

Fatality Management for Healthcare Settings All-Hazard Disasters Including Pandemic



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TRAINING OBJECTIVES

- Advance hospital planning steps as part of ICS for mass fatality events
- Define processes for hospital patient I.D. , Next-of-kin notification, tracking, storage, disposition of remains and religious & cultural accommodations for mass fatality operations
- Define the need for mental health support for fatality surge staff as part of responder health & safety

This module offers an Awareness Level understanding of mass fatality management in the hospital setting.

TOPICS AHEAD



- ❑ **Basics** of Fatality Management Resource
 - FM-101: Local, State, Federal
 - Typically for Unnatural and Unknown Death Incidents

- ❑ **Death Care Responsibility:**
 - Apparent Natural (attending physician) vs.
 - Unnatural and Unknown (Medical Examiner)

- ❑ **Hospital Planning** Considerations as part of ICS/HICS for Mass Fatality Events

TOPICS AHEAD

- Hospital Based Issues
 - **Identification** (Registration) of Patient
 - **Family Assistance** Surge
 - **Religious & Cultural** Accommodation
 - **Storage** & Disposition
 - **Media** Pressure

- Learn More About It.



HEALTHCARE'S PRIME DIRECTIVE

□ *Treat the Living!*



However (less glamorous):

- Deaths Happen!
- Plan to Care for the Dead



“NORMAL” VS. MASS FATALITY EVENT

- ❑ Initial toll will be an estimate
- ❑ Flexible & scalable approach is needed to surge for hundreds or thousands of dead



Historical Perspective



Events

- ❑ 1918 Pandemic Influenza
 - 2009 H1N1 pandemic
- ❑ Mass Fatality Event challenges:
 - 1995 Oklahoma City Bombing
 - 1996 TWA Flight 800 Crash
 - 2001 Terrorist attacks
 - 2004 Indian Ocean Tsunami
 - 2005 Hurricane Katrina
 - 2010 Haiti Earthquake
 - 2011 Japan Tsunami

Deaths

50 to
100,000,000
2,117

168

230

2,995

230,000

1,836

316,000

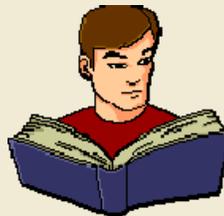
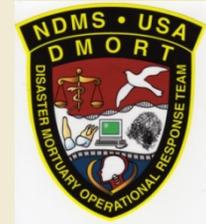
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FATALITY MANAGEMENT- WHY?

- ❑ Department of Homeland Security's Target Capability: Fatality Management
 - Identifies Critical Tasks

- ❑ How is this operationalized in Florida?
 - Fatality Management Team

- ❑ How is this operationalized at your hospital?
 - Disaster Plan



FATALITY MANAGEMENT 101 – THE BASICS

❑ Local Resource - First Response

- Emergency Management, Law Enforcement, & Public Health
- Medical Examiner (if traumatic)
- Hospital and Funeral Services

❑ State Resource - Support

- Florida Emergency Mortuary Operations Response System (FEMORS)



