Fatality Management Planning Guide

Long Term Care Facilities

IMFC/AmericaReady

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TABLE OF CONTENTS

Fatality Management: Your Guide to Planning 1

Interoperable Planning 2

Fatality Management Planning Elements 3

Introductions 3

Plan Maintenance and Distribution 3

Record of Changes 3

Purpose and Scope 3

Purpose: 3

Scope: 4

Authorities and References 4

Situation and Assumptions 4

Concept of Operations 4

Plan Activation Notifications 5

Incident Management 5

Morgue Surge 5

Release of Remains 6

MultiAgency Coordination 6

Resource Coordination 6

Chain of Custody 7

Volunteers & Credentialing 9

Psychological First Aid 9

Family Assistance Center 9

Demobilization 9

Appendix C (In template) policies 10

Transportation 10

Public Information 10

Data/Information Management 10

Training and Exercises 11

Annexes/Appendices/References 11

Example Planning Checklist 12

FATALITY MANAGEMENT: YOUR GUIDE TO PLANNING

Welcome to the planning guide for fatality management. In this document, you will find all the necessary tools to develop and/or update your fatality management plan.

This guide is designed with a basic set of planning elements and a planning template that every fatality management plan should include. Each planning element includes a short description and, in most cases, a sample section that can be used in your plan development. The rest of the planning will be up to your planning team and the individual needs of your facility.

A planning template is attached at the end of the guide for your use. Each template contains the elements that are critical to your particular planning efforts. The remaining planning elements found in this guide are for educational purposes and to increase the level of understanding of fatality management planning from a community perspective.

The primary objectives to developing a fatality management plan includes the following but is not limited to:

- To ready department, agency, organization, or facility for managing a mass fatalities incident
- To identify decedent operational areas, the stakeholders and organizations responsible for these operational areas, and develop a plan for providing and for coordinating operational activities
- To specify the command and control structure, who will activate the plan, and criteria for levels of activation
- To provide logistics information that enables readiness and scalability
    - Supplies and equipment
    - Staffing requirements
    - Facility requirements
- To provide information on infection and other health and safety threats; fatality management information systems, pandemic influenza considerations, security requirements; family, cultural and religious considerations; and staff and volunteer management
- To describe how the plan will be exercised, updated and maintained

INTEROPERABLE PLANNING

Fatality management plans cannot be developed without considerations for other existing plans from emergency management, public health, facilities, and the like. Every department, agency, organization or facility with a role in emergency planning will also have a seat at the planning table for fatality management.

Your fatality management plan should describe the relationship to other emergency plans. Begin by identifying other existing plans. Determine how the fatality management plan relates to the other emergency plans. Then consider creating an organizational chart to illustrate how the plans relate to each other.

Plan Response Time and Managing Expectations

A fatality management plan addresses mass fatalities incidents that occur both with and without warning and during on-duty or off-duty hours. When determining plan performance expectations or expected response time, determine what operations for which you want to specify response time and the many organizations involved in those operations. Some of the organizations may already have specified response times in their existing plans and protocols for their area of responsibility.

FATALITY MANAGEMENT PLANNING ELEMENTS

INTRODUCTIONS

A common introduction should be developed for all fatality management plans that convey a shared message. Additional information should be tailored to fit each individual plan according to the needs of that facility.

Introductions should include basic information as to the definition of a "Mass fatalities Incident" or MFI. It is recommended that all plans in the SE Minnesota region use shared terminology and definitions to avoid confusion.

PLAN MAINTENANCE AND DISTRIBUTION

All fatality management plans should include a detailed section regarding how the plan should be maintained, how it should be distributed, and when these activities should take place. Annual reviews are recommended with periodic updates for resource and contact information.

Fatality management plan maintenance should include:

- A schedule for plan review and updates.
- A description of who is responsible in-house for plan review and updates.
- A list of stakeholders that should be included in the update process.
- A description of the approval process for updates.

RECORD OF CHANGES

All fatality management plans should include a Record of Changes allowing for more efficient tracking of updates, who made the changes, and when.

PURPOSE AND SCOPE

A common message for the purpose and scope should be developed for each fatality management plan. Additional information should be tailored to fit each jurisdiction and facility.

