

**City of New York
Office of Chief Medical Examiner
Surge Plan for Managing
In-Hospital COVID-19 Deaths**

**Planning and Guidance for
Health Care Facilities (HCFs)**



NYCTM
**Office of Chief
Medical Examiner**

VERSION CONTROL

Version	Date Issued	Updates
1.0	3/22/2020	Original Document
1.1	3/30/2020	Decedent Placement in BCP Added
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I. Introduction

The purpose of this planning document is to help New York City healthcare facilities (HCFs) prepare to manage future fatality surges due to COVID-19. By having all HCFs use this planning document template, NYC agencies will be better able to coordinate individual HCF resource requests and overall fatality management during a future wave of COVID-19 fatalities. This document is composed of guidance distributed during the first wave of COVID-19 that has been updated with lessons learned and feedback from HCFs.

HCFs should be aware that placing a Body Collection Point (BCP) at their facility is only one component of the City's plan to manage a fatality surge from COVID-19. Other components associated with this plan include managing non-healthcare facility deaths (i.e., residential), conducting forensic investigations and examinations, and providing family support and management services.

II. Updating HCF Mass Fatality Management (MFM) Plans

As part of the original citywide Pandemic Influenza planning conducted in 2008 this was toolkit initially developed in 2016, when each HCF was required to develop a comprehensive Mass Fatality Management (MFM) Plan and associated protocols. The MFM Plan may exist as a separate document or as an annex in the facility's Emergency Operations Plan or Continuity of Operations Plan. It is vital that each facility updates their MFM plan, specifically any sections that related to a biological surge, prior to the onset of future COVID-19 waves. This guide is meant to help HCFs through pivotal components and considerations for these updates. Upon completing the updated MFM Plan, OCME requests that each HCF send a copy to: OCME_EmergencyManagementTeam@ocme.nyc.gov by October 31st, 2020.

a. Lessons Learned from Wave 1

Fatality Management Personnel

Throughout the first wave, many HCFs experienced staffing shortages and challenges with regards to mortuary affairs personnel. In this toolkit, OCME has identified the critical HCF roles to be filled to support fatality management operations. While the responsible departments and positions may differ between facilities and systems, it is important that these functions be covered. If the HCF does not have full-time personnel dedicated to these roles, it is recommended that collateral duties and requisite training be assigned to staff ahead of future waves to ensure adequate training and preparation can be implemented. Facilities should work with their healthcare associations to fill any critical resource needs that they are unable to meet themselves. The associations will coordinate with NYCEM via the Health and Medical ESF for additional support as needed.

Identification of Contacts

Similar to any element of a disaster response, the success of fatality management operations is heavily dependent on the quality of the contacts and the communication amongst stakeholders. It is critical that HCFs provide primary and secondary contacts for personnel in various roles – from executive sponsorship to the admitting office to the facility morgue. City agencies must also share contact information with interagency partners to ensure clear lines of communication and coordination. OCME is working in collaboration with the Greater New York Hospital Association (GNYHA) and NYC Health + Hospitals (H+H) to collect this information and make it available via the Sit Stat 2.0 system and EMResource respectively.

Paperwork

As the first wave of the pandemic evolved, OCME attempted to adapt paperwork requirements to facilitate case reporting and recovery. Inevitably, these changes during the height of the incident caused some confusion and frustration. In coordination with agency partners, OCME has implemented efficiencies and identified paperwork requirements to be implemented once the BCP protocol is activated. These requirements are outlined in this toolkit.

Daily Conference Call

During the peak of COVID-19, the initial patient surge, the NYC Office of Emergency Management (NYCEM) coordinated a daily Fatality Management conference call between all NYC hospitals, GNYHA, H+H, the Department of Health and Mental Hygiene (DOHMH) Bureau of Vital Statistics (BVS) and OCME. This daily phone call was vital to helping disseminate important policy changes as well as answer HCF questions. Should NYC experience any future waves, these calls will be reinstated. In addition, collaborative tools such as Microsoft Teams, as well as a structured meeting format, and [GNYHA's online resource portal](#) will be utilized to support interagency communication, allow for visualization of documents and other materials, and to provide HCF partners with the most up-to-date information and guides.