❑ Federal Resource - Support

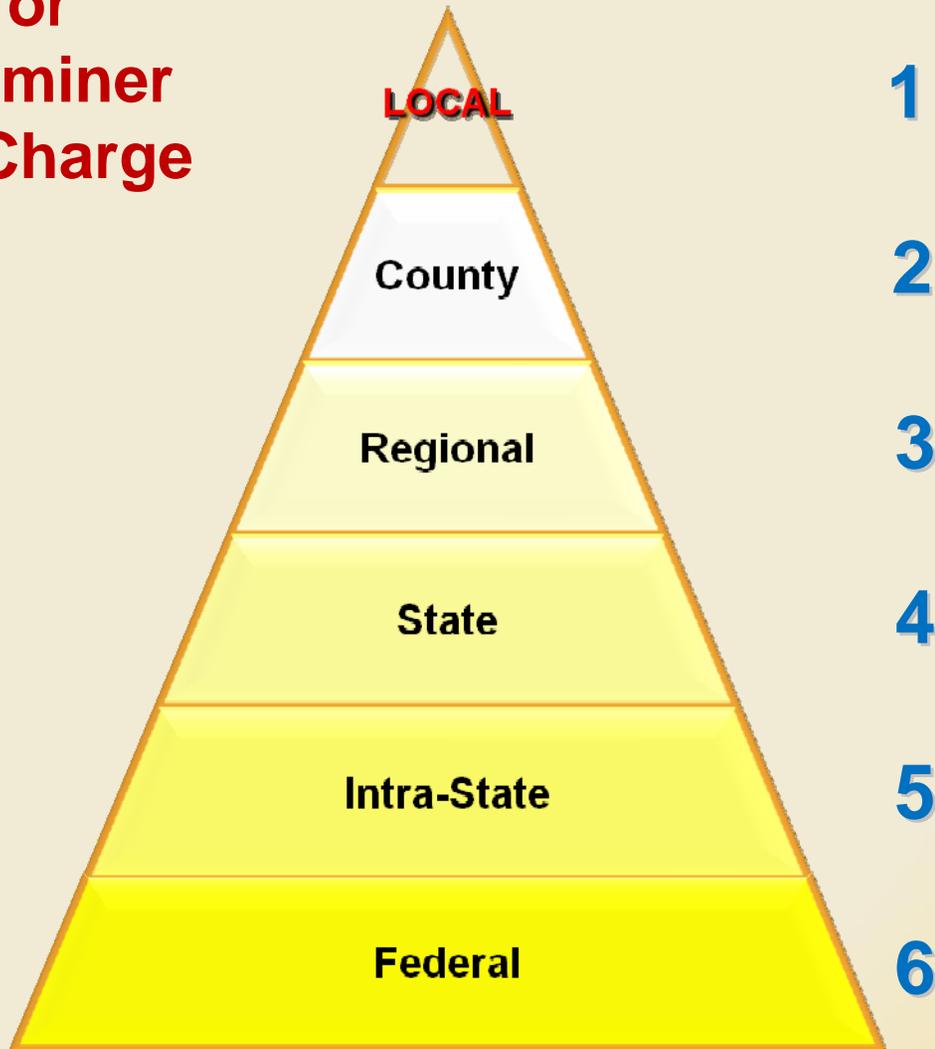
- Disaster Mortuary Operational Response Team (DMORT)



