Equipment |
| **Q** | |
| Q-OCME | NYC Queens Borough Office of Chief Medical Examiner |
| QC | Quality Control |
| **R** | |
| REMSCO | New York City Regional Emergency Medical Services Council |
| R-OCME | NYC Staten Island Office of Chief Medical Examiner |
| RSF | Remains Storage Facility |
| **S** | |
| SARS | Severe Acute Respiratory Syndrome |
| SEMO | New York State Emergency Management Office |
| SME | Subject Matter Expert |
| SOP | Standard Operating Procedures |
| **T** | |
| TL | Team Leader |
| **U** | |
| UCP | Unified Command Post |
| UCS | Unified Command Structure |
| UHC | Unified Health Command |
| US | United States |
| US AFIP | United States Armed Forces Institute of Pathology |
| US AFME | United States Armed Forces Medical Examiner |
| US DHS | United States Department of Homeland Security |
| US DOS | United States Department of State |
| US DOT | United States Department of Transportation |
| US DHHS | United States Department of Health and Human Services |
| USAMRIID | United States Army Medical Research Institute of Infectious Disease |
| UVIS | Unified Victim Identification System |
| **VWXYZ** | |
| WHO | World Health Organization |

# 3.0 Use of BCPs and HCF Morgues During a Disaster

HCFs will likely experience an increase in the number of decedents they typically store in their morgue during a PI event. As such, their current morgue capacity must be enhanced. HCFs should consider the following recommendations regarding the use of ad-hoc morgue space and traditional morgue space during a disaster:

- BCPs placed at HCFs should be used for all decedents having died from natural causes, including both PI and non-PI related deaths. It is likely a significant number of decedents will not have a known identity; although these deaths would normally be categorized as a medical examiner (ME) case, the OCME has determined they should be placed in the BCP.

- HCF morgues should continue to be used for any other cases requiring ME investigation (e.g., therapeutic complications, violent deaths including homicides, suicides and accidents, and all custody deaths) as the OCME will make provisions to conduct its primary investigative mission during the PI event.

- BCPs should NOT be considered a viewing area for NOK wishing to view bodies. HCF staffs must recommend NOK work with funeral directors as normal to make arrangements for viewing, wakes, and other funeral services.

- The press should not be permitted near or into the BCP; photographing the BCPs should be prohibited.

- Personnel (e.g., Morgue Manager, security personnel, body handlers, forklift operator) should not be allowed to smoke, eat, or drink near the BCPs.

- HCFs should pick a location for the placement of the BCPs:
  - Adequate space for placement and exchange of units is required.
  - A location that is out of public sight, if possible, is preferred.
  - The use of unconventional locations such as side streets or sidewalks so long as the HCF has the means of expanding their geographic area during a disaster event and can secure the area, is sufficient.

- The Morgue Manager must convey, through their chain of command and the UVIS HCF Self Reporting Module, the following:

- The need for a BCP.
- The number of decedents being held for claim.

- BCP maintenance issues.
- When the BCP is full and needs to be replaced. *Note: If the HCF was issued a CONEX type of BCP, which uses a tilt truck to transport the unit from one location to another, the HCF will not be given an empty BCP in exchange for the unit. In these instances, the OCME must send a BCP Recovery Team to individually remove the decedents. (See the specification sheets for both types of BCPs found within Section 5.0 of this document for further details.)

  - The Morgue Manager may release decedent bodies to funeral directors upon request, providing the case does not require OCME investigation or review. For example, cases whereby the NOK requests cremation must be reviewed by the OCME before a permit can be issued. In these instances the decedent becomes a ME case that is reviewed for cause and manner of death and should not be released to the NOK without OCME approval.

  - The Morgue Manager, in coordination with the Infrastructure Branch Director, must determine the following based on the type of BCP provided and the current environmental conditions. The OCME recommends maintaining a record of these items on the Hospital Incident Command System (HICS) Operational Log Form 214.
    - The need to establish electrical infrastructure to power the BCP if this has not been pre-established.
    - Temperature check performed at 8-hour intervals, minimum, to ensure 37-44 degrees Fahrenheit is maintained.
    - Fuel checks to ensure adequate fuel is available as a primary or secondary means of powering the BCP.
    - Electrical checks to ensure the BCP is drawing adequate power to maintain its temperature.
    - Means of communicating immediate BCP needs between the Morgue Manager and Infrastructure Branch Director and between the Morgue Manager and ESF #8 Health and Medical Desk at the EOC, via the Clinical Support Services Unit Leader.

# 4.0 Geographic Placement of BCP at HCF

The OCME recommends HCFs pre-identify the physical location to be used for the BCP and mark the site on a map of the HCF grounds. Completion of this map, although a beneficial step in MFM Planning, is not required for HCFs successful completion of HEPP's Core Deliverable C.

The purpose of this activity is to:

- Ensure adequate space is allocated for either type of BCP.
- Ensure driving directions are clear to a vendor who may never have delivered items to the HCF.
- Ensure delivery of either type of BCP can be accommodated.
- Determine if the location can accommodate two BCPs simultaneously just in case a transportation unit intends to drop off an empty BCP when picking up a full BCP.

Below is an example of a HCF address, map and identification of delivery routes, and placement directions to accommodate a BCP.

**Address:** New York University Langone Medical Center
550 First Avenue, New York City, NY 10016

**Delivery Directions:** From 1st Avenue, turn right at 30th Street.

**Location of BCP:** 150 yards south of the First Avenue and 30th Street intersection, on the north side of the block on or near the sidewalk.[1]

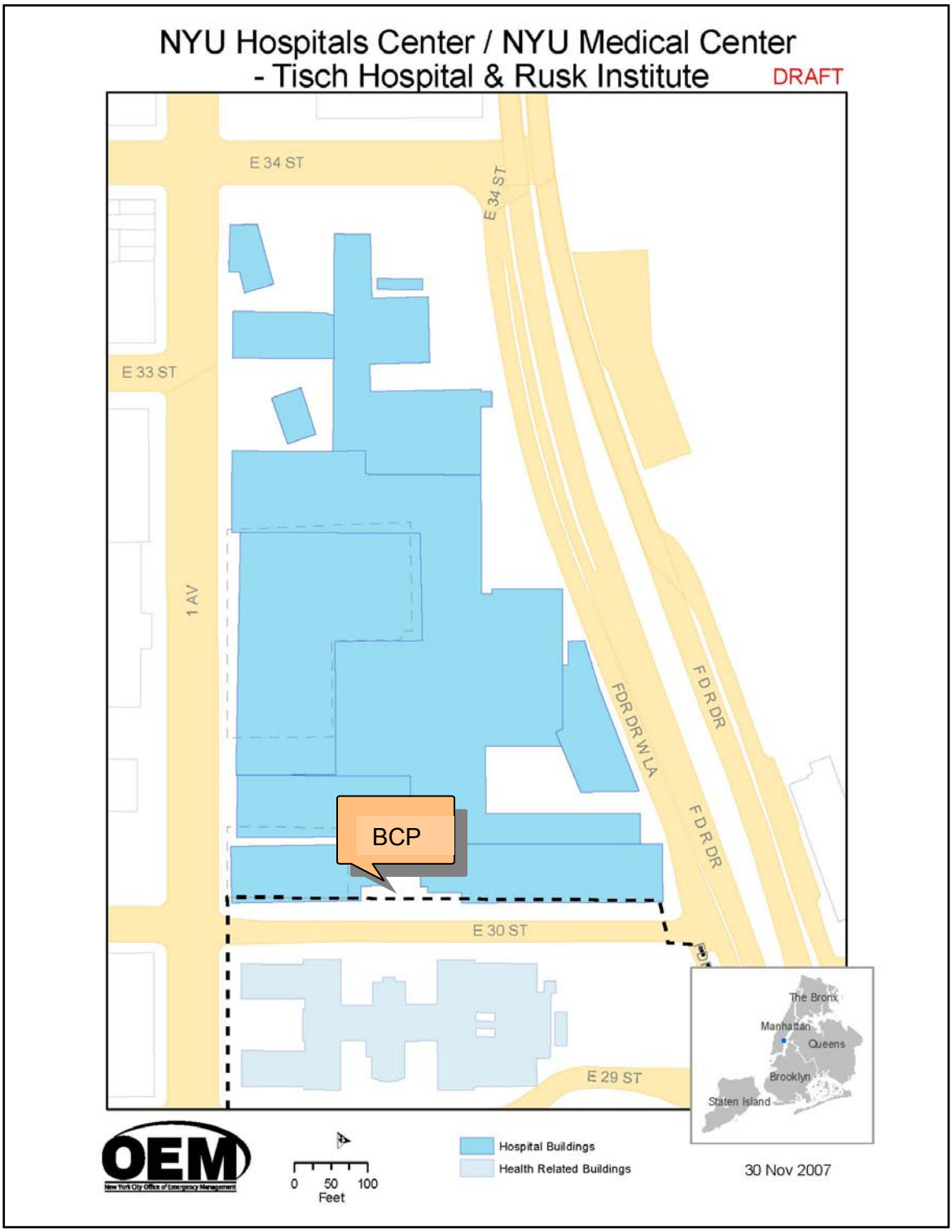
*Note: The OCME will obtain an electronic map of each HCF from OEM and will provide each facility a copy of their facility's map. Please use this map to identify the intended BCP location and return the map to the OCME. Please also include the address, delivery directions and location of the BCP as part of your documentation.

The OCME will retain a copy of the map and the survey as part of their PI surge plan documents. The OCME will also share the updated map with OEM so that the BCP location is captured on the HCF's master map and is included as part the city's 2008 GIS Mapping Project.

For HCFs already possessing a current electronic map of their geographic location, you may use it to identify the BCP location and submit a copy of it to the OCME.

The OCME point of contact for coordinating the BCP mapping task between the OCME, HCF and OEM is Elissia Conlon, econlon@ocme.nyc.gov or 212-447-2743.

[1] NYU Langone Medical Center BCP location identified in this document is presented as an example and does not portray the actual NYUMC chosen BCP location.


NYU Hospitals Center / NYU Medical Center
- Tisch Hospital & Rusk Institute
DRAFT
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FDR DR
BCP
E 30 ST
E 29 ST
The Bronx
Manhattan
Queens
Brooklyn
Staten Island
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Feet
Hospital Buildings
Health Related Buildings
30 Nov 2007


NYU Hospitals Center / NYU Medical Center
- Tisch Hospital & Rusk Institute
DRAFT
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FDR DR
FDR DR
BCP
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E 29 ST
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Brooklyn
Staten Island
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New York City Office of Emergency Management
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Hospital Buildings
Health Related Buildings
30 Nov 2007

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# 5.0 Specification Sheets

This section identifies specifications for the morgue desk and the two types of BCPs HCFs that will likely be issued. Staff should review these specification sheets to understand the logistics associated with using these items at their facility.

