

CT Funeral Directors Association - Mass Fatality Committee – Pandemic Matrix FINAL (Jan. 2008)

WHO PHASES 3 – 6	A- STAFF ISSUES	B- REMOVALS	C- IDENTIFICATION OF REMAINS	D- PREPERATION OF REMAINS	E- FAMILY CONTACT	F- TEMPORARY STORAGE SITE(S)	G- FUNERAL SERVICES	H- DISPOSITION
<p>Phase 3 – Human infections with new subtype, no human-to-human spread or rare instances of spread.</p>	<p>Place Posters at colleges, (Briarwood, Community, etc.) to ask for Volunteers in the event of a pandemic. Create this Volunteer List and update as needed.</p> <p>Establish a written Master List (Community FH List) of names, phone numbers of FH staff and Volunteers that may be called upon; and available equipment (like removal vehicles), other specific pertinent info. Hold a meeting to include staff from all FH's in community to discuss plan, rotation schedule, operating practices, etc. Distribute this compiled Community FH List to each participating FH, & update as necessary. Consider a spokes-person(s) for the media from the participating FH's in the community.</p>	<p>Determine number of removal vehicles (minivans, hearses, etc. that could be utilized within the health district and include this in your Community FH List which will include licensed staff and volunteers from Staff Issues Phase 3 and any specific instructions pertinent to the specific Funeral Homes.</p>	<p>Determine costs of supplies necessary for Phase C-4. Includes cameras, film, batteries, indestructible metal disks (used by crematories), ID tags made of plastic, permanent markers, ID forms, Waiver of ID Forms, etc.) Approach your Public Health District to possibly purchase the metal disks (used at crematories). Have the name of the town's health district engraved on them along with a single count of numbers to the expected death toll in your area. Distribute to the FH's in your community and the temporary storage site(s) to be used. That way no bodies will be numerically duplicated in your community.</p>	<p>Contact your supplier to see how long it might take to get delivery of items necessary for preparation and/or disinfection of remains.</p> <p>You may want to place half of your "excess" order during this phase.</p>	<p>Become familiar with some "Best Practices" for limiting the spread of contagious and communicable agents. Practice thorough hand-washing, cough etiquette (cough into your arm/ inside elbow), keep vehicles equipped with PPE like gloves, aprons, shoe covers, masks, topical disinfectants, etc. Understand what social distancing is.</p>	<p>Investigate possible sites in your community to store remains for weeks or months (warehouses, cemetery holding vaults, airport hangars, ice rinks (pouch will freeze into the ice, use pallets or double sheeting). Avoid schools, super-markets and places that may house the sick, like hotels. (There will be more sick people than dead). Choose space over refrigeration and consider piping air conditioning in. Perhaps one of your chapels for storage of embalmed remains or even the FH's garage (if it can be locked/alarmed) pipe in AC to these sites. Even if the site tells you it will not be available for that purpose, keep a list and phone # of contact, should the State step in during stage F-6</p>	<p>Normal</p>	<p>Contact your local cemeteries to find out how many graves are available for immediate use and also land for temporary interment. For crematories: how many retorts are functional at the crematory. How many cremations can be performed within a 24 hour period?</p> <p>Contact your pouch and alternative containers supplier and place ½ of an "excess" order to keep on hand. Shelf life of pouches is about 6 mos.</p>
<p>Phase 4 – Small cluster(s) with limited human-to-human transmission. Spread highly localized.</p>	<p>Contact your volunteers and train them and other staff members to perform necessary tasks that are critical during this time: removals (w/ a licensed FD), how to operate stretcher, lifts, transfer remains from stretcher to table or rack or floor, place ID tags/metal disk on remains, etc., permits, paperwork, payroll, where keys are kept to vehicles, FH, etc. Have them perform these tasks during this phase!</p> <p>Create rotation schedule of licensed and non-licensed staff and their duties.</p> <p>Dedicate non-licensed staff for payroll, inventory, computer data entry/retrieval, assisting on removals, transfers to crematory/cemetery. Let them know alarm codes, access to keys for FH, vehicles, get them cell phone, etc.</p>	<p>Wear masks and PPE when going into public places, (homes, nursing homes, hospital, alternate care sites, etc.) wash hands frequently, don't touch your face and avoid close contact with others.