TIERED RESPONSE CONCEPT

**Hospital or
Medical Examiner
Remains In Charge**

**Layers of
“Support”
to LOCAL**



Florida Medical Examiner Districts - 24

Coverage Map

District 1

Escambia
Okaloosa
Santa Rosa
Walton

District 2

Franklin
Gadsden
Leon
Liberty
Jefferson

Taylor

Wakulla

District 3 *Covered by

Columbia *4

Dixie *8

Hamilton *4

Lafayette *4

Madison *2

Suwannee *4

District 4

Duval
Nassau
Clay

District 5

Citrus
Hernando
Lake
Marion
Sumter

District 6

Pinellas
Pasco

District 7

Volusia

District 8

Alachua
Baker
Bradford
Gilchrist
Levy
Union

District 9

Orange
Osceola

District 10

Hardee
Highlands
Polk

District 11

Dade

District 12

DeSoto
Manatee
Sarasota

District 13

Hillsborough

District 14

Bay
Calhoun
Gulf
Jackson
Washington
Holmes

District 15

Palm Beach

District 16

Monroe

District 17

Broward

District 18

Brevard

District 19

Indian River

Martin

Okeechobee

St. Lucie

District 20

Collier

District 21

Glades

Henry

Lee

District 22

Charlotte

District 23

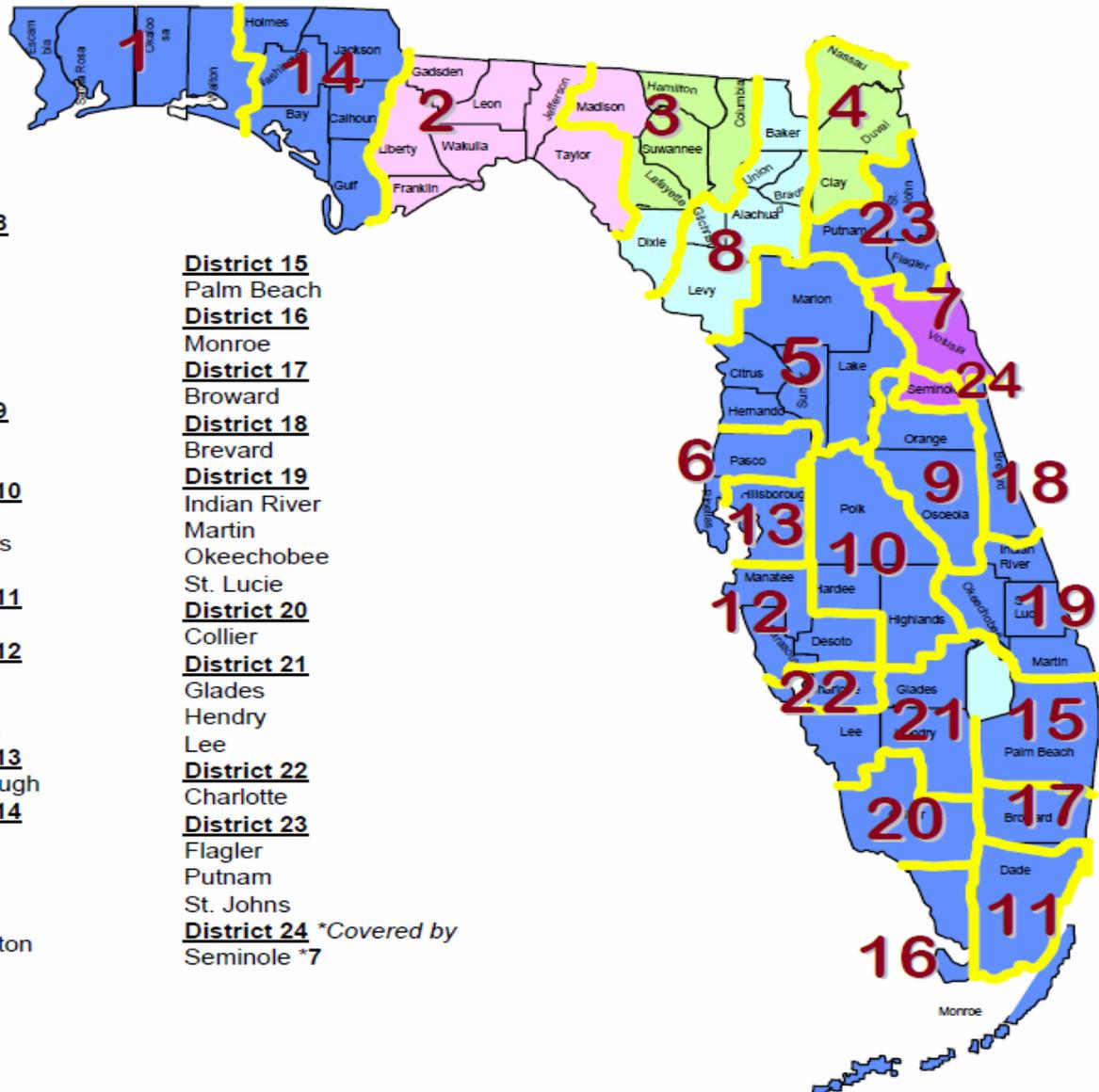
Flagler

Putnam

St. Johns

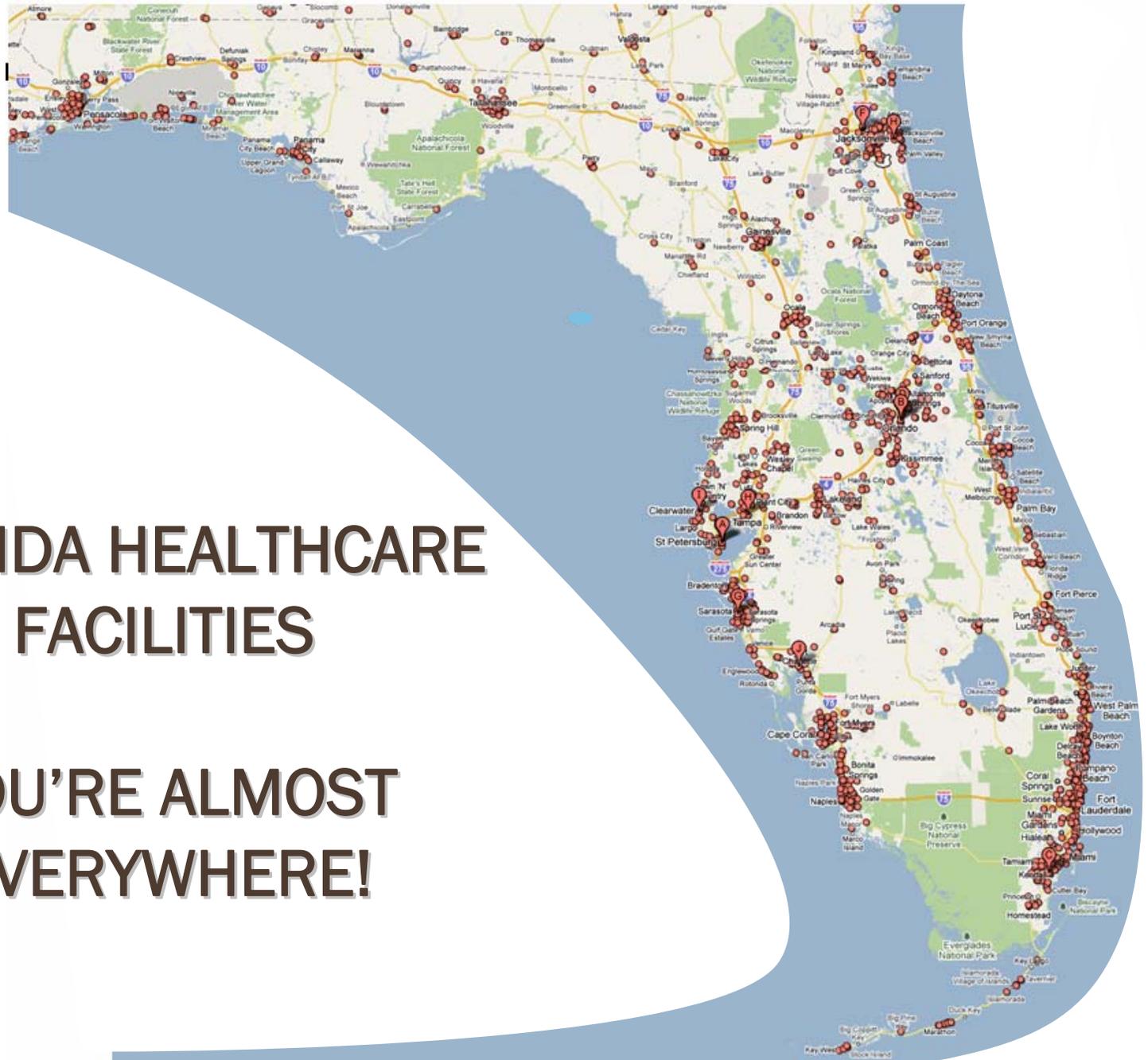
