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### Health Care Facility Decedent Planning Checklist

1. Review current Health Care Facility (HCF) Pandemic Influenza (PI) **disaster plan** regarding decedent management.
  - Identify HCF's role and primary responsibilities in decedent management.
  - Identify the City of New York's (NYC) Office of Chief Medical Examiner's (OCME) role and primary responsibilities.
  - Identify means of notifying need for support through the Hospital Incident Command System (HICS IV, August 2006) command and control management structure that is connected with the NYC Office of Emergency Management (OEM).
  - Identify means of signing death certificate applications during a disaster event that is more efficient than day-to-day operations.
  - Identify means of tracking decedents until they are relinquished to a licensed funeral director or the OCME.
  - Identify if procedures exist for:
    - Handling decedents from the HCF bed to the morgue/Body Collection Point (BCP).
    - Physical placement within a BCP.
    - Management of decedents dropped off by Next of Kin (NOK) at the Emergency Department or Security Desk.
    - Cleaning equipment used for decedent management.
    - Notification of needs between HCF and the Health and Medical Desk at the NYC Office of Emergency Management (OEM).
    - Personal Protective Equipment (PPE) requirements and disinfection process.
  - Identify means of managing decedent personal effects (PE).
  - Identify personnel requirements.
  - Identify facility requirements.
  - Identify equipment requirements.
  - Identify supply requirements.
2. Identify **appropriate personnel or positions** within your organization that can fill key decedent management positions.
  - **Morgue Manager**--this person will initially:
    - Track/tag the body.
    - Develop and manage a roster/manifest of those placed in each of the BCPs.
    - Direct how and where bodies are placed within the BCP to maximize space utilization.
    - Notify their hospital OEM representative regarding the number of bodies in the BCP requiring pick up, and if there is a need for total exchange of the unit.
      - According to the HICS, the Morgue Manager would notify the Clinical Support Services Unit Leader, who is responsible to inform the Operations Section Chief, who then informs the Incident Commander and works with the HCF Liaison Officer to communicate their needs to their representative at the Emergency Operations Center (EOC).

## Excerpted from the Pandemic Influenza Surge Plan To Manage In- and Out-of-Hospital Deaths

- Provide the OCME with as much information as possible regarding decedent and NOK identification and determination of cause and manner of death.
- Highlight/identify which decedents are non-PI cases, as the BCP Recovery Team will deliver non-PI cases to the most appropriate Borough-Office of Chief Medical Examiner (B-OCME) and not their Off-site Morgue (OSM) location.
- **PE Manager**--HCFs routinely manage decedent PE; during a PI event, HCFs will also be required return PE to the NOK.
  - Track/tag decedent PE if they have not already been returned to NOK.
  - Store PE for extended period of time.
  - Work with appropriate County Public Administrator, if there is no NOK.
- **Security Management/Leader**--HCFs must provide their own security to guard BCPs on HCF property. Although BCPs can be locked (with hospital obtained locks), general surveillance of the unit and surrounding area is highly recommended.
- **Facility Maintenance Manager**--HCFs should have staff on hand to take care of initial BCP placement, use and maintenance issues until contract service providers arrive.
  - *Determine Location of BCP on hospital grounds*- HCFs must determine where they will place a BCP. There must be sufficient room to locate two BCPs and to accommodate exchange/replacement of the units.
  - *Provide basic utility infrastructure*- The location must have access to a 230 or 440 volt 3-phase electrical source.
  - *Provide Access to Loading Dock or Access to Forklift Recommended*- Depending on the type of BCP the OCME can provide, HCFs must have the ability to load decedents into the BCP by wheeling them directly in via a loading dock or by placing bodies on a pallet and using a forklift to place them in the unit. The OCME may not be able to control which type of BCP a HCF will receive and recommends that HCFs request support from OEM to obtain a forklift and operator.
  - *Provide basic maintenance and interact with contracted vendor that provides BCP maintenance*--Although the OCME will arrange through the NYC EOC to acquire a contract to refuel and provide maintenance on BCPs, HCFs should be prepared to provide basic support to keep their units running. OCME highly recommends HCFs stock enough fuel for one to two fill-ups.
- **Forklift Operator**--HCFs should identify their need to obtain personnel having the ability to operate a forklift, if applicable and personnel having this skill set are not currently employed at the HCF. Forklift Operators will be responsible to:
  - Operate forklift to lift decedents placed on a pallet into the BCP.
- **Body Handlers**--HCFs must utilize their own personnel to place decedents in the BCP. Body handlers may use devices to carry, transfer, and move decedents from one location to another. They should never have to lift bodies above their waist level, unless they have an appropriate lifting device.