Optimal Placement of BCP

One of the lessons learned from the first wave of COVID-19 was the numerous challenges associated with placing BCPs onsite at HCFs. Each facility should keep the following in mind for future incidents:

- Identify multiple locations with sufficient space for the placement of at least 2 BCPs, with contingency plans in the event that more than 2 remain onsite at any given time.
- Consider accessibility for large tractors used to deliver, move and/or replace BCPs.
- Ensure BCP placements will not interfere with loading dock operations.

LESSON LEARNED:

Consider potential challenges to access and egress for a BCP and how each type of trailer (outlined in the Trailer Specifications section) could affect your facility operations.

Equipment and Supplies

To ensure the health and safety of mortuary affairs personnel, as well as to maintaining respectful and dignified operations when handling decedents, HCFs are strongly encouraged to acquire adequate supplies and appropriate equipment prior to any future waves. This includes personal protective equipment (PPE), ruggedized disaster human remains pouches (including bariatric sizes), mortuary cots, body lifts, and mortuary tags. A list of recommended equipment and supplies is provided in this toolkit.

b. Convene an MFM Working Group

It is recommended that each HCF convene a working group composed of staff from key departments involved in fatality management operations to review the materials proposed in this document, and other resource documents, formulate a general response strategy, develop a specific HCF plan and sign-off on a finalized HCF MFM plan. Members of this working group should include, but are not limited to:

- Emergency Preparedness Coordinator
- Morgue Manager and additional morgue personnel,
- Admitting Director,
- Decedent Affairs Director,
- Security Director,
- Facility and operations staff,
- Safety Officer or an industrial hygienist, and
- Other staff as needed.

If the HCF uses joint morgue space with another facility, then members of each HCF should be part of the working group, particularly if HCFs determine to jointly implement the use of BCPs.

These stakeholders should review the planning tools provided in this document. These tools have been modified from previous versions to incorporate lessons learned and best practices. Specifically, this document contains Job Action Sheets (JAS) for HCF personnel likely to perform fatality management activities, BCP specification sheets, Template Resource Requirement Lists, and other helpful guidance regarding processes related to fatality management operations. Upon reviewing the planning tools, the committee should begin to tailor the information to fit the facility's needs.

As with all disaster plans, the HCF's Mass Fatality Management Plan should be considered a living document requiring regular revision and refinement. As indicated in the Biological Incident Surge Plan for Managing In-Hospital Deaths Planning Tool for Health Care Facilities, disaster plans should be reviewed on an annual basis and updated as necessary.

III. Hospital Morgue Census Survey

OCME, along with several city agencies, is closely monitoring Emergency Department (ED) volume, HCF admissions, ICU bed space, and the number of intubations via HERDS and Sit Stat. This data, along with the number of non-HCF (e.g., residential deaths will support OCME and NYCEM preparations and support operational decision making.

In addition to these indicators, OCME also requests that you continue to fill out the morgue census survey Monday through Friday:

<https://arcg.is/XCuWK>
Please complete this survey by 3:00PM every weekday.

Upon a surge in COVID-19 cases, this survey will be adapted in order to collect additional information. Communication and visibility are necessary for the city-wide response to COVID-19. Should it be required 7-days a week, hospitals will be notified.

IV. Body Collection Point Requests

To request a BCP, hospitals are instructed to complete the following, as directed by NYCEM EOC.

- Submit requests through the appropriate healthcare association, [NYC Health + Hospitals \(H+H\)](#) or [Greater New York Hospital Association \(GNYHA\)](#), who will contact NYCEM on their behalf.