District 24 *Covered by

Seminole *7



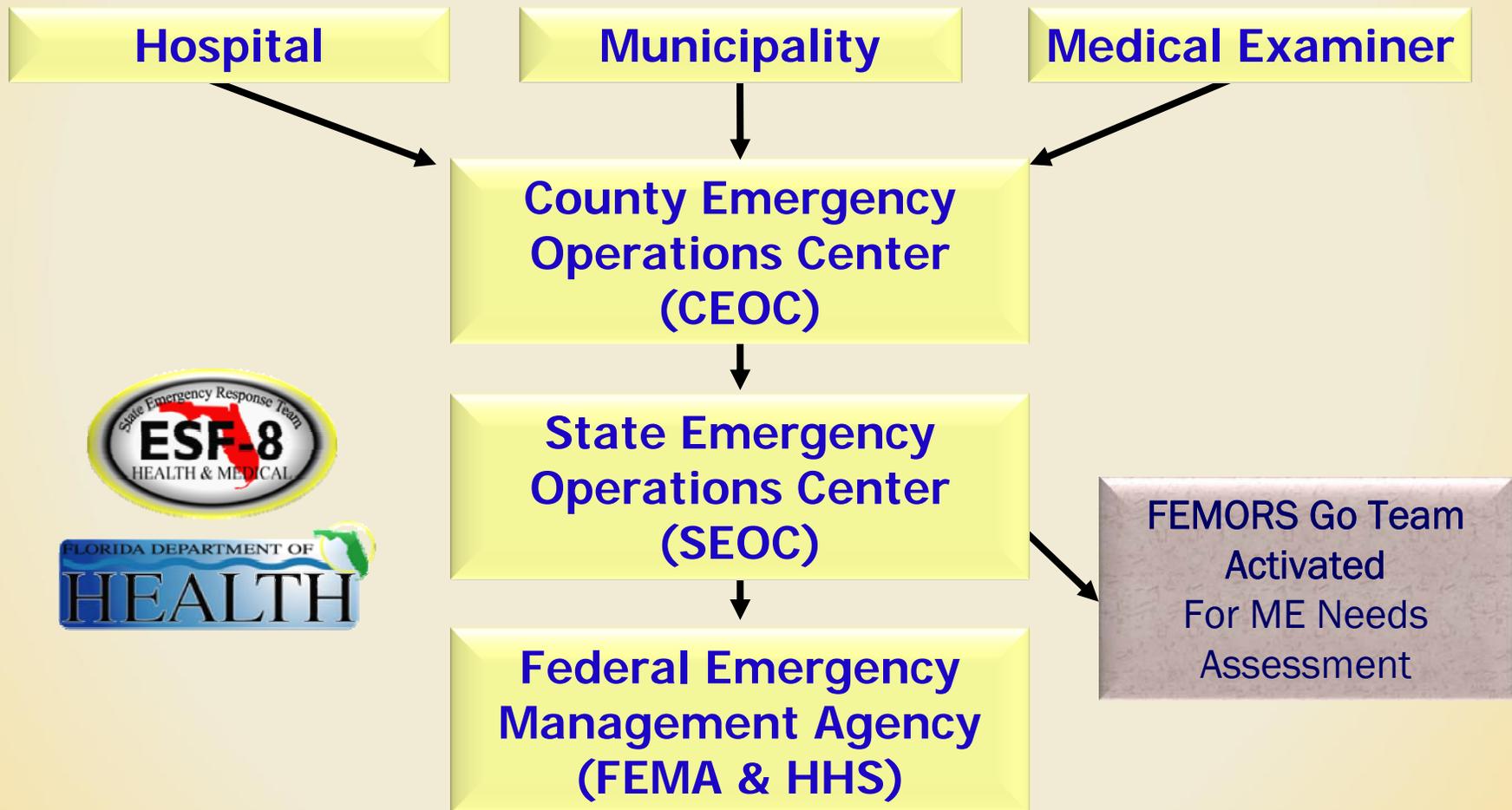
FLORIDA HEALTHCARE FACILITIES

YOU'RE ALMOST
EVERYWHERE!



LOCAL RESOURCE REQUESTS– ESF 8

- Via Local Emergency Operations Center (EOC)



LOCAL ASSETS AVAILABLE

- ❑ Medical Examiner, Emergency Management, Law Enforcement, and Public Health
- ❑ Partner Hospitals and Hospice
- ❑ Funeral Services
 - Typically small, locally based, family-run businesses
 - Ties to the community
 - Serve diverse ethnic communities and have language skills (or access to them)

Include them in hospital planning