## 5.1 Specification Sheet: Morgue Desk

*(*Note: Some HCFs may not need to establish a morgue desk, as many HCFs may have Morgue Managers that can appropriately perform their duties from their current desk location.)*

| Morgue Desk Specifications | |
|---|---|
| **Physical location:** | · Temporary or permanent |
| **Equipment:** | · Desk<br>· Chair<br>· Computer with monitor<br>· Printer<br>· File cabinet<br>· Patient sliding board<br>· Patient lifting device<br>· Bar code printer<br>· Bar code label reader<br>· Temperature gauge for BCPs<br>· Padlock for BCPs |
| **IT Requirements:** | · Phone connection<br>· Network connection<br>· Access to EDRS<br>· HERDS connection<br>· Bar code reader/scanner |
| **Supplies:** | · Paper<br>· Roster manifest<br>· Writing utensils<br>· Waterless antiseptic cleanser<br>· Anti-noxious odor scent<br>· 50 gallons of diesel fuel if the HCF receives an 18-wheel BCP. |
| **Personal Protection Equipment:** | · Gloves<br>· Face mask<br>· Foot covers<br>· Apron<br>· Disposal bin<br>· Biohazard bags |
| **Cleaners:** | · Disinfectant cleaner for equipment<br>· Disinfectant cleaners for hands |

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## 5.2 Specification Sheet: 18-Wheel BCP


| 18-Wheel BCP Specifications | |
|---|---|
| **General characteristics:** | · Refrigerated<br>· Watertight<br>· Structurally sound<br>· Steel container<br>· Rear overhead roll-up door equipped with locking door handle that can accommodate a padlock; padlock to be provided by the HCF<br>· Rear door must have framed opening with water-tight cover<br>· Holes in the containers will be welded shut<br>· No decals<br>· Unit can be switched out for an empty unit when full<br>· Kingpin must not exceed 36 inches from setback; this is to ensure appropriate cab can hook up the BCP when it is removed from the HCF<br>· A BCP Recovery Team and vendor will switch out a full BCP of this type with an empty one, providing there are enough resources; otherwise the BCP Recovery Team will transfer decedents from the BCP to another transport vehicle to transport bodies to a designated B-OCME location |

| 18-Wheel BCP Specifications | |
|---|---|
| **Color:** | White (interior and exterior) |
| **Length:** | 48’ 1” |
| **Width:** | 8’ 6” |
| **Height:** | 12’ 6” |
| **Loading point height from the ground:** | 52” |
| **Floor type:** | Metal/steel |
| **Temperature:** | 37 degrees Fahrenheit |
| **Energy power:** | Diesel fuel, electrical or dual powered |
| **Diesel fuel power requirement:** | 50 gallons/week |
| **Electrical power requirement:** | 230 volt, 3-phase, 50 amp circuit |
| **Electrical specifications:** | · Appropriate breaker box, exterior disconnect<br>· Two 2/96 industrial fluorescence light figures; one wall switch with a through the wall nipple<br>· Two 110 electrical 4-position electrical outlets |
| **Limitations associated with delivery:** | · Front-end cab off hitches storage unit.<br>· Delivery requires large space to maneuver.<br>· Optimal location should accommodate two BCPs to drop off an empty unit and pick up a full unit |
| **Engine maintenance:** | Every 6 months |
| **Shelving:** | · Unit does not come with shelves<br>· Shelves can be retrofitted<br>· OCME will arrange for shelf retrofitting when deemed appropriate. |
| **Limitations associated with temperature:** | · Must be monitored with a temperature gauge placed inside the unit; temperature gauge to be provided by HCF<br>· External environment temperature may affect BCP temperature |
| **Forklift required:** | Yes |
| **Maximum number of decedents without the use of shelving:** | 44 |
| **Noise consideration:** | Diesel-powered units do make considerable noise |
| **Body placement considerations:** | Place decedents on each of the long sides of the unit leaving an isle down the middle for handlers |

## 5.3 Specification Sheet: CONEX Unit BCP

| CONEX BCP Specifications | |
|---|---|
| **General characteristics** | · Refrigerated<br>· Watertight<br>· Structurally sound<br>· Steel container<br>· Two swing doors on one end<br>· Doors to accommodate padlock; padlock to be provided by HCF<br>· Double swing door to have strip curtain<br>· Holes in the containers to be welded shut<br>· No decals<br>· Unit will not be switched out when full of decedents to avoid disruption of bodies placed inside the unit An OCME BCP Recovery Team will come to the facility and remove bodies from the unit and transport them to the most appropriate B-OCME location |
| **Color:** | White (interior and exterior) |
| **Length:** | 20’ 1” and 40’ |
| **Width:** | 8’ |
| **Height:** | 8’6” |
| **Loading point height from the ground:** | Level |

| CONEX BCP Specifications | |
|---|---|
| **Floor type:** | Metal/steel |
| **Temperature:** | 37 degrees Fahrenheit |
| **Energy power:** | Electrical powered |
| **Diesel fuel requirement:** | N/A |
| **Electrical requirement:** | 380/460 volt, 3-phase, 50/60 Hz, 50 amp circuit |
| **Electrical specifications:** | · Appropriate breaker box, exterior disconnect<br>· Two 2/96 industrial fluorescence light fixtures with one wall switch with a through the wall nipple<br>· Two 110 electrical 4-position outlets |
| **Limitations associated with delivery:** | · Unit arrives as a roll-off unit via a tilt-bed truck<br>· Delivery requires large space to maneuver |
| **Engine maintenance:** | Every 6 months |
| **Shelving:** | · Unit does not come with shelves<br>· Shelves can be retrofitted<br>· OCME will arrange for shelf retrofitting when deemed appropriate |
| **Limitations associated with temperature:** | · Must be monitored with a temperature gauge placed inside the unit<br>· External environment temperature may affect internal BCP temperature |
| **Forklift required:** | No |
| **Maximum number of decedents without the use of shelving:** | 16-29 |
| **Noise consideration:** | N/A |
| **Body placement considerations:** | Place decedents on each of the long sides of the unit leaving an isle down the middle for handlers |

# 6.0 Template Resource Requirement List

| Resource Requirement List | |
|---|---|
| **Equipment Item** | **Specification** |
| Forklift: | · Grainger motorized Electric Stacker (recommended)<br>· Grainger Portable Electric Steel Quick Lift (recommended) |
| Body lifting device: | Normal |
| Sliding board: | Normal |
| Gurney: | Normal |
| Pallet: | Normal |
| Desk: | Normal |
| Chair: | Normal |
| Computer with monitor: | Normal |
| Printer: | Normal |
| Bar code label Printer: | Zebra TLP 2844-Z (recommended) |
| File cabinet: | Normal |
| Bar code scanner: | Symbol DS3478 Ruggedized Cordless Digital Scanner (recommended) |
| Temperature gauge: | Normal; or type that allows for monitoring the temperature inside the BCP without having to enter the BCP (recommended) |
| Padlock: | Combination or key type |
| Facility infrastructure: | Electric infrastructure for BCPs |
| **Supply Item** | **Specification** |
| Human remains pouch (HRP): | Ruggedized version with handles (recommended) |
| Decedent tag: | Multi bar code reader tags for PE, HRP and decedent. |
| Personal protective equipment (PPE): | · Tyvek suit or apron<br>· Gloves<br>· Mask with face shield<br>· Shoe covers |
| Disinfectant cleaner: | · Normal disinfectant solution used by HCF<br>· Disinfectant cleaner for equipment<br>· Disinfectant cleaners for hands<br>· Waterless antiseptic cleanser |
| Anti-noxious odor scent: | Superior Odor Control by M.S.P. Associates |
| Writing utensils: | Normal |
| Disposal bin: | Normal |

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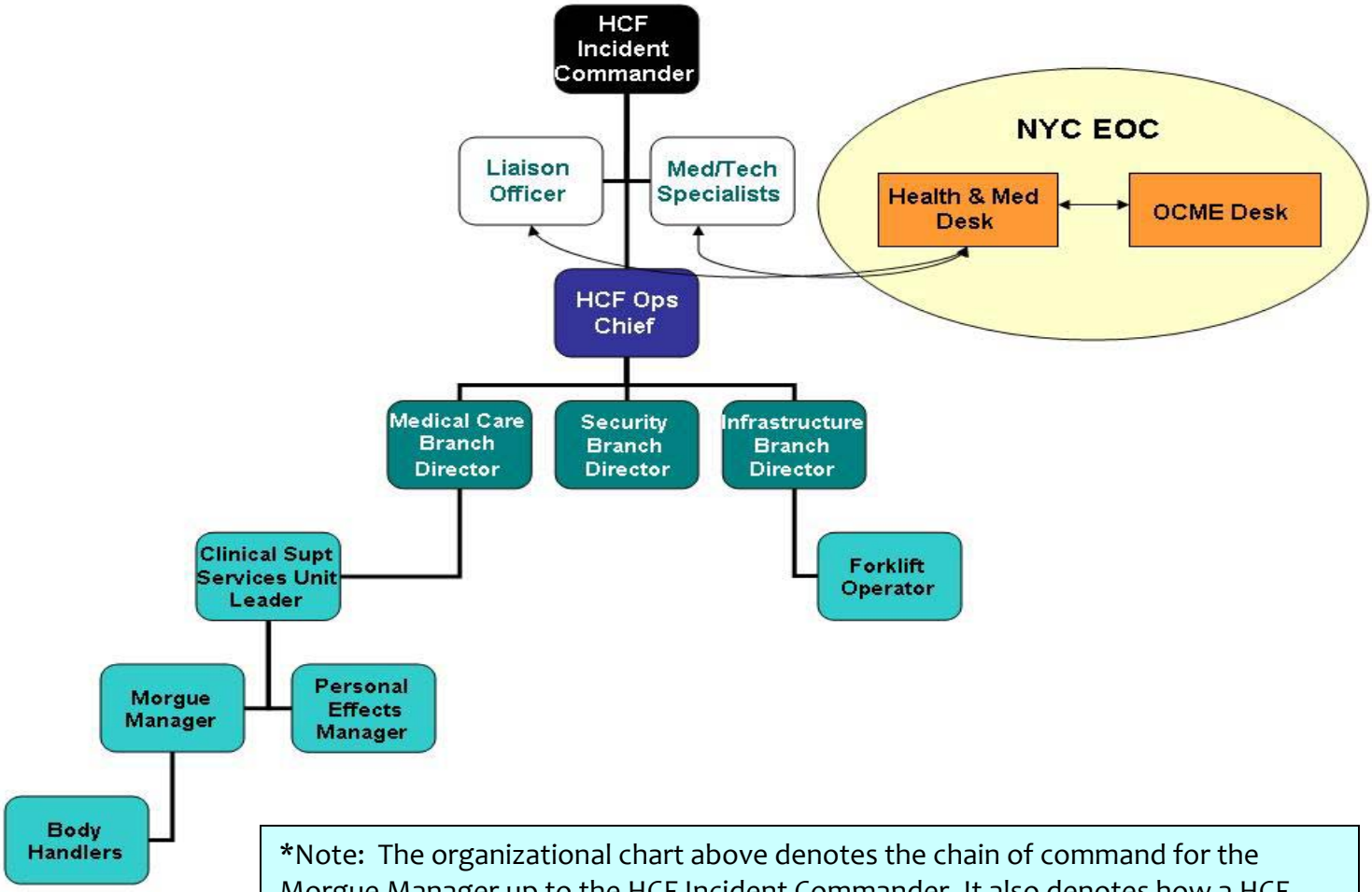
| Resource Requirement List | |
|---|---|
| Biohazard bags: | Normal |
| Paper: | Normal |
| Phone connection Network connection: | Normal |
| Access to EDRS: | Normal |
| HERDS connection: | Normal |
| Fuel: | 50 gallons of diesel |
| **Personnel** | **Specification** |
| Forklift operator: | Certified operator |
| | |