PURPOSE:

The fatality management plan provides an overview of how identification and statutory services will be established in the event of a mass fatalities incident.

The fatality management plan provides a framework in support of the ME/Coroner efforts during mass fatalities incidents. The ME/ Coroner assumes the lead role in coordinating the activities of all public and private agencies engaged in a mass fatalities incident.

SCOPE:

An effective response to a Mass Fatality incident will require coordination of not only the critical field response, but of the many expected missions in support of those specialized activities. This document should address how individual or multiple long term care facilities interact and interface with the jurisdictional fatality management plan.

This plan assumes that the facility may be without major assistance for up to 72 hours.

This plan:

- Describes the activation process by which a facility response and resources are engaged in a mass fatalities incident
- Is designed to work in concert with the activated Community Fatality Management Plan
- Does not supersede existing facility administrative rules or County laws

AUTHORITIES AND REFERENCES

All fatality management plans should include all relevant local, state, and federal authorities and references as determined by the department, agency, organization, or facility and other key stakeholders. The section should include brief information for each authority listed.

SITUATION AND ASSUMPTIONS

Situations and assumptions should be tailored to fit each jurisdiction and facility. Unique planning challenges exist in a number of counties and facilities that may require more detailed information.

Review all Situations and Assumptions in the template and determine the applicability to your facility. If there are special Situations or Assumptions identified, it is important to list them within the plan. Special Situations may include on-site morgue or temporary storage capability, stockpiled body bags, or existing equipment to manage personal effects of the deceased.

CONCEPT OF OPERATIONS

Each fatality management plan should include a Concept of Operations or ConOps that is similar in format and structure. Details should vary based on facility need and capability. The ConOps is a brief overview of how fatality management operations will flow.

All fatality management plans policies and procedures should be integrated to coordinate with surrounding departments, agencies and organizations plans.

PLAN ACTIVATION NOTIFICATIONS

Include notification actions for when the plan is activated.

INCIDENT MANAGEMENT

Describe how incident management occurs.

MORGUE SURGE

Each fatality management plan should describe morgue surge options, which should consider the following:

- Storage of Remains
- Contaminated Remains

Storage of Remains: remains, prior to transfer to the Coroner/Medical Examiner or selected funeral home/mortuary, should be placed in secure storage in [insert room number and or location description]. Special Note: Morgue facilities for storing remains should be capable of sustaining a temperature of 1.1-4.4 degrees Celsius (34-40 degrees Fahrenheit). If the proper temperature is not attainable, the Coroner/Medical Examiner should be promptly informed and an alternative storage venue should be identified. If a funeral home/mortuary has been selected by the family or Coroner/Medical Examiner, coordination with the funeral home/mortuary will be beneficial to expedite a resolution to the storage temperature problem. Other considerations for a functional facility morgue include:

1. Integrated back-up electrical power and HVAC
2. Close proximity to transportation staging area that offers privacy from public view
3. Access to communications resources (e.g. telephone, fax, computer/internet)
4. Ability to be secured for limited/authorized access
5. Access to hand washing facilities
6. Access to PPE
7. Non-porous flooring
8. Adequate ventilation

9. Call local Emergency Management Agency when facility capacity is exceeded

Hazardous Material Decontamination: In the event that the deceased remains are contaminated either due to the inability to effectively decontaminate or as the result of a decision to preserve forensic evidence, careful attention to safety must be maintained. If decontamination is to be undertaken, the facility's, or community HazMat Team, current decontamination procedures should be followed. In the event that successful decontamination is compromised (e.g. off-gassing of cyanide), further consultation from appropriate resources may be appropriate such as the [Insert name of community designated Haz-Mat Decon Response Team and contact number], and Poison Control Center.

RELEASE OF REMAINS

Describe the process for release of remains.

MULTIAGENCY COORDINATION

A mass fatalities response often requires the support of several other departments, agencies, organizations or facilities. Each plan should include a section for multiagency coordination or outside support. This section should outline ***what*** steps are needed to request or notify that support (and under what circumstances it can be requested or notified), ***who*** is responsible for those requests or notifications, and ***how*** that support will be integrated into your overall response.