STATE ASSET - FEMORS SERVICES DESIGN

- ❑ Search and recovery (post DECON)
- ❑ Victim Information Center (VIC)
- ❑ Portable morgue operations
- ❑ Forensic examinations
- ❑ Postmortem data collection
- ❑ DNA sampling
- ❑ Personal effects processing
- ❑ Remains identification (MIC)
- ❑ Coordinating remains release
- ❑ Records management
- ❑ Database administration
- ❑ Medical/psychology support
- ❑ Safety Officers and Specialists



DPMU Set-Up Example (2008 Exercise)

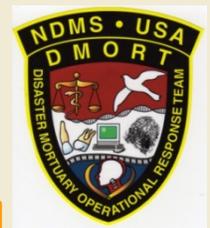
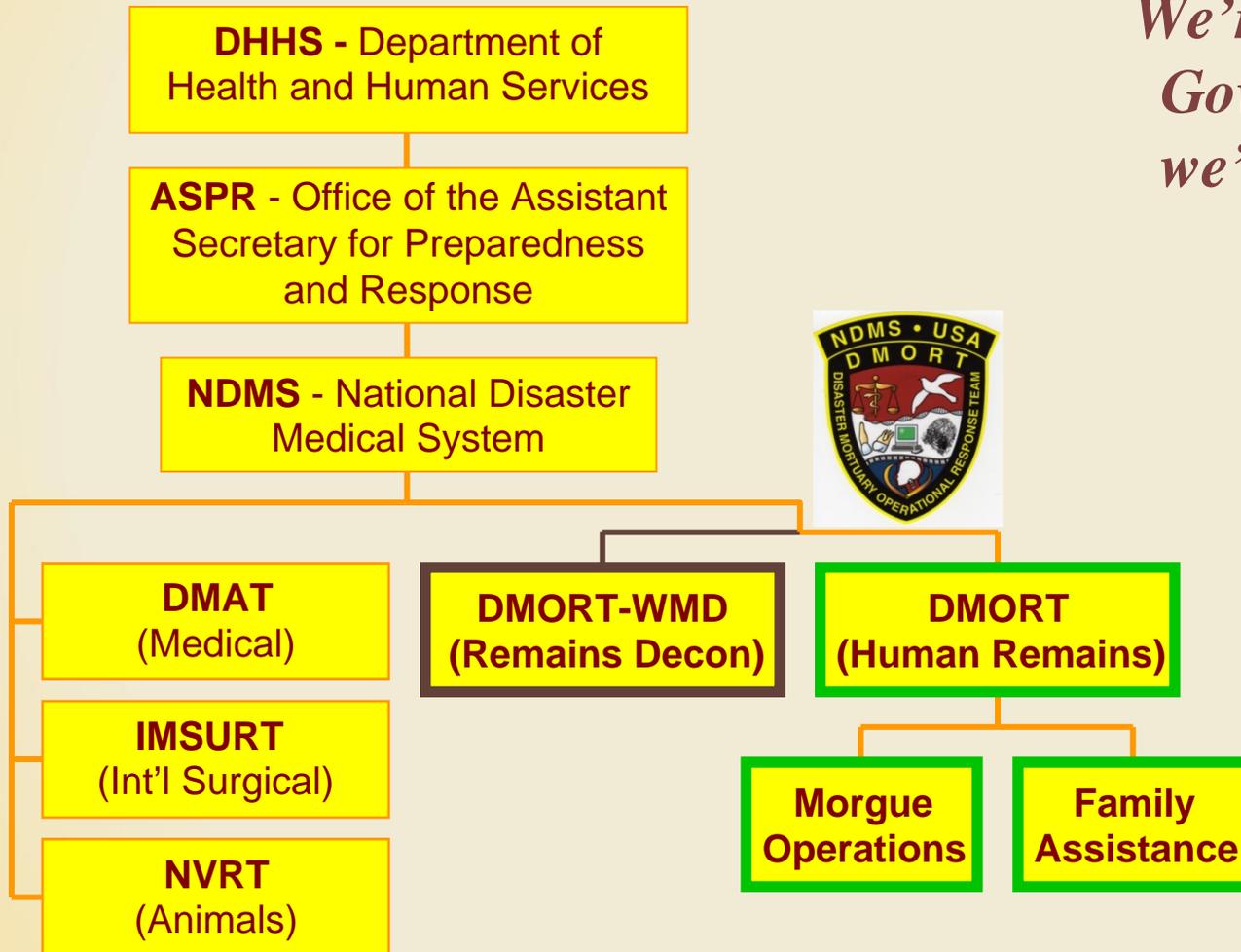