# 7.0 Template Job Action Sheets (JAS) for HCF Personnel

The following JAS were modeled after the HICS Version 4 document, developed by the California Emergency Medical Services Authority (www.emsa.ca.gov/hics/hics.asp).
These JAS are provided as templates for HCFs to use and modify, as HICS v4 does not specifically address fatality management leadership positions. HICS does acknowledge, however, fatality management operations as a task under the Clinical Support Services Unit Leader and as such, this planning tool recommends HCF planners consider the following organizational chart as a means of integrating fatality management operations into your facility's HICS.




*Note: The organizational chart above denotes the chain of command for the Morgue Manager up to the HCF Incident Commander. It also denotes how a HCF may communicate their resource needs for items they do not have with their representatives at the Emergency Support Function (ESF) #8 Health and Medical Desk located at the NYC Emergency Operations Center (EOC) during a disaster event. **It is through the EOC HCFs primarily communicate their needs to the OCME regarding the BCPs unless otherwise directed**. The NYC EOC number is 718-422-8766.

JAS were created for the following positions (*Note: Positions noted in bold denote positions currently NOT identified in HICS):

- **Morgue Manager**
- **PE Manager**
- Security Branch Director
- Infrastructure Branch Director
- **Forklift Operator**
- **Body Handlers**

The OCME and DOHMH recommend the HCF Mass Fatality Management Committee review the positions and activities performed by each role and determine if these roles should be full-time positions or combined with other positions. It is likely the Morgue Manager and possibly the PE Manager are the only full-time positions.

*****Note: Activities listed within all JAS primarily focus on fatality management activities. For positions already identified within HICS, fatality management tasks are identified in bold lettering. The JAS, in addition to all the planning tools, are intended to strengthen your facility's ability to respond to a disaster event, but they are only recommendations. We suggest your MFM Committee review the materials and modify them as appropriate and once completed, add the information to your EOP.

# Morgue Manager

**MISSION:** To direct and oversee the management of decedents at the healthcare facility during a disaster event.

Date: _____ Start: _____ End: _____ Position Assigned to: _____

Signature: _____Initials: _____

Position Reports to: Clinical Support Services Unit Leader

Hospital Command Center Location: Morgue/Body Collection Point (BCP) Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title:_____

| IMMEDIATE RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Receive appointment and briefing from the Clinical Support Services Unit Leader regarding your position and the Incident Action Plan (IAP) for the current Operational Cycle. | | |
| Read this entire Job Action Sheet (JAS), fatality management guidance packet and review incident management team chart Hospital Incident Command System (HICS) Form 207. Put on position identification dress (e.g., vest). | | |
| Notify your usual supervisor of your HICS assignment. | | |
| Appoint/review positions that support fatality management operations and complete the Branch Assignment List (HICS Form 204). Positions include Personal Effects Manager, Body Handlers, Security Branch Director, Facilities Maintenance Manager, and Forklift Operator. Understand the chain of command for communicating with each position. | | |
| Request staffing assistance from the Labor Pool and Credentialing Unit Leader to assist with positions that have not been filled. | | |
| Brief fatality management positions of the current situation and incident objectives; develop response strategy and tactics; outline action plan and designate time for next briefing. | | |
| Establish contact with the Communications Unit Leader and confirm your contact information. | | |

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| IMMEDIATE RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Participate in briefings and meetings and contribute to the IAP, as requested. | | |
| Assess clinical resources—staff, supplies, equipment, and facilities, that could be mobilized to assist as needed during the disaster event. For emergencies directly affecting hospital operations due to being damaged/overwhelmed, including evacuation of the facility:<br>• Determine which clinic sites could support fatality management needs.<br>• Determine staffing needs to provide 24-hour, 7-day a week support. | | |
| Determine means of temporarily increasing current HCF morgue capacity, e.g., use of shelving units or alternate refrigerated spaces. | | |
| Request a Body Collection Point (BCP) through your HCF's chain of command to the Emergency Support Function (ESF) #8 Health and Medical Desk located at NYC Emergency Operations Center (EOC) (718.422.8766) to increase morgue capacity. | | |
| Coordinate with Infrastructure Branch Chief to establish a BCP in a specific location on hospital grounds. This requires obtaining the Clinical Support Services Unit Leader's approval to communicate outside the chain of command. | | |
| Obtain ruggedized Human Remains Pouches (HRPs) provided to the HCF in preparation for PI event.<br>• Request more HRPs as needed by making request through the chain of command by contacting the ESF #8 Health and Medical Desk. | | |
| Coordinate the arrival and placement of the BCP with Security Branch Director and facility personnel. This requires obtaining the Clinical Support Services Unit Leader's approval to communicate outside the chain of command. | | |
| Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis. | | |

| INTERMEDIATE RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Ensure decedent's body is tagged and tracked while physically located at the healthcare facility (HCF). *Note: The Morgue Manager can use UVIS to enter decedent data, obtain an OCME specimen number with an associated bar code, and print a label for placement on the decedent tag, HRP and PE (if desired). (See BCP & Decedent Manifest Information Form Example & Excel spreadsheet and UVIS HCF Self-Reporting Application Module Guidance.) | | |

**City of New York OCME Pandemic Influenza Surge Plan To Manage In-Hospital Deaths Planning Tool**

| INTERMEDIATE RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Develop and manage a manifest of those decedents placed in each BCPs. **Note: The Office of Chief Medical Examiner (OCME) is creating a Web-based manifest for HCFs to use to track decedents placed in BCPs; until this Web-based manifest is available, HCFs should use the Excel spreadsheet manifest submitted with this packet. Once the Unified Victim Identification System (UVIS) HCF Module Application is available (approx 2009), track and report decedents to the OCME using the Web-based manifest. Morgue Managers use the Healthcare Morgue Manager identifier in UVIS (HCM).* | | |
| Obtain missing manifest information to complete record of each decedent. | | |
| Notify the Clinical Support Services Unit Leader regarding the number of bodies requiring pick-up for each Operational Period (Op Period), as established by your HCF and Office of Emergency Management (OEM).<br>• Full BCPs will be exchanged with an empty BCP unless the CONEX type of BCP is used.<br>• Decedents in less than full BCPs will be recovered by an OCME Recovery Team. | | |
| Ensure security surveillance of morgue area and coordinate requirement with the Security Leader. | | |
| Ensure consistent 37 degrees Fahrenheit temperature of BCP by using a temperature gauge inside the BCP and monitoring its temperature, at a minimum at the beginning of each 8-hour shift. Enter temperature on Form 214 log sheet. Different temperature gauges may not require entering the BCP to verify the actual temperature inside the unit. | | |
| Coordinate interaction between HCF maintenance staff and OCME contracted vendor regarding BCP equipment use, failure, temperature control, and fuel needs. | | |
| Physically direct placement of bodies in BCP or alternate morgue areas to maximize space utilization without stacking bodies and maintaining face-up position.<br>• May require coordinating activities between body handlers and the forklift operator.<br>• OCME investigation cases should be kept in a separate location from other decedents as an OCME investigation team will process decedents separate from decedents who die of natural causes.<br>• Each decedent should be checked for a bar code tag on the body and the human remains pouch if the HCF is using the bar coded labels as part of the UVIS module. This information should be made part of the manifest. *Note: If the UVIS module is not up and running then HCFs should be prepared to institute a paper filing back-up system. | | |

**City of New York OCME Pandemic Influenza Surge Plan To Manage In-Hospital Deaths Planning Tool**

| INTERMEDIATE RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Report and coordinate with HCF Security and New York Police Department (NYPD) regarding decedents brought directly to the BCP by the Next of Kin (NOK). | | |
| Update the Clinical Support Services Unit Leader with the number of decedents inside the BCP, so that this information can be relayed to the EOC. | | |

| EXTENDED RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Continue to meet regularly with the Clinical Support Services Unit Leader. | | |
| Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques. | | |
| Observe all staff and volunteers assigned to support fatality management operations for signs of stress and inappropriate behavior. Report concerns to the Mental Health Team Leader. Provide staff rest periods and relief. | | |
| Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information regarding decedent management. In addition to many things, the briefing should address:<br>• Number of non-medical examiner cases in the BCP.<br>• Number of medical examiner (ME) cases in the morgue.<br>• If a request was made to establish a BCP at the HCF.<br>• If requests were made to have the NYC OCME pick up bodies requiring investigation or for holding.<br>• If the manifest for all decedents has been filled out or identification of information that needs to be added.<br>• If the HCF is using the UVIS application module to self-report decedents to the OCME as well as other BCP needs.<br>• Number of decedents released to funeral directors. | | |

| DEMOBILIZATION/SYSTEM RECOVERY RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Continue to ensure management of decedents is appropriately addressed as fatality management operations often extend beyond the designated "disaster." | | |