RESOURCE COORDINATION

Mass fatalities response operations are very resource intensive events. Mass fatalities incidents can be either man-made or natural events. In the case of man-made events, financial claims for reimbursement will or can be made against an entity that is deemed responsible for the incident. Regardless of the cause, it is necessary to maintain detailed records of costs and expenditures in the event reimbursement is possible.

The plan should include a list of the basic resource requirements necessary to meet a minimum response in a mass fatalities incident (based on your own unique trigger or number of deaths that defines a mass fatalities incident in your facility.) The resource requirements list can be added as a checklist to ease an annual inventory and update process and should include all of those items needed to meet every phase of the response from plan activation, mobilization or resources, operations, and demobilization. The process for doing an annual update or inventory should also be documented.

In addition to the resource requirements list, the process for coordinating resources should be included in the plan. Any resource that is acquired or shared through outside sources should be thoroughly documented according to ***what*** resources may be need, ***where*** the resource can be acquired, ***who*** can make the request, what the ***resource request process*** is, ***how*** the resource will be physically obtained and returned (if necessary).

CHAIN OF CUSTODY

Tracking decedents or maintaining a chain of custody in the facility setting is an important piece of the facility fatality management plan. It is important that long term care facilities have mechanisms in place to support the successful tracking of decedents.

Develop a Decedent Tracking Log. Ensure that this form is utilized and maintained properly during a disaster.

Develop a process for patient information to be utilized for the "matching" process, whereby unidentified decedents are recognized as other definitive identifying information becomes available.

Develop an address or locator process to quickly identify where a decedent is being stored (such as Exam Room 1D). This can also be monitored on the Decedent Tracking Log if the decedent needs to be moved from one decedent storage area to another within the facility.

Planners should explore ways to ensure as many decedents as possible are directed to mortuaries. Key considerations include:

- Contact mortuary/ME/Coroner to discuss methods to expedite decedent release.
- Ensure that all necessary documentation is completed on the part of the healthcare facility.
- For scenarios that call for physicians to sign death certificates (e.g. pandemic), coordinate just-in-time training for physicians regarding the signing of death certificates. Consider the activation of the "Physician in Charge" death certificate signing method, if practiced and part of facility policy.
- Advise admissions staff to collect decedent processing information from patients as part of the admissions process, to include preferences regarding mortuaries, burial/cremation, and religious/cultural practices as appropriate.

If a facility's capacity to manage fatalities has been overwhelmed AND a Victim Identification Center has been activated, the following should be considered prior to transporting decedents:

- ALL who interface with the deceased should record official personal identification information (first, middle, last name and suffix; race/ethnicity, color of eyes, hair, height, and weight; home address, city, state, zip and telephone number; location of death and place found; place of employment and employer's address; date of birth, social security number and age; and next of kin—or witness—name, contact number and address).

- To ensure proper identification of the deceased, consider implementing standardized methodology for collecting samples of deceased such as a right thumbprint, DNA sample (e.g., saliva swab or blood stain card), and a facial photograph. In the case of decomposed bodies, this may also include assistance from the ME/Coroner for identification—anthropological markers, dental impressions, and, if possible, fingerprints, etc.

    - Although these identification samples may not need to be processed, those in authority are able to substantiate the identification of the decedent at a later time should individuals question the ME/C about a decedent's identity.

- Healthcare facilities may want to consider designating a single physician, familiar with patients' records, as responsible for expeditiously signing death certificates.

- Consider pre-identifying "collection points" for the deceased to centralize processing and hold remains at the lowest appropriate local level. Have an authorized person certify deaths en masse and batch process death certificates of identified decedents to improve efficiency.

- At the designated collection point, trained personnel should sort bodies by cause and manner of death (identified pandemic influenza cases vs. ME/Coroner cases) to ease subsequent processing (victim identification and issuing a death certificate).

    - Attended deaths will have a known identity and may have a signed death certificate. Unattended deaths may require the ME/Coroner to further process remains to determine identification, issue the death certificate, track personal effects, and notify next of kin.

- Establish a uniform method for numbering and tracking decedents, such as the state abbreviation, zip code, and a case number (with name if identified).

- When moving, storing, and/or releasing remains and personal effects, keep detailed records like that of a chain-of–evidence for each individual decedent and personal effects bag.