VIC-Victim Information Center



MIC-Morgue Identification Center

FEDERAL ASSETS- HEALTH & MEDICAL (ESF-8)



We're from the Government, we're here to help!



FM MEDICAL-LEGAL OBJECTIVES

- ❑ Recover the remains of the dead
- ❑ Collect Antemortem records
- ❑ Identity the victims
- ❑ Estimate the time of death
- ❑ Determine the cause of death
- ❑ Certify the deaths
- ❑ Explain the circumstances of death
- ❑ Release the remains for final disposition

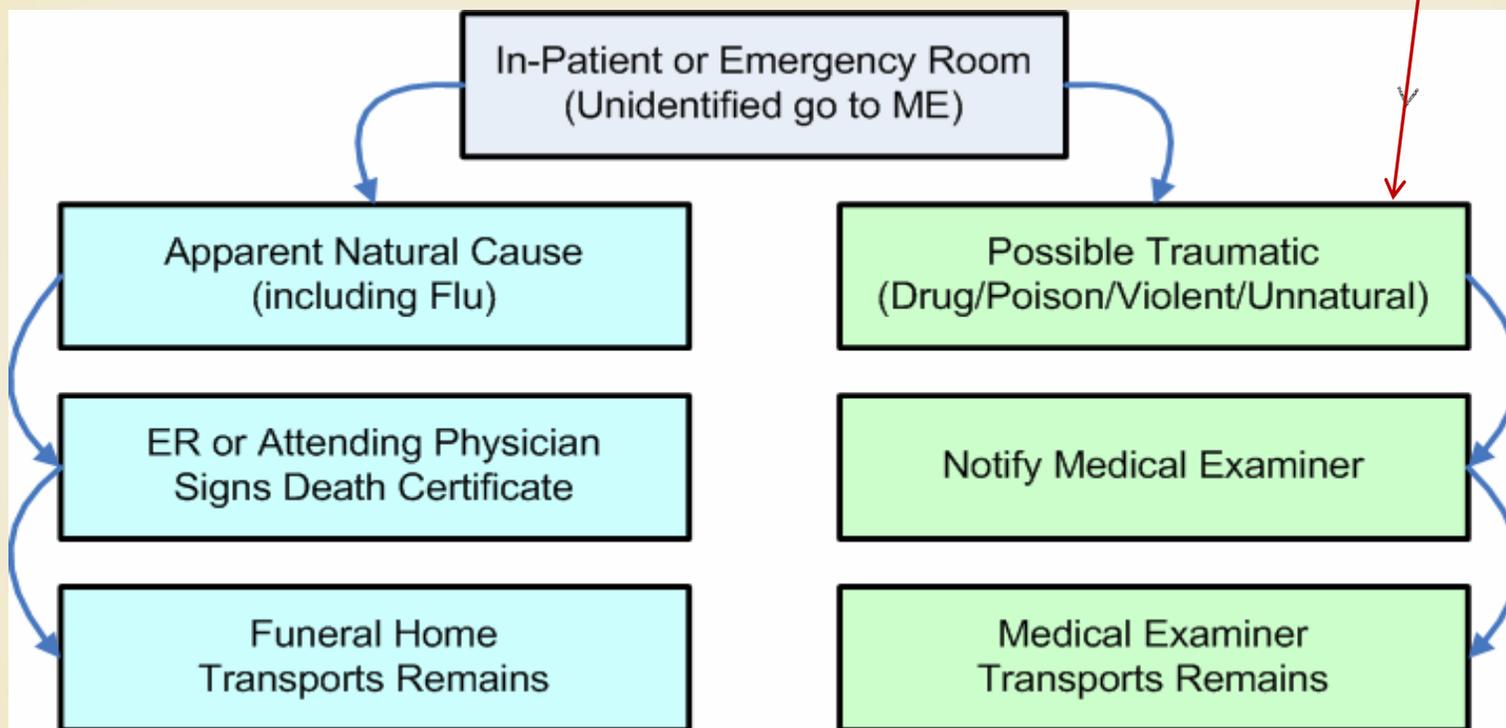


DEATH CARE RESPONSIBILITY

- Apparent Natural (attending physician signs death certificate) 80-90% of deaths
 - Hospitals are the normal focal point
 - Includes natural disease outbreaks
- Unnatural and Unknown (Medical Examiner signs death certificate) 10-20% of deaths
 - Homicide (terrorist incidents)
 - Suicide (some terrorist incidents)
 - Accident (nature - hurricane, flood, earthquake, etc.)
 - Natural causes if *without* an attending physician
 - Unidentified deceased (even if natural)

HOSPITAL DEATH DECISION TREE

Most Disasters



Death Certificate Signing Tutorial via DOH:

<http://IcattLearning.com>

FATALITY MANAGEMENT: CRITICAL TASK CATEGORIES

- Planning: Disaster Response Plan
- Operations: Protocols
- Training & Exercising
 - Core Competencies



- ☐ Completely meets expectation
- ☐ Substantial progress in meeting expectation
- ☐ Moderate progress in meeting expectation
- ☐ Limited progress in meeting expectation
- ☐ No progress in meeting expectation

HOSPITAL FM PLANNING TEAM



Include Representation of:

- ❑ HICS Logistics Officer
- ❑ Medical Staff Office
- ❑ Nursing
- ❑ Security
- ❑ Funeral Home Services
- ❑ Medical Examiner
- ❑ Behavioral Health /Social Services
- ❑ Legal /Risk Mgmt
- ❑ Faith Community
- ❑ Business Office (Registration)
- ❑ Medical Records



HOSPITAL FM PLANNING TASKS

- ❑ Integrate FM Plan into Emergency Operations Plan and HICS
- ❑ Identify staff to develop & maintain all-hazard fatality plans
- ❑ Coordinate Plan with community partners
- ❑ Compile mission critical list (staff, space, supplies)
 - Surge morgue capacity beyond daily needs
- ❑ Build contingency plan for requesting, orienting, tasking, and demobilizing surge personnel

MASS FATALITY - HOSPITAL PLANNING KEY ISSUES

- ❑ Medical Examiner Deaths
 - Storage of remains until transportation to ME
- ❑ Non-Medical Examiner Deaths
 - Includes pandemic surge
 - Victim (patient) identification
 - Death certification
 - Storage of remains until transportation to funeral home
- ❑ Refrigerated Storage Capacity
 - Morgue staff support
 - Temporary surge capacity



HOSPITAL FM PLANNING TASKS

- ❑ Legal authority (attending physician) signs death certificate for natural deaths (non-ME cases)
 - Legal authority to sign death certificate without an attending physician or when physician is unknown
 - Death Certificate Signing Tutorial via DOH:
<http://lcattLearning.com>
- ❑ Identify staff for
 - patient identification
 - security of remains and valuables
 - next-of-kin notification



HOSPITAL FM OPERATIONS

Plans, procedures, protocols & systems needed for:

- ❑ Surge situations
- ❑ Patient Identification
- ❑ Morgue Operations (refrigerated storage)
- ❑ Release of remains to ME or funeral services
- ❑ Contingency plan for the release of unclaimed remains
 - County Indigent Burial Program
- ❑ Behavioral assessment process for FM responders

MCI FM POTENTIAL SURGE AREAS



- ❑ Intake/Registration
- ❑ Family Reception/Support
- ❑ Bereavement/Viewing
- ❑ Storage/Holding
 - Refrigerated Unit Rental



Most hospitals are prepared for small numbers of deceased patients and their families.



What if the number increased by 20% or higher?



INTAKE - PATIENT IDENTIFICATION

- Routine Identification Method is Acceptable
 - Master Patient Index; Registration Process
- Unidentified patient:
 - Decedent tag: Assigned Code Name, Hospital Number, Sex, Date/Time of Admission or Death
 - Body Release to Medical Examiner
 - Additional Information:
 - Medical record documentation
 - Other? Possible name?



FAMILY ASSISTANCE CENTERS (FAC)

- ❑ Help locate separated family members
- ❑ Help family members locate their deceased loved ones
- ❑ Help family members coordinate funeral arrangements
- ❑ Provide emotional & spiritual support



Average of 10 people seek services or information for every casualty!