</p> <p>Bring an ID form with you on the removal if family is present. Have them sign the form at the removal.</p> <p>If possible, place cloth (with topical disinfectant) over mouth of deceased to avoid any expelled breath upon transferring deceased. Tag the remains with an appropriate tag and metal disk for ID, if available. Place in pouch and zip closed to the feet. If pouch is to be opened, the tag and disk can be easily accessed while avoiding the head and chest area of the deceased.</p> <p>Removal to specific funeral home as space permits or to temporary storage site.</p> <p>Initiate an early Rotation Coverage to start for FH's whose staff are incapable of removals, etc. at this time. Utilize the FH's equipment, supplies and facility as permitted and accessible. Refer to Community FH List for detailed info.</p>	<p>Purchase ID Supplies (indestructible metal disks or laminates for prayer cards (write on the inside and laminate as is), zip ties, cameras, film, plastic tags, permanent markers, print more ID Forms, etc.) Upon receipt of supplies, implement their use DURING this phase. Use Polaroid/ Digital photography for remains not viewed by family. Have ID forms signed, if possible. Attach ID tag to ankle with name, date & place of death, and one numbered metal disk or laminate on zip tie attached to ankle on body, a second plastic tag on the exterior of the pouch. Write name and # of metal disk with permanent marker on exterior of pouch, (if outside tag falls off). Zip the pouch closed so the zipper ends up at the foot end to easily access the ID tag and metal disk attached to ankle and <u>limit exposure to upper portion of remains</u> (head, chest, lungs). Record necessary information and metal disk number in Log Book at Temporary Storage Site(s).</p>	<p>Embalm as permitted or practical. Order the remaining ½ of your order from above. Funeral Homes must equip themselves with excess supplies / equipment no later than this phase (embalming supplies, fluids, pouches, id tags, plastic sheeting to cover floors or wrap bodies, contract-or's bags, duct tape, etc..</p>	<p>Distribute Family Worksheets to Hospitals, Nursing Homes, Hospices, websites for the public to download, and even outside FH for the public to pick up at their convenience. This will help to gather the info needed for the Death Certificate.</p> <p>Limit the arrangement to next of kin and 1 additional family member.</p> <p>Consider you and your staffs' health risks when meeting with the family of the decedent.</p> <p>Limit contact with the decedent's family at your discretion.</p> <p>Do not wear work clothing or shoes home to your family!</p>	<p>Equip temporary storage site(s) with air conditioner units, extension cords, plastic sheet rolls, lumber, lift devices, office supplies, folding tables, filing cabinets and folders, log book, copy machine, computer, human remains storage record & ID forms), pouches, cloth sheets, PPE-gloves, masks, aprons, shoe coverings, disinfectant sprays, soap, etc.</p> <p>The site(s) must be manned 24 hours and security must be provided. Contact police, national Guard, etc. for security needs.</p> <p>Use your own chapel areas or selection rooms temporarily for large numbers of embalmed remains. Place plastic sheeting on floor and place pouched remains on floor, on top of folding banquet tables (place remains on and below table to utilize space), or casket racks lined with lumber & plastic.</p> <p>Public wakes/services will be diminished or even eliminated during this phase.</p>	<p>Recommend Private services only to limit spread of virus.</p> <p>Designate <u>one</u> chapel room for this purpose.</p> <p>Talk to your local Clergy and encourage them to explain to families that ser-vices may have to be altered or even delayed.</p> <p>People will turn to their faith at difficult times for guidance. Clergy working together <u>with us</u> may provide reassurance and diminish stress to families affected.</p>	<p>Order the remaining ½ of your "excess" order from above.</p> <p>Recommend immediate disposition with limited services only, if at all possible.</p> <p>Crematories and Cemeteries may become overwhelmed during this phase.</p> <p>Disposition will be subject to the hours of operation for crematories and cemeteries.</p>