The requesting network/facility must provide the following information upon making the request:

1. Facility Name
2. Facility Address
3. Date and Time of Requested Delivery
4. Point-of-Contact for Mortuary Operations or Fatality Management Operations (including name, position, phone number, and email)
5. Location designated for the BCP

V. Management of a Body Collection Point

Once the BCP Protocol is activated and units are deployed, the HCF must manage these units and the cases stored within as an extension of the fixed facility morgue.

a. Cases That Can and Cannot Be Stored in the Body Collection Point

Non-Medical Examiner Cases should all be stored in the BCP.

This includes the following:

- ✓ Claimed and unclaimed cases
- ✓ COVID-19 and non-COVID-19 related cases.

Cases which fall under the jurisdiction of OCME (in other words **medical examiner cases**) must be reported to OCME according to normal protocols and **CANNOT** be stored in the BCP.

LESSON LEARNED:

Hospitals **SHOULD** continue to release cases in their custody to funeral directors on demand up until the point where the case is physically transferred to OCME custody.

STORE IN BCP	DO <u>NOT</u> STORE IN BCP (STORE IN HOSPITAL FIXED FACILITY MORGUE)
<p style="text-align: center;">Claimed and Unclaimed Cases COVID-19 and non-COVID-19 Cases</p>	<p style="text-align: center;">Medical Examiner Cases <i>Cases which fall under OCME jurisdiction must be reported according with normal operations and</i> Fetal Remains</p>

b. Case Transport and Storage

The following guidance should be followed by any hospital staff handling decedents and/or assisting in the BCP operation:

- **Decedents should always be handled in a manner denoting respect, including the loading and unloading of cases from the BCP**
- BCPs should **NOT** have any shelving system installed as these trailers will be towed with the remains within. Shelving presents an undue risk during transit. All shelves must be removed prior to placing decedents inside.
- Decedents should always be placed face up and should **NEVER** be stacked
- Decedents should be properly positioned to allow for efficient case storage. (See the images below)

LESSON LEARNED:

Do **NOT** install shelving.



- During BCP management, cases should be arranged on each side of the BCP, leaving a center aisle for walking to facilitate the release of cases to funeral homes.
- Once the BCP is nearing capacity and a request for retrieval is prepared, additional cases **can** be stored in the center walkway to maximize the storage of cases.
- Body handlers should use sliding boards and other lifting devices, when applicable, to make it easier and safer to move cases.
- Decedents must be stored between 37 – 44°F to slow down the rate of decomposition. Hospitals must monitor the **ambient temperature** inside the BCP to ensure the storage of remains within this temperature range.
- Decedents as well as the decedent body bags/human remains pouches should be properly labeled:
 - The decedent must have a wrist band and toe tag indicating the decedent’s full name and medical record number (MRN)
 - Each body bag should have a tag affixed to it that identifies the decedent’s full name and medical record MRN
 - All tags should be properly attached to the decedent and bag as indicated.
 - No stickers should be used as they can easily come off or stick to other bags.
 - Tag placement should be standardized and affixed to the zipper. It is suggested that it be zipped toward the head of the decedent so that it is easy to locate and identify each decedent

LESSON LEARNED:

If a human remains pouch rips during packaging or storage, the decedent must be repackaged in a disaster pouch and the body bag tag reattached to the new bag.

The ripped bag does not need to be removed before the decedent is placed in a new bag.

Movement of cases from patient care areas to the BCP for temporary storage should be done with respect and preserve privacy as much as possible. Appropriate fatality management / mortuary equipment and materials should be used to support ease of movement and safety of staff (this list can be found in Section F under Body Collection Point Trailer Logistics). However, forklifts and other heavy machinery should not be used to transport remains into the BCP.

c. Decedent Personal Effects

- OCME will **not** take custody of any personal effects of any decedents transferred to OCME custody
- Hospitals must maintain chain of custody and Annex C. Personal Effects Tracker) from the time when the items are collected after death through to their release to family members
- Hospitals should prepare for storing personal effects for an extended period.
- A secure facility should be chosen that will be large enough to handle a large amount of personal effects.
- Decedent personal effects should be packaged per hospital protocol.
- Personnel should ensure items are sealed well prior to labeling.
 - Plastic bins may be useful in organizing large amounts of personal effects
 - All personal effects should be tagged with a unique identifier as well as the unique identifier of the decedent to allow for reassociation.