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| DEMOBILIZATION/SYSTEM RECOVERY RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment. This includes, but is not limited to:<br>• Deactivation of the BCP.<br>• Release of decedents to the OCME or funeral director as appropriate.<br>• Use of hospital morgue with or without additional shelving or capacity alternatives.<br>• Return of decedent lifting devices. | | |
| Upon deactivation of your position, ensure all documentation and operational logs are submitted to the Operations Section Chief or Incident Commander as appropriate. | | |
| Submit comments to the Operations Section Chief or Incident Commander, as appropriate, for discussion and possible inclusion in the After-Action Report (AAR); topics may include:<br>• Review of pertinent position descriptions and operational checklists.<br>• Provide recommendations for procedure changes.<br>• Identify Section accomplishments and issues. | | |
| Participate in stress management and after-action briefings. Participate in other briefings and meetings as required. | | |

| DOCUMENTS/TOOLS |
|---|
| • Incident Action Plan (IAP).<br>• HICS Form 207 Incident Management Team Chart.<br>• HICS form 213 Incident Message Form.<br>• HICS Form 214 Operational Log.<br>• Hospital Emergency Operations Plan (EOP).<br>• Clinic Emergency Plan.<br>• Department and facility business continuity plans.<br>• Hospital organization chart.<br>• Hospital telephone directory.<br>• Radio/satellite phone directory.<br>• Use of BCPs and HCF Morgues During a Disaster.<br>• BCP & Decedent Manifest Information Form Example & Excel spreadsheet and UVIS HCF Self-Reporting Application Module, which is an on-line Web-based manifest tool.<br>• Management of Decedents Dropped Off by NOK at the HCF Emergency Department or Security Desk.<br>• Physical Placement of Bodies in the BCP.<br>• Decedent Management Sensitivity Guidance. |

| **DOCUMENTS/TOOLS** |
| --- |
| • Decedent Management Infection Control Practices & Personal Protective Equipment (PPE) Requirements.<br>• Morgue Desk Specification Sheet.<br>• Multi bar code reader tags for PE, human remains pouches and decedent.<br>• Bar code label printer. |

# Personal Effects Manager

**MISSION:** Organizes, directs, and manages decedent personal effects (PE) at the healthcare facility (HCF) during disaster events.

Date: _____ Start: _____ End: _____ Position Assigned to: _____

Signature: _____ Initials: _____

Position Reports to: Clinical Support Services Unit Leader

Hospital Command Center Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

| IMMEDIATE RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Receive appointment and briefing from the Clinical Support Services Unit Leader regarding your position and the Incident Action Plan (IAP) for the current Operational Cycle. | | |
| Read this entire Job Action Sheet (JAS), the packet of information and review incident management team chart Hospital Incident Command System (HICS) Form 207. Put on position identification dress (e.g., vest). | | |
| Notify your usual supervisor of your HICS assignment. | | |
| Review positions that support fatality management operations; positions include Morgue Manager, Personal Effects Manager, Body Handlers, Security Branch Director, Facilities Maintenance Manager, and Forklift Operator. | | |
| Request staffing assistance from the Labor Pool and Credentialing Unit Leader to assist with managing decedent PE as appropriate. This requires obtaining the Clinical Support Services Unit Leader's approval to communicate outside the chain of command. | | |

**City of New York OCME Pandemic Influenza Surge Plan To Manage In-Hospital Deaths Planning Tool**

| IMMEDIATE RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Brief personnel assigned to support PE management of the current situation and incident objectives; develop response strategy and tactics; outline action plan and designate time for next briefing.<br>• Healthcare Facilities (HCFs) may find they will be required to hold/store PE longer than usual during a PI event thereby needing more physical space than normal to secure items.<br>• HCFs should review their current policy for managing PE and modify it accordingly to accommodate a larger than normal quantity.<br>• In criminal cases, HCF turns over PEs to New York City Police Department (NYPD) as usual. | | |
| Establish contact with the Communications Unit Leader, and confirm your contact information. | | |
| Participate in briefings and meetings and contribute to the Incident Action Plan (IAP), as requested. | | |
| Assess clinical resources—staff, supplies, equipment, and facilities, that could be mobilized to assist as needed during the disaster event. For emergencies directly affecting hospital operations due to being damaged/overwhelmed, including evacuation of the facility:<br>• Determine which clinic sites could support storing PE. | | |
| Determine means of temporarily increasing current PE storage capacity, e.g., use of shelving units or alternate spaces that has appropriate security measures in place (e.g., cabinets with locks, rooms with locks, security cameras). | | |

| INTERMEDIATE RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Ensures the removal, tagging and tracking of decedent PEs.<br>• Must have an ability to link decedent to PE, e.g., use of the same HCF unique patient identifier placed on the patient and on the PE.<br>• Indicates on patient chart/record if HCF is holding PEs. | | |
| Returns PE to next of kin (NOK), as soon as possible.<br>• Has a means of appropriately releasing PE to NOK. | | |
| Secures PE until it is relinquished to NOK, NYPD, or County Administrator, as appropriate. | | |
| Develop and manage a manifest of PEs.<br>• Obtain missing PE manifest information to complete record of each decedent's PE. | | |
| Notify the Clinical Support Services Unit Leader and Morgue Manager regarding decedent PE requiring pick-up by NOK/NYPD/County Administrator for each Operational Period (Op Period), as established by your HCF and OEM. | | |

| INTERMEDIATE RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Ensure security surveillance of PE area and coordinate requirement with the Security Leader. | | |

| EXTENDED RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Continue to meet regularly with the Clinical Support Services Unit Leader and Morgue Manager. | | |
| Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques. | | |
| Observe all staff and volunteers assigned to support decedent PE operations for signs of stress and inappropriate behavior. Report concerns to the Mental Health Team Leader. Provide staff rest periods and relief. | | |
| Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information regarding PE management. In addition to many things, the briefing should address:<br>• PE identified to be returned to NOK.<br>• PE identified to be released to NYPD.<br>• PE identified to be released to the County Administrator. | | |

| DEMOBILIZATION/SYSTEM RECOVERY RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Continue to ensure management of decedent's PE is appropriately addressed as fatality management operations often extend beyond the designated "disaster." | | |
| Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment. | | |
| Upon deactivation of your position, ensure all documentation and operational logs are submitted to the Operations Section Chief or Incident Commander as appropriate. | | |
| Submit comments to the Operations Section Chief of Incident Commander, as appropriate, for discussion and possible inclusion in the After-Action Report; topics may include:<br>• Review of pertinent position descriptions and operational checklists.<br>• Provide recommendations for procedure changes.<br>• Identification of Section accomplishments and issues. | | |

| **DOCUMENTS/TOOLS** |
| --- |
| • Incident Action Plan (IAP).<br>• HICS Form 207 Incident Management Team Chart.<br>• HICS form 213 Incident Message Form.<br>• HICS Form 214 Operational Log.<br>• Hospital Emergency Operations Plan (EOP).<br>• Clinic Emergency Plan.<br>• Department and facility business continuity plans.<br>• Hospital organization chart.<br>• Hospital telephone directory.<br>• Radio/satellite phone directory.<br>• Use of BCPs and HCF Morgues during a Disaster.<br>• BCP & Decedent Manifest Information Form Example.<br>• Decedent Management Sensitivity Guidance.<br>• Decedent Management Infection Control Practices & Personal Protective Equipment (PPE) Requirements.<br>• PE Manifest Log. |

# Security Branch Director

**MISSION:** Coordinate all of the activities related to personnel and facility security such as access control, crowd and traffic control, and law enforcement interface.

Date: _____ Start: _____ End: _____ Position Assigned to: _____

Signature: _____ Initials: _____

Position Reports to: Operations Section Chief

Hospital Command Center Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

| IMMEDIATE RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Receive appointment and briefing from the Operations Section Chief. Obtain packet containing Security Branch Job Action Sheets (JAS) regarding your position and the Incident Action Plan (IAP) for the current Operational Cycle. | | |
| Read this entire JAS and review incident management team chart Hospital Incident Command System (HICS) Form 207. Put on position identification (e.g., vest). | | |
| Notify your usual supervisor of your HICS assignment. | | |
| Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis. | | |
| Determine need for appropriately appointing Security Branch Unit Leaders; distribute corresponding JAS and position identification. Complete the Branch Assignment List (HICS for 204). | | |
| Establish Security Command Post. | | |
| Identify and secure all facility pedestrian and traffic points of entry, as appropriate. | | |

**City of New York OCME Pandemic Influenza Surge Plan To Manage In-Hospital Deaths Planning Tool**

| IMMEDIATE RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Consider need for the following and relay findings to the Operations Section Chief:<br>• Emergency lockdown *(Unlikely to be instituted due to a PI Event).*<br>• Security/bomb sweep of designated areas. *(Unlikely to be instituted due to a PI Event.)*<br>• Providing urgent security-related information to all personnel.<br>• Need for security personnel to use personal protective equipment.<br>• Removing unauthorized persons from restricted areas.<br>• **Security of the HCF, triage, patient care, morgue, Body Collection Point (BCP), and other sensitive or strategic areas from unauthorized access.**<br>• Rerouting of ambulance entry and exit.<br>• Security posts in any operational decontamination area, if established. *(Unlikely to be instituted due to a PI Event).*<br>• Patrol of parking and shipping areas for suspicious activity.<br>• Traffic control. | | |
| Brief the Security Branch on the current situation, incident objectives and strategy, outline Branch action plan, and designate time for next briefing. | | |
| Ensure Branch personnel comply with safety policies and procedures and proper use of personal protective equipment, if applicable. | | |
| Coordinate immediate security personnel needs from current staff, surrounding resources (e.g., NYPD, security forces, and other law enforcement entities) and communicate need for additional external resources through Operations Section Chief to the Liaison Officer. | | |
| Assist in maximizing capability of the Branch to meet work demands. Assess problems and needs in Branch area; coordinate resource management. | | |
| Participate in briefings and meetings as requested. | | |
| Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit. | | |

| INTERMEDIATE RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Meet regularly with Operations Section Chief for status reports, and relay important information to Security Branch staff. | | |
| Communicate the need for and take actions to secure unsafe areas; post non-entry signs. | | |
| Ensure Security Branch staff identify and report all hazards and unsafe conditions. | | |

| INTERMEDIATE RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| **Ensure patient and decedent valuables are secure; initiate chain of custody procedures as appropriate. Coordinate activities with appropriate personnel to include the Operations Section Chief and Personal Effects (PE) Manager in charge of decedent personal effects.** | | |
| Coordinate activities with local, state, and federal law enforcement as appropriate; coordinate with the Liaison Officer and the Law Enforcement Interface Unit Leader. | | |
| Confer with Public Information Officer (PIO) to establish areas for the media. | | |
| Ensure vehicular and pedestrian traffic control measures are working effectively. | | |
| Consider security protection for the following, as indicated based on the nature/severity of the incident by instituting locks, security cameras, and/or routine surveillance:<br>• Food.<br>• Water.<br>• Medical resources.<br>• Blood resources.<br>• Pharmaceutical resources.<br>• Personnel and visitors.<br>• **Body Collection Point (BCP) for decedents.**<br>• **PE.** | | |
| Ensure proper equipment needs are met and equipment is operational prior to each Operational Period (Op Period). | | |
| Develop and submit a Branch action plan to the Operations Section Chief when requested. | | |
| Advise the Operations Section Chief immediately of any operational issues you are not able to correct or resolve. | | |
| **Brief staff of decedent management operations and distribute sensitivity guidance (see Decedent Management Sensitivity Guidance) regarding:**<br>• **What security personnel will see when decedents are brought to the BCP.**<br>• **What security personnel should do if next of kin (NOK) attempt to bring deceased loved ones directly to the BCP.**<br>• **What security personnel should do if NOK come to pick up decedent's PE.** | | |