VOLUNTEERS & CREDENTIALING

Describe the process for volunteer management and credentialing.

PSYCHOLOGICAL FIRST AID

The facility should plan for the mental health of staff. Describe in this section the plan for staff behavioral health support.

FAMILY ASSISTANCE CENTER

Facilities should have a plan to provide for family assistance during disasters. ***A Family Assistance Center (FAC) is generally a community-based operation, but the facility plan should include family assistance functions and include procedures for integrating activities into the community FAC operations.*** The purpose of a **Family Assistance Center (FAC)** is to provide a safe and private place, protected from the media, for families of deceased, missing or injured survivors to grieve and/or wait for information regarding their loved ones and the status of rescue or recovery activities. This is often the location where families will be informed about the positive identification of their loved one(s).

Key activities provided by various agencies include:

- Providing privacy and support services to grieving families
- Security from media and curiosity seekers
- Facilitating information exchange between ME offices, local officials and the families in order to assist in identification of victims
- Providing death notification, to facilitate the processing of death certificates and release of remains
- Providing information about recovery efforts

DEMOBILIZATION

The plan should include a documented process for how response operations will be discontinued and demobilized once the response phase has been completed. Be sure to include ***who*** has the authority to deactivate operations (and under what circumstances), ***what*** notifications need to be made, and all other steps that need to be taken to ensure that day-to-day operations can resume as normal.]

APPENDIX C (IN TEMPLATE) POLICIES

may be special situations in which specific policies may need to be included in your planning. These policies should only be used as guidance in creating your own policies that meet the needs of your facility. A sample set of policies is included in the template plan.

TRANSPORTATION

Planning for the transportation of remains from the facility should be done in coordination with the medical examiner. Other considerations for the transportation of remains from the facility include coordination with funeral homes, emergency management, and transport companies that would be supporting the activity. All transportation activities to and from the facility should be documented in the plan.

PUBLIC INFORMATION

A trained and experienced public information officer (PIO) from the medical examiner office or their representative is an integral member of the Joint Information Center (JIC) leadership and staff for a mass fatalities incident The local EMA will work with the coroner/medical examiner (ME) or medical examiner representative and representatives from the incident site, Victim Identification Center (VIC) and Family Assistance Center (FAC) for news conferences and interviews as requested by the Joint Information Center (JIC).

When requested, [Insert Title] will provide information to the JIC to coordinate the release of information to the media and public. All media requests should be funneled through the JIC. If information is requested by the media from the ME staff, staff should not release information. They should let their supervisors know, who will, in turn notify the JIC.

DATA/INFORMATION MANAGEMENT

Vital Records:

It is critical that death certificates be processed accurately.

1) Death certificates issued according to procedures normally in place and as directed by the ME

2) The administrative or judicial issuance of death certificates in situations in which there is an absence of positive physical forensic scientific identification is a responsibility of the ME in conjunction with local legal and public health authorities. (Presumption of death from absence, MN statue **576.141)**

3) When circumstances suggest that a death has occurred although a dead body cannot be produced to confirm the fact of death, a death record shall not be registered until a court has adjudicated the fact of death. (**144.221 sub 3)**

TRAINING AND EXERCISES

Multi-year Training and Exercise Plans should include information and guidance for exercise and training recommendations for all personnel and other key stakeholders involved with the fatality management plan.

Exercises provide training and practice for emergency events that test readiness, evaluate the fatality management plan, and provide detailed feedback for your facility. Even though exercises can be costly and time consuming, they are the best way to test a plan prior to an actual mass fatalities incident.

In the multi-year training and exercise plan, present a strategy for training and exercises, including:

- The functions and/or parts of the plan that you will exercise.
- The type of exercises.
- How you will evaluate the exercises.
- A time frame within which each exercise will be done

Information and guidance for developing a fatality management training and exercise plan should be integrated with existing policies and procedures and coordinated with the departments, agencies, organizations, or other facilities that would support your response to a mass fatalities incident. This plan should be established to keep staff up-to-date and orient new employees to the Plan. Remember to train with those departments, agencies, organizations, or other facilities that support your fatality management plan.