<p>Phase 5 – Epidemic: Large cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not be fully transmissible (substantial pandemic risk).</p>	<p>Activate Rotation schedule among licensed and non-licensed staff within the health district, as necessary. Consider 1 FD to meet with families only per location, assign another in charge of volunteers/staff to perform removals & transportation. Have non-licensed staff obtain DC's, file paperwork, computer data entry/retrieval. If possible rotate this schedule every few days or daily to keep from becoming monotonous (or grossly depressing) to the staff and volunteers.</p>	<p>Continue with phase B-4 procedures</p> <p>Initiate Rotation and coverage schedule for all participating FH's in community.</p> <p>Remove to respected funeral home if space permits or to temporary storage site(s).</p> <p>If pouches run out, use alternate methods, such as Contractor's Bags, Plastic Drop Cloths, etc. and wrap tightly with duct tape.</p>	<p>Continue with Phase C-4</p>	<p>Embalming may not be practical except for intent to hold remains within FH for extended time.</p> <p>Expect resources for embalming to greatly reduce or be exhausted during this phase.</p>	<p>Limit your exposure and utilize the Family Worksheets for the family to fill out at home & deliver to FH. Have next of kin sign necessary legal documents (cremation, burial, ID, embalming forms, etc). Keep Info Sheets available on website or even outside your FH for pickup by affected community.</p>	<p>Activate temporary morgue(s) and institute personnel to supervise site, record keeping, and provide security</p> <p>Site should be accessible to funeral personnel 24 hours a day.</p> <p>Also allow easy access to Doctors, APRN's and Medical Examiner to view remains and sign certificates, cremation slips, etc..</p> <p>Signing in batches will expedite the paperwork process.</p>	<p>Expedited funeral with immediate family only, if possible, or (preferable) direct disposition with memorial or graveside service at a later date, after pandemic.</p>	<p>Direct burial and direct cremation advised and strongly encouraged, provided religious beliefs are not infringed upon (in the event of cremation)</p>
<p>Phase 6 – Pandemic: increased and sustained transmission in general population.</p>	<p>Continuation from Stage A-5, utilize any personnel locally or provided by state to aid in the removal, storage and disposition of human remains.</p>	<p>Continue with Phases B-4 & 5 procedures</p>	<p>Continue with Phase C-4</p>	<p>Embalming is expected to NOT be possible due to logistics of staff, supplies, time restraints, etc.</p>	<p>Continue with Phase E 4 & 5 procedures.</p>	<p>May be necessary to supplement with additional sites, such as warehouses, ice rinks, airport hangars. May need State intervention to take over these sites for use as storage. These will be the sites that told you "no" for use when you first investigated the site(s) in F-3</p>	<p>None. Memorial or Graveside Services to be held at later dates, after the pandemic. No family attendance at dispositions.</p>	<p>Immediate dispositions are expected. DPH may mandate cremation (except where prohibited by religious beliefs). Mass Burials may occur. The Metal disks will be most useful if this occurs as they have a longer "shelf" life than plastic ID tags.</p>
<p>RECOVERY PHASE</p>	<p>Eliminate Rotation Schedule. Each FH to return to business as usual. If FH still has reduced staff or no staff, FD's from rotation schedule may help at their discretion.</p> <p>Seek reimbursement (if applicable) from local, state or federal authorities for your services, supplies for Emergency Disaster.</p>	<p>Normal, each FH to conduct independently if capable.</p>	<p>Turn Human Remains Storage Record Log Book over to the local Dept. of Public Health for record keeping of the mass fatality event.</p> <p>Within your own FH, conduct your normal identification of remains procedures prior to phase 3</p>	<p>Embalming may resume upon the delivery of supplies and increased work force.</p>	<p>Unlimited contact with family. Arrange with families who lost loved ones during the pandemic for dates & times of memorial services.</p>	<p>Restore Temporary Storage Sites (TSS) to their original condition. Destroy or Decontaminate Equipment (Keep equipment that may be used for future emergencies), Contact a professional clean-up company like Absolute Traumaaway (860) 628-0706, to clean up TSS.</p>	<p>Conduct the delayed services/ memorial services. Arrange with clergy & hold community memorial service at FH or church). New deaths-normal procedures.</p>	<p>Resume normal dispositions and conduct burial or delivery of cremated remains at families' requests. If mass burials were conducted, assist with disinterment and final disposition of those remains. Consult with families' for final dispositions.</p>