**City of New York OCME Pandemic Influenza Surge Plan To Manage In-Hospital Deaths Planning Tool**

| EXTENDED RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Continue to monitor Security Branch personnel's ability to meet workload demands, staff health and safety, resource needs, and documentation practices. | | |
| Continue coordination with law enforcement officials. | | |
| Prepare and maintain records and reports, as appropriate. | | |
| Ensure your physical readiness through proper nutrition, water intake rest, and stress management techniques. | | |
| Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Employee Health & Well-Being Unit. Provide for staff rest periods and relief. | | |
| Upon shift change, brief your replacement on the status of all ongoing operations, issues and other relevant incident information. | | |

| DEMOBILIZATION/SYSTEM RECOVERY RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| As needs for Security Branch staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. ***Note: Fatality management operations tend to continue even when other aspects of HCF crisis have ended.** | | |
| Determine when to resume normal security procedures; ensure removal of special signage after "all clear" is announced. | | |
| **Determine with appropriate authority input (i.e., the PE Manager and Morgue Manager) regarding decedent management and decedent valuables/PE management.** | | |
| Coordinate completion of work with law enforcement and Liaison Officer. | | |
| Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment. | | |
| Ensure personal protective equipment (PPE) used by Security personnel is cleaned, repaired, and/or replaced. | | |
| Debrief staff on lessons learned and procedural/equipment changes needed. | | |
| Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Operations Section Chief.<br>• Brief the Operations Section Chief on current problems and outstanding issues requiring follow-up/resolution. | | |

| DEMOBILIZATION/SYSTEM RECOVERY RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Submit comments to the Operations Section Chief for discussion and possible inclusion in the After-Action Report (AAR); topics include:<br>• Review of pertinent position descriptions and operational checklists.<br>• Recommend procedures requiring modification.<br>• Identify Section accomplishments and issues. | | |
| Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required. | | |

| DOCUMENTS/TOOLS |
|---|
| • Incident Action Plan (IAP).<br>• HICS Form 204 Branch Assignment Sheet.<br>• HICS Form 207 Incident Management Team Chart.<br>• HICS form 213 Incident Message Form.<br>• HICS Form 214 Operational Log.<br>• Hospital Emergency Operations Plan.<br>• Hospital organization chart.<br>• Hospital telephone directory.<br>• Radio/satellite phone directory.<br>• Facility blueprints and maps.<br>• **Use of BCPs and HCF Morgues During a Disaster.**<br>• **Management of Decedents Dropped Off by NOK at the HCF Emergency Department or Security Desk.**<br>• **Decedent Management Sensitivity Guidance.**<br>• **Decedent Management Infection Control Practices & Personal Protective Equipment (PPE) Requirements.** |

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# Infrastructure Branch Director

**MISSION:** Organize and manage the services required to sustain and repair the HCF's infrastructure operations, including: power/lighting, water/sewage, heating/ventilating/air conditioning (HVAC), buildings and grounds, medical gases, medical devices, Body Collection Point (BCP) for decedent storage, structural integrity, environmental services and food services.

Date: _____ Start: _____ End: _____ Position Assigned to: _____

Signature: _____ Initials: _____

Position Reports to: Operations Section Chief

Hospital Command Center Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

| IMMEDIATE RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Receive appointment and briefing from the Operations Section Chief. Obtain packet containing infrastructure Branch Job Action Sheets (JAS) regarding your position and the Incident Action Plan (IAP) for the current Operational Cycle. | | |
| Read this entire JAS and review incident management team chart Hospital Incident Command System (HICS) Form 207. Put on position identification. | | |
| Notify your usual supervisor of your HICS assignment. | | |
| Appoint Infrastructure Branch Unit Leaders and complete the Branch Assignment List (HICS Form 204). | | |
| Brief the Infrastructure Branch on current situation, incident objective and strategy; outline Branch action plan and designate time for next briefing. | | |
| Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis. | | |

**City of New York OCME Pandemic Influenza Surge Plan To Manage In-Hospital Deaths Planning Tool**

| IMMEDIATE RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Assess Infrastructure Branch capacity to deliver needed:<br>• Facility heating and air conditioning.<br>• Power.<br>• Telecommunications.<br>• Potable and non-potable water.<br>• Medical gas delivery.<br>• Sanitation.<br>• Road clearance.<br>• Damage assessment and repair.<br>• Facility cleanliness.<br>• Vertical transport.<br>• Facility access.<br>• **BCP access.** | | |
| Assess problems and needs in Branch area; coordinate resource management. | | |
| Ensure Branch personnel comply with safety policies and procedures. | | |
| Instruct all Unit Leaders to evaluate on-hand equipment, supply, and medication inventories and staff needs, in collaboration with Logistics Section's Service and Support Branches or Units, as appropriate; report status to the Operations Section Chief and the Support Branch or Supply Unit Leader as appropriate. | | |
| Meet regularly with the Operations Section Chief to discuss plan of action and staffing. | | |
| Initiate facility damage assessment in collaboration with Logistics Section's Facilities Unit, if warranted; repair problems encountered, and update the Operations Section Chief of the situation. Assist in completion of the Facility System Status Report (HICS Form 251- add Body Collection Point to the list). | | |
| Document all communications (internal and external on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit. | | |

| INTERMEDIATE RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| **Continue coordinating fatality support services.**<br>• **BCP for decedent storage will be delivered by an OCME directed vendor either by a roll-off tilt truck or by an 18-wheel unit.**<br>• **Coordinate arrival of a BCP with Morgue Manager via the Medical Care Branch Director/Clinical Support Services Unit Leader and placement location of the BCP with the driver/vendor (See BCP Use Guidance and Body Collection Point Specification Sheet).** | | |

**City of New York OCME Pandemic Influenza Surge Plan To Manage In-Hospital Deaths Planning Tool**

| INTERMEDIATE RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Ensure prioritization of problems when multiple issues are presented. | | |
| Ensure documentation records are completed correctly and collected. | | |
| **Coordinate use of external resources to assist with maintenance and repairs through NYC Emergency Operations Center (EOC).**<br>• **Coordinate status and maintenance requirements of the BCP with the Morgue Manager via the Medical Care Branch Director/Clinical Support Services Unit Leader.**<br>• **Coordinate Morgue Desk specifications with the Morgue Manager via the Medical Care Branch Director/Clinical Support Services Unit Leader. (See Morgue Desk Specification sheet within this document.)**<br>• **Coordinate status and fuel requirement of the BCP with the Morgue Manager via the Medical Care Branch Director/Clinical Support Services Unit Leader and OCME via the Health and Medical Desk at the EOC to obtain re-fueling (See Use of BCPs and HCF Morgues during a Disaster and BCP Specification Sheets). **Note: It will also be possible to identify BCP needs via the UVIS HCF Self Reporting Application.*** | | |
| Report equipment needs to the Supply Unit Leader as appropriate. | | |
| Supervise salvage operations with the Operations Section Chief, if indicated. | | |
| Ensure staff health and safety issues are being addressed; resolve with infrastructure Branch Director, Safety Officer and Employee Health and Well-Being Unit Leader. | | |
| Develop and submit a Branch Action Plan to the Operations Section Chief when requested. | | |
| Advise the Operations Section Chief immediately of any operational issue you are not able to correct or resolve. | | |
| Meet regularly with Operations Section Chief for status reports and relay important information to Branch staff. | | |
| Ensure documentation and records are being completed correctly and collected. | | |

| EXTENDED RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Continue to monitor the infrastructure Branch's ability to meet workload demands, staff health and safety, resource needs, and documentation practices. | | |

**City of New York OCME Pandemic Influenza Surge Plan To Manage In-Hospital Deaths Planning Tool**

| EXTENDED RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Rotate staff on a regular basis. | | |
| Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Operations Section Chief at assigned intervals and as needed. | | |
| Continue to provide the Operations Section Chief with regular situation updates. | | |
| Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques. Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Employee Health & Well-Being Unit Leader. Provide for staff rest periods and relief. | | |
| Upon shift change, brief your replacement on the status of all ongoing operations, issues and other relevant incident information. | | |

| DEMOBILIZATION/SYSTEM RECOVERY RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| As needs for Infrastructure Branch staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. ***Note: Use of BCPs for decedent management often extends beyond the determined end point of the disaster event for other HCF units.** | | |
| Assist the Operations Section Chief and Branch Directors with restoring HCF infrastructure services to normal operating condition. | | |
| Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment. | | |
| Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Operations Section Chief. | | |
| Debrief staff on lessons learned and procedural/equipment changes needed. | | |
| Submit comments to the Operations Section Chief for discussion and possible inclusion in the After-Action Report; topics include:<br>• Review of pertinent position descriptions and operational checklists.<br>• Recommend procedural changes.<br>• Identify Section accomplishments and issues. | | |
| Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required. | | |

| **DOCUMENTS/TOOLS** |
| --- |
| • Incident Action Plan.<br>• HICS Form 204 Branch Assignment Sheet.<br>• HICS Form 207 Incident Management Team Chart.<br>• HICS form 213 Incident Message Form.<br>• HICS Form 214 Operational Log.<br>• Hospital Emergency Operations Plan.<br>• Hospital organization chart.<br>• Hospital telephone directory.<br>• Radio/satellite phone directory.<br>• Facility maps and ancillary services schematics.<br>• Vendor support and repair directory.<br>• **Use of BCPs and HCF Morgues during a Disaster.**<br>• **BCP Specification Sheets for 18-Wheel and CONEX type of containers.**<br>• **Morgue Desk Specification Sheet.**<br>• **Decedent Management Sensitivity Guidance.**<br>• **Decedent Management Infection Control Practices & Personal Protective Equipment (PPE) Requirements.** |

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# Forklift Operator

**MISSION:** To support the placement and removal of decedent bodies in the Body Collection Point (BCP) placed on healthcare facility (HCF) premises, during disaster events.