ANNEXES/APPENDICES/REFERENCES

There are several supporting documents and references you may wish to include in your fatality management plan. The following are some examples:

- Job Action Sheets
- Mutual aid documents
- Mental health/behavioral health information and best practices
- Religions/cultural considerations
- Transportation and Storage Specifications

- Equipment and Supplies
- Key Contacts List
- HIPAA
- Decedent Information Form
- Decedent Tracking Log
- Witness Form
- Internet Resources
- Fact Sheets
- Key Position Checklists
- Glossary of Terms
- Abbreviations

EXAMPLE PLANNING CHECKLIST

In addition to the planning elements described in this guide, this checklist contains items that should be included on a long term care facility fatality management plan.

Additional Planning Elements	
1. General Plan Requirements	Completed
• Integrate with other pertinent protocols in facility's comprehensive Emergency Operations Plan, including activation of incident command system (ICS)	
• Identify back-up measures for key components wherever appropriate	
• Assign responsibilities and formal process for review and update of plan, including incorporation of after action report results (utilize AARs for exercise and live events)	
• Develop staff training including plan overview, specific roles and responsibilities, utilization of mass fatality equipment, and knowledge of primary/surge morgue areas	
• Identify points of contact for information on fatality management resources 1. Medical Examiner 2. Funeral Directors 3. Cultural and Faith-based community contacts 4. Vendors that support surge plans (e.g., refrigerated trucks)	
• Uses standard terminology in common and consistent plain English language and emphasize its use by staff during a fatality management plan activation	
2. Activation	Completed
• Define criteria and authority for decision to activate the plan	
• Define the plan for communication and coordination with the Coroner/Medical Examiner, SEMN Healthcare Multi-Agency Coordination Center and the operational area Incident Command Center (e.g., EMS DOC or EOC)	
• Identify and/or reference Crisis Communication/Public Information Plan	
3. Incident Management	Completed

• Identify the lead person to implement the facilities Fatality Management Plan	
• Develop or adopt specific Job Action Sheets for Fatality Management positions under an ICS structure	
4. Communication	Completed
• Define the process for communications with local government point of contact (Liaison Officer or designee)	
• Define the process for contacting County Emergency Medical Services (EMS) – Departmental Operations Center (DOC) and/or facilities (Liaison Officer or designee)	
• Define the process for contacting the Medical Examiner (i.e., case reporting, status updates) during an activation	
5. Morgue Surge	Completed
• Identify current morgue capacity: number and location (May also be labeled Primary Morgue)	
• Identify surge capacity morgue: number and locations (May also be labeled Secondary, Surge, or Temporary Morgue)	
• Consider identification of a tiered level with triggers to prompt activation of a surge morgue. This may be the result of the number of decedents (escalation and de-escalation), new resources available, the viability of the current location, etc.	
6. Staff Training and Exercises	Completed
• Develop staff training to include plan overview, specific roles and responsibilities, utilization of equipment, supplies, notification, decedent tracking, and secondary or surge morgue areas	
• Conduct and track staff training on plan overview, specific roles and responsibilities, utilization of equipment, supplies, notification, decedent tracking, and secondary or surge morgue areas	
• Assign responsibilities and formal review process, including incorporation of after action report results and updates	
• Incorporate fatality management plan into exercise program, including specific objectives in future exercises	
7. Resources	Completed
• Identify a list of mental/behavioral health, community and faith-based resources to provide counseling to personnel during a mass fatalities incident	
• Identify Personal Protective Equipment (PPE) needed	
• Identify local/city/county/regional caches	
8. Tracking and Next of Kin Notification	Completed
• Develop a process to identify decedent (such as DNA swabs, photos and/or fingerprints) and attach hard copy to the outside of the body bag.	
• Develop a process to track decedents	
• Describe the process for assignment of staff members to conduct and track family/responsible party notification.	
• Develop and/or follow standard operating procedures to identify, protect decedent personal property, including transfer to next-of-kin, Medical Examiner, law enforcement, or funeral director.	
• Develop and/or follow standard operating procedures to maintain integrity and chain-of-custody of decedent personal property if identified as potential evidence.	

9. Recovery, Reverting to Daily Morgue Plans	Completed
• Develop criteria and responsibilities for closing temporary or surge morgue site and reverting to primary morgue	
• Define process to address staff stress and debriefing	
• Identify plan to restock supplies and equipment	