Fatality Management for Healthcare Settings
All-Hazard Disasters Including Pandemic

Florida Department of Health, Bureau of Preparedness & Response
PRESENTERS

Larry R. Bedore, MSCJ
Co-Lead, Fatality Management Target Capability Team
Commander FEMORS
www.FEMORS.org
Cell 727-560-3276

Mary Russell, EdD MSN
Boca Raton Regional Hospital
Emergency Services
800 Meadows Road
Boca Raton, FL 33486
mrussell@brrh.com
Cell: 561-809-5493
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.
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

<table>
<thead>
<tr>
<th>Event</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1918 Pandemic Influenza</td>
<td>50 to 100,000,000</td>
</tr>
<tr>
<td>2009 H1N1 pandemic</td>
<td>2,117</td>
</tr>
<tr>
<td>1995 Oklahoma City Bombing</td>
<td>168</td>
</tr>
<tr>
<td>1996 TWA Flight 800 Crash</td>
<td>230</td>
</tr>
<tr>
<td>2001 Terrorist attacks</td>
<td>2,995</td>
</tr>
<tr>
<td>2004 Indian Ocean Tsunami</td>
<td>230,000</td>
</tr>
<tr>
<td>2005 Hurricane Katrina</td>
<td>1,836</td>
</tr>
<tr>
<td>2010 Haiti Earthquake</td>
<td>316,000</td>
</tr>
<tr>
<td>2011 Japan Tsunami</td>
<td>12,431</td>
</tr>
</tbody>
</table>
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

LOCAL

County

Regional

State

Intra-State

Federal
FLORIDA HEALTHCARE FACILITIES

YOU’RE ALMOST EVERYWHERE!
LOCAL RESOURCE REQUESTS – ESF 8

- Via Local Emergency Operations Center (EOC)

  - Hospital
  - Municipality
  - Medical Examiner

  County Emergency Operations Center (CEOC)

  State Emergency Operations Center (SEOC)

  Federal Emergency Management Agency (FEMA & HHS)

  FEMORS Go Team Activated For ME Needs Assessment
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
We’re from the Government, we’re here to help!

FEDERAL ASSETS- HEALTH & MEDICAL (ESF-8)

DHHS - Department of Health and Human Services

ASPR - Office of the Assistant Secretary for Preparedness and Response

NDMS - National Disaster Medical System

DMAT (Medical)

IMSURT (Int'l Surgical)

NVRT (Animals)

DMORT-WMD (Remains Decon)

DMORT (Human Remains)

Morgue Operations

Family Assistance
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

Death Certificate Signing Tutorial via DOH:
http://lcattLearning.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

- **Identify staff for**
  - patient identification
  - security of remains and valuables
  - next-of-kin notification
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:

- Brochure: Handling of Disaster Victim Human Remains:
HEALTHCARE NEEDS TO BE PREPARED.

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