Date: _____ Start: _____ End: _____ Position Assigned to: _____

Signature: _____ Initials: _____

Position Reports to: Infrastructure Branch Director

Hospital Command Center Location: Body Collection Point Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

| IMMEDIATE RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Receive appointment and briefing from the Infrastructure Branch Director regarding your position and the Incident Action Plan (IAP) for the current Operational Cycle. Obtain packet containing infrastructure Forklift Job Action Sheet (JAS). | | |
| Read this entire JAS and review incident management team chart Hospital Incident Command System (HICS) Form 207. Put on position identification. | | |
| Notify your usual supervisor of your HICS assignment. | | |
| Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis. | | |
| **Assess problems and needs regarding Body Collection Point (BCP); coordinate activities with the Morgue Manager.** | | |
| Review and ensure compliance with safety policies and procedures.<br>• Associated with the forklift.<br>• Associated with the use of pallets.<br>• **Associated with handling decedents.** | | |
| Evaluate on-hand equipment, in collaboration with Logistics Section's Service and Support Branches or Units, as appropriate; report status to the Infrastructure Branch Director and the Logistics' Support Branch or Supply Unit Leader as appropriate.<br>• Forklift.<br>• Pallets. | | |

**City of New York OCME Pandemic Influenza Surge Plan To Manage In-Hospital Deaths Planning Tool**

| IMMEDIATE RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Meet regularly with the Infrastructure Branch Director and Morgue Manager to discuss plan of action and if additional staffing is needed. | | |
| Document all communications (internal and external on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit. | | |

| INTERMEDIATE RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| **Obtain guidance regarding decedent management from Morgue Manager.**<br>• **Identify where the BCP is located.**<br>• **Identify how bodies will arrive at the BCP.**<br>• **Identify who will do what regarding handling of bodies and placement inside the BCP.**<br>• **Identify safe practices associated with use of forklift and pallet to raise and lower decedents into and out of the BCP.**<br>• **Means of communicating needs between the Morgue Manager and Forklift Operator since decedents are likely to be brought to the BCP at all times during the day.** | | |
| **Use forklift equipment to lift decedents placed on pallets and place the pallet in or near the BCP to accommodate Body Handlers moving bodies from the pallet inside the BCP or taking bodies out of the BCP.** | | |
| **Uses forklift to remove bodies placed in BCP to accommodate the medical examiner personnel or funeral director personnel with recovery of decedents.** | | |
| Ensure safe practice/use of forklift.<br>• Appoint a spotter and/or partitioning off area where forklift is currently in use.<br>• **Coordinate activities with Morgue Manager and Body Handlers.** | | |

| EXTENDED RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Operations Section Chief at assigned intervals and as needed. | | |
| Continue to provide the Operations Section Chief with regular situation updates. | | |
| Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques. | | |
| Report equipment needs to the Supply Unit Leader. | | |

**City of New York OCME Pandemic Influenza Surge Plan To Manage In-Hospital Deaths Planning Tool**

| EXTENDED RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Ensure staff health and safety issues are being addressed; resolve with infrastructure Branch Director, Safety Officer and Employee Health and Well-Being Unit Leader. | | |
| Develop and submit an Action Plan to the Infrastructure Branch Director when requested. | | |
| Advise the Infrastructure Branch Director immediately of any operational issue you are not able to correct or resolve. | | |
| **Meet regularly with Infrastructure Branch Director and Morgue Manager for status reports.** | | |
| Ensure documentation and records are being completed correctly and collected. | | |

| DEMOBILIZATION/SYSTEM RECOVERY REPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| **When the use of a BCP is no longer needed, deactivate support based on information provided by the Morgue Manager via Medical Care Branch Director to the Infrastructure Branch Director.** | | |
| Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment. | | |
| Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Infrastructure Branch Director and Morgue Manager. | | |
| Submit comments to the Infrastructure Branch Director and Morgue Manager for discussion and possible inclusion in the After-Action Report (AAR); topics include:<br>• Review of pertinent position descriptions and operational checklists.<br>• Recommend procedural changes.<br>• Identify Section accomplishments and issues. | | |
| Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required. | | |

| DOCUMENTS/TOOLS |
|---|
| • Incident Action Plan (IAP).<br>• HICS Form 207 Incident Management Team Chart.<br>• HICS Form 214 Operational Log.<br>• Hospital Emergency Operations Plan.<br>• Hospital organization chart.<br>• Hospital telephone directory.<br>• Radio/satellite phone directory.<br>• **Use of BCPs and HCF Morgues During a Disaster.** |

**City of New York OCME Pandemic Influenza Surge Plan To Manage In-Hospital Deaths Planning Tool**

| DOCUMENTS/TOOLS |
| --- |
| • **Physical Placement of Bodies in the BCP.**<br>• **Decedent Management Sensitivity Guidance.**<br>• **Decedent Management Infection Control Practices & Personal Protective Equipment (PPE) Requirements.** |

# Body Handlers

**MISSION:** To physically move decedents from the healthcare facility (HCF) bed location to the morgue or Body Collection Point (BCP) location.

Date: _____ Start: _____ End: _____ Position Assigned to: _____

Signature: _____ Initials: _____

Position Reports to: Clinical Support Services Unit Leader

Hospital Command Center Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

| IMMEDIATE RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Receive appointment and briefing form the Clinical Support Services Unit Leader regarding your position and the Incident Action Plan (IAP) for the current Operational Cycle. | | |
| Read this entire Job Action Sheet (JAS) and review incident management team chart Hospital Incident Command System (HICS) Form 207). Put on position identification dress (e.g., vest). | | |
| Notify your usual supervisor of your HICS assignment. | | |
| **Review positions that support fatality management operations. Positions include Personal Effects (PE) Manager, Body Handlers, Security Branch Director, Facilities Maintenance Manager, and Forklift Operator.** | | |
| Request staffing assistance from the Labor Pool and Credentialing Unit Leader if additional personnel are needed. This requires obtaining the Clinical Support Services Unit Leader's approval to communicate outside the chain of command. | | |
| Obtain briefing from the Morgue Manager regarding the current situation and incident objectives. | | |
| Establish contact with the Communications Unit Leader, and confirm your contact information. This requires obtaining the Clinical Support Services Unit Leader's approval to communicate outside the chain of command.<br>• Determine the best method of communicating with the Morgue Manager. | | |
| Participate in briefings and meetings and contribute to the IAP, as requested. | | |

**City of New York OCME Pandemic Influenza Surge Plan To Manage In-Hospital Deaths Planning Tool**

| IMMEDIATE RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Assess resources/equipment for moving decedents from the bed to the Morgue and Body Collection Point (BCP).<br>• Sliding boards<br>• Lift devices<br>• Gurneys | | |
| Obtain Body Handling Guidance from the Morgue Manager.<br>• Placement of decedents inside BCP.<br>• Use of regular morgue for Medical Examiner (ME) for investigation cases.<br>• Decedents that can be placed inside the BCP.<br>• Location of BCP and morgue. | | |
| Obtain guidance from Clinical Support Services Unit Leader regarding how you will be notified of a body needing to be moved from the bed to the BCP or morgue. | | |
| Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis. | | |

| INTERMEDIATE RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Obtain case file with pertinent decedent information, including a signed death certificate from the medical unit requesting the movement of a body to the morgue or BCP.<br>• Obtain all pertinent information required from the Morgue Manager to fill out the manifest (see BCP & Decedent Manifest Information Form Example). It is likely all this information would be part of the death certificate application.<br>• May require obtaining information from the Medical Care Branch Director or support entity in charge of medical records. | | |
| Pick up decedents from the bedside and bring the bodies to the morgue or BCP as appropriate.<br>• Work with at least one partner or more as appropriate.<br>• Use lifting and moving devices to physically relocate bodies from one location to another (i.e., gurney, sliding boards, and lifts).<br>• Place bodies in human remains pouches (HRPs), if bodies have not already been placed in one; use ruggedized type HRP with lifting straps if available.<br>• Tag the body and HRP in accordance with HCF policy and with the direction of the Morgue Manager.<br>• Track decedents as directed by the Morgue Manager. | | |

**City of New York OCME Pandemic Influenza Surge Plan To Manage In-Hospital Deaths Planning Tool**

| INTERMEDIATE RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Move bodies to BCP and place bodies face up in BCP in a manner maximizing space utilization without stacking bodies.<br>• May require placing bodies on pallets to accommodate forklift assistance to move bodies into the BCP depending on the location of the BCP and the type of BCP. | | |
| Relay pertinent decedent information to Morgue Manager upon arrival at BCP. | | |

| EXTENDED RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Continue to meet regularly with the Clinical Support Services Unit Leader and Morgue Manager. | | |
| Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques. | | |
| Observe all staff and volunteers assigned to support body handling for signs of stress and inappropriate behavior. Report concerns to the Mental Health Team Leader. Provide staff rest periods and relief. | | |
| Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information regarding movement of decedents from the bedside to the morgue BCP. | | |

| DEMOBILIZATION/SYSTEM RECOVERY RESPONSE ACTIVITIES | TIME | INITIAL |
|---|---|---|
| Continue to ensure management of decedents is appropriately addressed as fatality management operations often extend beyond the designated "disaster." | | |
| Return/retrieval of equipment and supplies and return all assigned incident command equipment. This includes but is not limited to<br>• Return of decedent lifting devices. | | |
| Upon deactivation of your position, ensure all documentation and operational logs are submitted to the Clinical Support Services Unit Leader or Operations Section Chief as appropriate. | | |
| Submit comments to the Clinical Services Unit Leader and Morgue Manager, as appropriate, for discussion and possible inclusion in the After-Action Report (AAR); topics may include:<br>• Review of pertinent position descriptions and operational checklists.<br>• Recommend procedural changes.<br>• Identify Section accomplishments and issues. | | |
| Participate in stress management and after-action briefings. Participate in other briefings and meetings as required. | | |

| **DOCUMENTS/TOOLS** |
| --- |
| • HICS Form 207 Incident Management Team Chart.<br>• HICS form 213 Incident Message Form.<br>• HICS Form 214 Operational Log.<br>• Hospital Emergency Operations Plan (EOP).<br>• Clinic Emergency Plan.<br>• Hospital telephone directory.<br>• Radio/satellite phone directory.<br>• Use of BCPs and HCF Morgues during a Disaster.<br>• BCP & Decedent Manifest Information Form Example.<br>• Physical Placement of Bodies in the BCP.<br>• Decedent Management Sensitivity Guidance.<br>• Decedent Management Infection Control Practices & Personal Protective Equipment (PPE) Requirements.<br>• BCP & Decedent Manifest Information Form Example.<br>• Multi bar code reader tags for PE, human remains pouch (HRP) and decedent. |

# 8.0 Supporting Guidance

The following section will address supporting guidance HCFs should consider when implementing a fatality management plan. This guidance should be reviewed, revised, and shared with those assigned fatality management tasks at your facility. This section includes the following guidance:

- BCP & Decedent Manifest Information Form Example.
- Management of Decedents Dropped Off by NOK at the HCF Emergency Department or Security Desk.
- Physical Placement of Bodies in the BCP.
- Decedent Management Sensitivity Guidance.
- Decedent Management Infection Control Practices & Personal Protective Equipment (PPE) Requirements.