VI. Chain of Custody Paperwork Required by OCME

OCME requests that hospitals fax the paperwork for each case that requires removal by OCME as it is placed in the BCP.

All paperwork for each case requiring OCME pick up should be faxed to OCME at:

(332) 900-8581

Please note that this is a different fax number from the day-to-day OCME number used for case paperwork.

The hospital should provide all three (3) of the following to OCME for **each** case as it is stored in the BCP:

1. **Healthcare Facility Face Sheet (required)**
2. **A signed and registered work copy of the Death Certificate (required)**
3. **Completed OCME Clinical Summary Worksheet 3.0 (preferred)**

- The hospital face sheet is provided by the hospital. It is a one- or two-page document that is produced by the admitting department that contains basic patient information (such as name, MRN, NOK, DOB, etc.)
- The **OCME Clinical Summary Worksheet 3.0** is

LESSON LEARNED:

Refer to the trainings and resources made available by DOHMH BVS [on their website](#).

LESSON LEARNED:

OCME will have the ability to directly push all registered death certificates from eVital to our Case Management System. However, until that is implemented each facility is required to submit a signed and registered Death Certificate for each case.

available online at www.nyc.gov/ocmereportacase

- **Both the Death Certificate and Burial Permit are completed in eVital, an online database run by DOHMH Bureau of Vital Statistics.**

Questions regarding eVital should be directed to:
eVital@health.nyc.gov

a. eVital, Death Certificate, and Burial Permit Guidance

NYC health code requires deaths to be reported by a medical certifier to the NYC Health Department, in eVital, within 24 hours of the time of death. The personal particulars and disposition, typically reported by funeral directors, must be reported within 72 hours; however, medical facilities also have the ability to report the personal particulars and disposition. Given a pandemic, hospitals will often not know about funeral director involvement and the OCME may provide mortuary services in the interim. For OCME to do this, the case must be registered without the involvement of a private funeral director.

To receive this support and not need to update the disposition after the initial certification, it is recommended **that facilities indicate that they are responsible for the disposition in eVital from the beginning (pictured below).**



The screenshot shows a form interface with a dark header labeled 'Decedent'. Below the header is a question: 'Will Medical Institution be Responsible for Final Disposition?'. Underneath the question is a dropdown menu with 'Yes' selected. There are 'x' and 'v' icons on the right side of the dropdown menu.

If a funeral director becomes involved at a later time, subsequent changes to the disposition information can be completed by funeral home personnel. There is **no fee** charged to funeral homes to make amendments to change from Interim to Final disposition.

Detailed instructions for filling out a Death Certificate in eVital to ensure OCME pickup can be found here: https://www.gnyha.org/wp-content/uploads/2020/05/Instructions-to-Complete-Death-Certificates-in-eVital_5-14-20.pdf

Fill out the Death Certificate and Burial Permit as follows for cases that will be placed in the BCP:

Death Certificate		
Death Certificate Field	What Should Be Entered if Family Needs More Time, Decedent is Unclaimed, or Funeral Home is Delayed	What Should Be Entered if Family Requests City Burial
Method of Disposition	Other <i>Then type in:</i> Interim	Interment / City Burial
Place of Disposition	OCME Morgue	City Cemetery at Hart Island
Funeral Establishment	Office of Chief Medical Examiner	Office of Chief Medical Examiner
Address	520 1 st Ave, NY, NY 10016	520 1 st Ave, NY, NY 10016