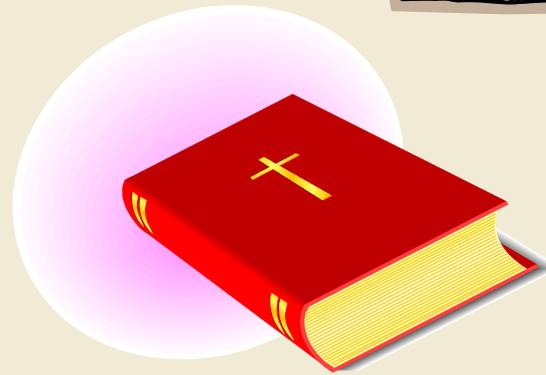
DISASTER FAMILY ASSISTANCE CENTER (FAC)

- ❑ FM's Mission: Missing Person antemortem data
- ❑ Services can require: spiritual care, grief support, information hotlines, childcare/play space, food & drinks, restrooms, rest areas
- ❑ Access to computers, phones, translators
- ❑ Disaster behavioral health professionals
- ❑ Takes time to set up a community center

Not a just-in-time training option

FAC CULTURAL CONSIDERATION NEEDS

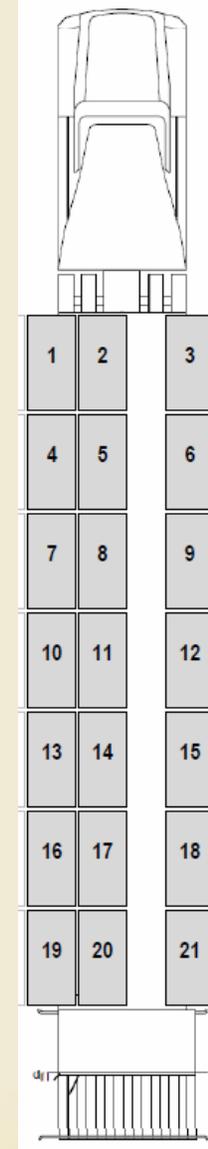
- ❑ Sensitivity to Cultural Differences
- ❑ Religious Expression
- ❑ Interpreters





MORGUE SURGE CAPACITY

- ❑ Refrigerated Rental Space
 - 21 bodies for each 53' trailer
 - More if shelving is added
 - *No body stacking!*
 - Temp kept below 40° F (but not freezing)
 - Often need ramps to load and unload
 - Security and inventory control needed
 - Arrange for segregation of contaminated remains if applicable
- ❑ Contact local EOC for vendors



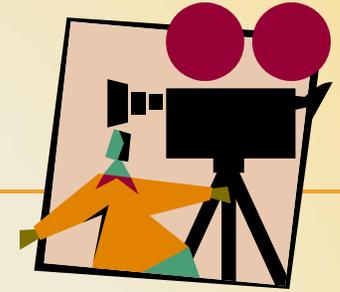


MORGUE SURGE SUPPLIES

- Morgue Area Supply Needs:
 - Log books/Copiers
 - Body Bags/Plastic Sheeting
 - Valuables Envelopes/Patient Belongings Bags
 - PPE: Gloves, masks, etc.
 - Hand sanitizer
 - Cleaning Materials
 - Fans & Lighting



MEDIA RELATIONS



- ❑ Intense pressure arises with disasters:
 - What, When and Where did it happen?
 - How many victims; Who are they?
- ❑ Guidelines for the official spokesperson:
 - Request EOC Joint Information Center support
 - Prepare brief approved written statements
 - *Do not give names* of the dead until next-of-kin are notified
 - Stay calm and maintain sincerity
 - Provide updated statements when appropriate



HOSPITAL FM TRAINING

- ❑ Awareness Level – Basics of FM
- ❑ Operations Level - Facility Specific
 - Roles & Responsibilities (staff functions)
 - Haz-Mat Awareness
 - Methods of support for victim families
 - Security of valuables, personal effects
 - Extended Incident Stress Syndrome (EISS)
- ❑ Fatality Management is recommended to be made a part of exercises



WANT TO KNOW MORE? ADDITIONAL RESOURCES

- Hospital Fatality Management Planning Checklist:

http://femors.org/docs/Health_Care_Facility_Fatality_Management_Plan_Template_Checklist2011.pdf

- Brochure: Handling of Disaster Victim Human Remains:

http://femors.org/docs/FEMORS_Handling_of_Disaster_Victim_Human_Remains.pdf

HEALTHCARE NEEDS TO BE PREPARED.



Healthcare does not necessarily cease at death, it merely transfers to the survivor