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## 8.1 BCP and Decedent Manifest Information Form Example

During a PI event, HCFs may have several options for tracking decedents and their associated information using electronic tools. HCFs are not required to use any of these electronic tools; however, they should be prepared to track and maintain the same information as identified in either of the tools listed below (as Option A and Option B).

***Option A*** —A HCF may elect to use the Unified Victim Identification System (UVIS) HCF Self-reporting Application Module. This application, though currently in draft during the development of this planning tool, is an on-line, Web-based tool, which HCFs will be granted access. Specifically, the UVIS HCF Self-reporting Module is intended to help HCFs electronically identify key information associated with the decedent as well as track the physical body of the decedent, if desired. It is the preferred method to report the need for a BCP and associated support, such as refueling, maintenance, and exchange of the BCP, as well as the number of decedents being held for claim. HCFs can and should still call the ESF #8 Health and Medical Desk at the EOC via their chain of command to report and/or confirm the OCME has received their support requests. The following points identify how HCFs can use UVIS:

- Once a patient dies in the HCF, the Morgue Manager enters the decedent's details in the UVIS application (see the list of information identified in Option B below), which generates a specimen number, and prints electronic bar code tags.

- The Morgue Manager or Body Handlers place a specimen number barcode tag on the decedent and the HRP.

- The PE Manager may elect to use the same specimen number to track any PE that has not been returned to NOK.

- Once the decedent is moved to the BCP or morgue, the Morgue Manager assigns a storage location in the UVIS application and places the decedent in the BCP.

- If the decedent is released to the funeral director, the HCF will issue the signed death certificate, noting whether the death certificate application was entered into the EDRS and release the decedent. This notation should be made in the UVIS application.

- If the decedent is released to the OCME, the OCME takes custody of either the individual body or the entire BCP. Using the OCME's UVIS application, the OCME takes possession of the body and scans the barcode of the decedent and the BCP, documenting they have taken possession of the body. The HCF Morgue Manager should make a notation of this, if it does not automatically populate in the HCF UVIS Application Module.

- The Morgue Manager may use UVIS to print out a manifest report identifying decedents relinquished to the OCME. UVIS will gather pertinent information for the OCME, which the HCF may also need to track. The UVIS HCF Self Reporting Module will track and print the following manifest report information:

  - Date Decedent Placed in BCP
  - BCP #
  - HCF Unique Identifier/Medical Record or Chart Number
  - UVIS Specimen Number
  - Decedent's Last Name
  - Decedent's First Name
  - Gender
  - Date of Death
  - Unclaimed by NOK
  - Funeral director/service name
  - NOK Contact Information
  - Religious Affiliation

  If the HCF believes it needs to track additional information, HCFs should consider supplementing the UVIS manifest report with the excel spreadsheet (Option B).

- The Morgue Manager may use UVIS to identify whether the BCP unit is full and to electronically report this to the OCME directly. The Morgue manager should also report this information to the OCME via the chain of command to the Health and Medical Desk at the EOC.

- The Morgue Manager may use UVIS to identify whether the BCP requires maintenance or refueling and to electronically report this to the OCME directly. The Morgue manager should also report this information to the OCME via the chain of command to the Health and Medical Desk at the EOC.

- The Morgue Manager may use UVIS to identify the need for additional HRPs and to electronically report this to the OCME directly. The Morgue manager should also report this information to the OCME via the chain of command to the Health and Medical Desk at the EOC.

***Option B***--The Morgue Manager can use an electronic file such as the Excel Spreadsheet form entitled "Decedent Manifest Information" to track each decedent placed in the BCP and morgue during a disaster. (*See Excel spreadsheet for further information.)* Whether the Morgue Manager uses this electronic spreadsheet or not, he/she should consider tracking pertinent information to ensure a smooth hand off to medical examiner or funeral

director personnel. The following list identifies the type of information the HCF may choose to gather:

- Date Decedent Placed in BCP
- BCP #
- HCF Unique Identifier/Medical Record or Chart Number
- UVIS Specimen Number
- Decedent's Last Name
- Decedent's First Name
- Gender
- Date of Birth (DOB)
- Body Claimed by Next of Kin (NOK)
- NOK Name
- NOK relationship
- NOK Contact Number
- PE Returned to NOK
- Is there a signed Death Certificate?
- Is the Death Certificate registered in EDRS?
- Funeral Service Name
- Religious Affiliation
- Final Disposition Cremation or Burial
- Decedent released to OCME
- Decedent released to Funeral Director

Most, if not all, of this information should be provided to the Morgue Manager by the Body Handlers when they bring the decedent to the BCP along with a decedent case report; however, any information not received should be researched and obtained to ensure a smooth hand off to a funeral director or OCME personnel.

*NOTE: In addition to UVIS and the decedent manifest, HCFs should determine which person(s) are responsible to enter similar data, presently identified within UVIS and the manifest sheet, into the Electronic Death Registration System (EDRS) when filing death certificate applications. Using EDRS will help manage numerous decedent death certificates and is another type of tool HCFs are encouraged to use. To find out more about EDRS, please contact the DOHMH EDRS Coordinator Aleida Maldonado at 212-788-4574 or edrs@health.nyc.gov .

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## 8.2 Management of Decedents Dropped Off by NOK at the HCF Emergency Department or Security Desk

It is possible NOK will not wait for the OCME or funeral director to come to their residential location to retrieve the decedent's physical body. In such instances, it is likely NOK will bring their deceased loved one to a public government location such as a fire department station, a police precinct, a borough Chief Medical Examiner Office, or HCF. Should this occur, the HCF should be prepared by providing security, morgue, and emergency department personnel the following guidance:

- Treat decedents as patients; triage, treat and pronounce death as protocol dictates.

- Admit the patient via the Emergency Department or equivalent and obtain information about the decedent.
  - Name, residence location, date of birth, social security number, etc.

- Obtain information about the person dropping off the decedent, including contact information for the NOK.

- Notify NYPD, as appropriate, when a decedent is dropped off at a HCF and the situation seems suspicious; let NYPD determine if a scene investigation is warranted.

- Notify the HCF Public Information Officer (PIO) of the occurrence so that the HCF PIO can coordinate with the EOC Health & Medical Desk to put out a message directing citizens' actions to avoid the direct dropping off of decedents at HCFs by NOK from occurring again.

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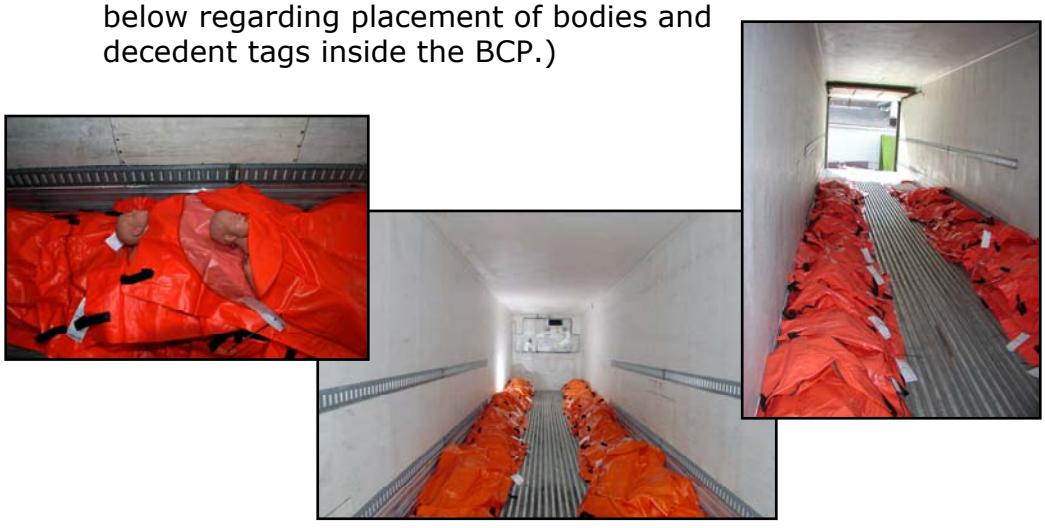
### 8.3 Physical Placement of Bodies in the BCP

The Morgue Manager should provide Body Handlers the following guidance when physically placing bodies inside the BCP:

- Decedents should always be handled in a manner denoting respect.
- Decedents should always be placed face up.
- Decedents should never be stacked.
- Body Handlers should arrange the bodies parallel with the long side of the BCP; placing them on each side of the BCP and leaving a center aisle for walking space.
- If shelving is retrofitted for the BCP, decedents should never be placed on shelves higher than a handler's waist unless a lifting device is used. This is to avoid back strain and handler fatigue.
- Body Handlers should use sliding boards and other lifting devices, when applicable, to make it easier to move bodies.
- Gurneys should be lowered, if possible, before moving decedents and placing them on the BCP floor.
- Decedents should be positioned in the below pattern to accommodate 9-44 bodies *(estimated maximum total with 22 bodies placed on each side of the BCP).*
  - Place the first body on the floor parallel to the long wall of the unit, at the end of the BCP furthest from the BCP entrance.
  - 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. (See pictures below regarding placement of bodies and decedent tags inside the BCP.)



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## 8.4 Decedent Management Sensitivity Guidance

Personnel who have never been around decedents and have been tasked with specific responsibilities such as morgue management, body handling, security, forklift operation, or facility infrastructure support should be briefed about their job tasks and what to expect in terms of seeing and being around decedent bodies.

Morgue Manager and Body Handlers—will probably be the only persons to see the physical body of the decedent, since their responsibilities either entail placement of the decedent into a HRP and tagging the body and the HRP or ensuring these things have been done. These personnel should also be prepared to smell a stale odor associated with remains. It is possible for the Morgue Manager to use anti-noxious odor scent/smelling balm to minimize unpleasant smells associated with decedents placed in the BCP.

Forklift Operators, Security Personnel, and Infrastructure Personnel—will probably only see the form of decedents through a HRP that may or may not be covered with a sheet. These personnel should also be prepared they may smell a stale odor associated with remains.