Excerpted from the Pandemic Influenza Surge Plan To Manage  
In- and Out-of-Hospital Deaths

- The OCME recommends a minimum of two handlers work as a team to move bodies; in some instances, more than two handlers may be required to prevent handlers from becoming injured.
3. Predetermine **facility requirements** associated with decedent management.
- Morgue Desk area:
    - Desk/Chair.
    - Computer.
    - Printer.
    - Computer network connection.
    - New York State Department of Health (DOH) Health Emergency Response Data System (HERDS) access.
    - Phone connection.
    - Tent/physical location in close proximity to the BCP.
    - File drawers or network back-up capacity, if paperless system is used.
  - 18-wheel refrigerated container with and without a tailgate lift.
    - Geographic location: on HCF grounds to accommodate 40 feet long by 8 feet wide; may require tailgate lift, use of forklift or loading dock location.
    - Maintenance: once every 6 months.
    - Floors: metal (preferred) or wooden.
    - Type: diesel fuel, electric or dual capacity.
    - Fuel Requirement: 50 gallons per 7 days.
    - Electric requirements: 230 volts, 3-phase, 50 amp circuit.
    - Temperature monitoring: 37 degrees F.
    - Security: padlocks, security cameras, physical presence.
    - Body positioning inside with and without shelves.
  - CONEX Refrigerated Box.
    - Space/geographic location: on HCF ground to accommodate 20 or 40 foot long by 8 feet wide; may require flat paved surface to roll.
    - Maintenance: once every 6 months.
    - Floors: metal (preferred) or wooden.
    - Type: electric only.
    - Electric requirements: 380/460 volts, 3-phase, 50/60 Hz, 50 amp power supply.
    - Temperature monitoring: 37 degrees F.
    - Security: padlocks, security cameras, physical presence.
    - Body positioning inside with and without shelves.
4. Predetermine **equipment requirements** and equipment on-hand.
- Forklift.
  - Pallets.
  - Body handling device(s) - scoop stretchers and rolling gurneys.
5. Predetermine **supply requirements** and supplies on-hand:
- Heavy Duty Human Remains Pouches (HRPs- 100-200 on-hand).
  - Disinfectant/cleaners.
  - PPE.
  - Tags for decedents and decedent PE (if applicable).

6. Establish **support processes** to facilitate managing decedents during a PI event.

- **Internal Communications/Notification Process.**
  - Know who in the HCF reports to the Health and Medical Desk at OEM to request:
    - Need for BCP.
    - Numbers of decedents the OCME is to pick up reported for each Operational Period (Op Period).
    - Public affairs support instructing the NOK to call 911 if their funeral director is not available to pick up the body at home; NOK should not bring decedents to HCFs.
- **Death Certificate Management Process.**
  - Signing of death certificate application (normal requirement).
  - Registering of death certificate application is altered, unless the HCF is online with Electronic Death Registration System (EDRS); OCME will register death certificate application with Office of Vital Records.
- **Decedent Tracking Process.**
  - Track bodies within the hospital to include when decedents are sent to the morgue or BCP.
  - Create a means to track bodies using a “manifest” for those bodies in each BCP. The manifest should identify:
    - Location of decedent body at HCF (e.g., morgue, BCP, other).
    - HCF unique identifier (i.e., chart number).
    - Decedent’s last name
    - Decedent’s first name
    - Gender
    - Date of death
    - Unclaimed body by NOK.
    - NOK contact information, if known.
    - Religious affiliation, if known.
    - Funeral Director/Service name, if known.
    - Obtain receipt from OCME Personnel that decedent was recovered.
  - Maintain a manifest copy for HCF and present a copy to OCME personnel. OCME will provide HCF a receipt for all bodies recovered.
  - Provide the OCME the signed death certificate application.
  - Update HERDS database with the number of fatalities associated with HCF. Information, including total number of decedents, should be reported for each Op Period and total number of decedents, as established by OEM and their HCF.