All personnel in close proximity to the BCP or decedents should remember the following:

- Decedents should always be handled in a manner denoting respect.
- Personnel (e.g., Morgue Manager, security personnel, Body Handlers, forklift operator) should not smoke, eat, or drink near the BCP.
- Personnel should refrain from joking and laughing when they are handling human remains or are near the BCP; this type of behavior becomes a particular concern should the news/media having visual access to the BCP location, photograph personnel "having fun" when handling decedents.
- Personnel should use appropriate gloves, masks, and aprons if they physically handle remains (See Infection Control Practice guidance in Section 8.5 of this document for further detail).
- Personnel should have access to anti-noxious odor scent (e.g., smelling balm) to counteract the stale odor associated with human remains.
- Personnel should immediately tell a supervisor if they are not able to continue working around decedents due to the stress associated with performing these tasks.

- Personnel in charge of others should identify those exhibiting inappropriate behavior and obtain support from the Mental Health Team Leader as necessary.

- Personnel in charge of those performing decedent management tasks should provide staff plenty of breaks and rest as appropriate.

## 8.5 General Decedent Management Infection and Exposure Control Practices and Personal Protective Equipment (PPE) Guidance for PI Deaths

The DOHMH and OCME recommend HCFs consult the facility infection control practitioner to verify the general guidance provided below. However, when establishing infection control practices within a HCF regarding decedent management, personnel should seek the input of the facility's infection control practitioner and/or Department of Infectious Disease, as infection control recommendations are subject to change and may be modified during an actual emergency involving communicable disease concerns.

*****NOTE: The following guidelines are intended for those persons performing general handling activities-- placing PI decedents in HRPs and those transferring decedents in HRPs from the bedside to the BCP or morgue. These guidelines do NOT apply to those performing autopsies or performing other post mortem procedures.

It is recommended personnel involved in placing decedents in HRPs and transferring the decedents from the bedside to the BCP should:

- Maintain standard precautions and contact precautions and other precautions as required by the facility and as recommended by the Occupational Safety and Health Administration (OSHA). See the following links for further information:
  - http://www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html
  - http://www.cdc.gov/ncidod/dhqp/gl_isolation_contact.html
  - http://www.osha.gov

- Perform hand hygiene:
  - Before and after contact with decedent, even if gloves have been worn.
  - After contact with items potentially contaminated by blood or other moist body fluids, even if gloves have been worn.
  - After touching surfaces that have come into direct contact with the decedent, even if gloves have been worn.

- Wear gloves when handling the decedent to prevent contact with mucous membranes, non-intact skin, blood, and moist body substances.
  - Use additional PPE (gowns, masks, face shields) depending on the nature and extent of the anticipated exposure.
  - At a minimum, wear gloves and gowns when placing the decedent in the HRP and when lifting or carrying decedents, even if they are inside a HRP to prevent clothing and skin from contact with the exterior of the HRP, which may be contaminated.

  - Masks are not routinely needed when handling corpses during a PI event, unless there is an anticipated risk of aerosolization of respiratory tissue (e.g., during autopsy).

- Don and remove PPE according to the CDC-recommended sequence for donning and removal procedures:
  - http://www.cdc.gov/ncidod/sars/ic.htm

- Discard used, disposable PPE immediately after use by placing it in a biowaste container and treating the items as hazardous medical waste.

Durable equipment used to hold or move decedents (e.g., sliding boards, gurneys, lifting devices), whether the decedent was in a HRP or not, should be cleaned using a 10% solution of sodium hypochlorite or a hospital-grade Environmental Protection Agency approved disinfectant. Specifically personnel should:

- Wipe down external surfaces of the HRPs with disinfectant solution prior to placing the decedent in the BCP to limit cross-contamination to employees and equipment used during the transfer.

- Wear utility gloves and other protective equipment such as face masks as necessary when personnel are performing decontamination procedures of equipment, to protect their skin and mucous membranes from contact with the product used. Additionally, personnel should follow the recommendation identified by the manufacturer of the disinfectant cleaner.

For further information regarding general handling guidelines, refer to the following pages for interim guidance developed by the CDC and OSHA regarding workers who handle human remains.

DISASTER SAFETY

## Interim Health Recommendations for Workers who Handle Human Remains

There is no direct risk of contagion or infectious disease from being near human remains for people who are not directly involved in recovery or other efforts that require handling dead bodies.

Individuals in affected areas should instead exercise caution to avoid well documented threats to health and safety, such as injury hazards from sharp debris and from unidentified structural damage to buildings, power lines, roads, and industrial facilities.

Loss of sanitary infrastructure may result in exposure to raw sewage, loss of local drinking water treatment capacity, and inability to maintain refrigeration for food and medical supplies.

**Recommendations for individuals who must have direct contact with human remains**

Human remains may contain blood-borne viruses such as hepatitis B and C viruses and HIV, and bacteria that cause diarrheal diseases, such as shigella and salmonella. These viruses and bacteria do not pose a risk to someone walking nearby, nor do they cause significant environmental contamination.

Bacteria and viruses from human remains in flood water are a minor part of the overall contamination that can include uncontrolled sewerage, a variety of soil and water organisms, and household and industrial chemicals. There are no additional practices or precautions for flood water related to human remains, beyond what is normally required for safe food and drinking water, standard hygiene and first aid.

However, for people who must directly handle remains, such as recovery personnel, or persons identifying remains or preparing the remains for burial or cremation, there can be a risk of exposure to such viruses or bacteria.

Workers who handle human remains should use the following precautions:

1. Protect your face from splashes of body fluids and fecal material. You can use a plastic face-shield or a combination of eye protection (indirectly vented safety goggles are a good choice if available; safety glasses will only provide limited protection) and a surgical mask. In extreme situations, a cloth tied over the nose and mouth can be used to block splashes.

2. Protect your hands from direct contact with body fluids, and also from cuts, puncture wounds, or other injuries that break the skin that might be caused by sharp environmental debris or bone fragments. A combination of a cut-proof inner layer glove and a latex or similar outer layer is preferable. Footwear should similarly protect against sharp debris.

3. Maintain hand hygiene to prevent transmission of diarrheal and other diseases from fecal materials on your hands. Wash your hands with soap and water or with an alcohol-based hand cleaner immediately after you remove your gloves.

4. Give prompt care--including immediate cleansing with soap and clean water, and a tetanus booster if indicated--to any wounds sustained during work with human remains.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
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**Interim Health Recommendations for Workers who Handle Human Remains**
(continued from previous page)

5. In addition to guarding physical safety, participate in available programs to provide psychological and emotional support for workers handling human remains. Agencies coordinating the management of human remains are encouraged to develop programs providing psychological and emotional support and care for workers during and after recovery activities.

**Other Considerations**

From the public health perspective of lowering the risk of possible infectious disease transmission, there is no requirement for mass burials or cremation. Response workers should assist local communities to identify a safe location for holding remains awaiting identification. This location should be shielded from public view if possible, and remains should be protected from scavenging animals.

If available, use body bags to contain remains. If available, refrigeration can reduce the rate of decay and facilitate identification.

The sight and smell of decay are unpleasant, but they do not create a public health hazard.

For additional information regarding health risks related to human remains see PAHO's web site at http://www.paho.org/English/DD/PIN/pr040923.htm and WHO's web site at http://www.who.int/hac/techguidance/ems/flood_cds/en/.

OSHA FactSheet

# Health and Safety Recommendations for Workers Who Handle Human Remains

Employers and workers face a variety of health hazards when handling, or working near, human remains. Workers directly involved in recovery or other efforts that require the handling of human remains are susceptible to bloodborne viruses such as hepatitis and HIV, and bacteria that cause diarrheal diseases, such as shigella and salmonella.

## General Precautions

The following precautionary measures can help employers and employees remain safe and healthy while handling human remains.

### Personal Protective Equipment

- ***Hand Protection.*** When handling potentially infectious materials, use appropriate barrier protection including latex and nitrile gloves (powder-free latex gloves with reduced latex protein content can help avoid reaction to latex allergies). These gloves can be worn under heavy-duty gloves which will, in turn, protect the wearer from cuts, puncture wounds, or other injuries that break the skin (caused by sharp environmental debris or bone fragments). A combination of a cut-proof inner layer glove and a latex or similar outer layer is preferable.
- ***Foot Protection.*** Footwear should similarly protect against sharp debris.
- ***Eye and Face Protection.*** To protect your face from splashes of body fluids and fecal material, use a plastic face shield or a combination of eye protection (indirectly vented safety goggles are a good choice if available; safety glasses will only provide limited protection) and a surgical mask.

### Hygiene

- Maintain hand hygiene to prevent transmission of diarrheal and other diseases from fecal materials on your hands. Wash your hands with soap and water or with an alcohol-based hand cleaner immediately after you remove your gloves.
- Give prompt care to any wounds sustained during work with human remains, including immediate cleansing with soap and clean water. Workers should also be vaccinated against hepatitis B, and get a tetanus booster if indicated.
- Never wear PPE and underlying clothing if it is damaged or penetrated by body fluids.
- Ensure disinfection of vehicles and equipment.

## Ergonomic Considerations

- Lifting or moving heavy objects, particularly when done repetitively, can result in injuries to the workers involved. Human remains that have been in water for some time are likely to be even heavier than normal. Having more than one person involved in lifting the human remains will help to reduce the potential for injury. Following appropriate lifting techniques will also help to protect people, as will the use of mechanical lifts or other devices when available.

## Myths

- There is no direct risk of contagion or infectious disease from being near human remains for those who are not directly involved in recovery or other efforts that require handling the remains.
- Viruses associated with human remains (e.g., hepatitis B and C, HIV, various bacteria, etc.) do not pose a risk to someone walking nearby, nor do they cause significant environmental contamination.

- The smell of human decay is unpleasant; however, it does not create a public health hazard.

## Additional Information

- For more information on this, and other health-related issues affecting workers, visit OSHA's Web site at www.osha.gov. More detailed guidance addressing this topic can be found on the Centers for Disease Control and Prevention (CDC) Website at http://www.cdc.gov.

**This is one in a series of informational fact sheets highlighting OSHA programs, policies or standards. It does not impose any new compliance requirements. For a comprehensive list of compliance requirements of OSHA standards or regulations, refer to Title 29 of the Code of Federal Regulations. This information will be made available to sensory impaired individuals upon request. The voice phone is (202) 693-1999; teletypewriter (TTY) number: (877) 889-5627.**

**For more complete information:**

OSHA Occupational Safety and Health Administration

**U.S. Department of Labor**

**www.osha.gov**

**(800) 321-OSHA**

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