Burial Permits (for City Burial Only)	
Burial Permit Field	What Should Be Entered if Family Requests City Burial
Type of Disposition	City Burial
Method of Disposition	Interment / City Burial
Place of Disposition	City Cemetery at Hart Island

- ALL spellings of names, dates and times of birth / death must agree throughout ALL paperwork, including the Face Sheet and Fax Cover Sheet.
- All required decedent paperwork **must be faxed to OCME Communications at 332-900-8581** as decedents that will be transferred to OCME’s custody are placed into the BCP and must be complete and competent before case pick-up can occur.
- Signed Next of Kin (NOK) Authorization is required for all City Burial requests. If NOK are unavailable, do not submit for City Burial.

*For decedents that have funeral homes that have claimed the death certificate, facilities do **not** need to change the method and place of disposition on the Death Certificate for OCME pick up.*

Questions regarding eVital should be directed to: eVital@health.nyc.gov

b. Clinical Summary Worksheet

On the Clinical Summary Worksheet:

- Complete only the required sections. Section E is only required for ME cases, not unclaimed cases.
- Indicate 'unknown' in fields where the requested information is unknown. Do not leave fields blank.
- OCME requires the medical record number (MRN) for all decedents coming to OCME from a hospital.
- OCME requests any aliases known to be used by the decedent.
- Provide all available contact information for NOK, Public Administrator and Nursing Home (if decedent was transferred from a nursing home) so that OCME can follow up, as appropriate.
- Provide a response ("Yes" or "No") for all screening questions.
- If the case is COVID-19 positive, select NO to the question in the Clinical Summary Worksheet Section D regarding public health. While this is a public health issue, deaths due exclusively to COVID-19 are considered natural deaths and selecting yes will cause this case to be flagged as a possible ME case requiring additional investigation, which will delay its processing.

yes	<input type="checkbox"/>	no	<input checked="" type="checkbox"/>	Does the death pose a threat to public health, such as bacterial meningitis?
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- Ensure that the form is signed.
- OCME will follow up with hospitals when there are any issues with the submitted paperwork. This is why it is requested that the hospital submit paperwork for each case as it is placed in the BCP that will be removed by OCME so that OCME can review and request any changes prior to the BCP reaching capacity.

Please visit the OCME official website which includes a "Case Reporting Criteria for Clinicians" page and the clinical summary worksheet and instructions at www.nyc.gov/ocmereportacase.

c. Case Management/Tracking

Hospitals must maintain a morgue manifest for all cases stored in the BCP. It is advisable that each facility maintain this manifest as decedents are placed into the BCP. OCME requires an accurate manifest prior to any case pick up. Maintaining the manifest in real time will help avoid a paperwork bottleneck.

A sample tracking form has been distributed with this guide and is available in Annex B. Decedent Manifest Tracker.

VII. Body Collection Point Retrieval / Case Pick Up Procedure

Option 1: Scheduled Retrieval

Hospitals will be scheduled for BCP pick up based on the number of decedents in their BCPs as reported in the daily III. Hospital Morgue Census Survey. The schedule will be released at least 5 days in advance of your scheduled visit to allow HCFs to prepare.

LESSON LEARNED:

BCP Coordinators will be part of operations as soon as BCPs are deployed. This is a temporary position at OCME designed to help all HCFs with BCPs coordinate and communicate with OCME. Each facility will be assigned a BCP Coordinator, however they can all be reached at:

BCP_Coordinators@ocme.nyc.gov

Within 24 hours of notification of your scheduled retrieval date, your facility's assigned BCP Coordinator will contact your facility's Morgue Manager, or otherwise designated POC, to walk through the pick-up process, and verify documentation requirements. The BCP Coordinator should be leveraged to troubleshoot any issues that may hinder removal of your BCP. All internal preparations must be coordinated with the appropriate hospital stakeholders prior to scheduled retrieval date.

On the day of a scheduled pick up, an inspector from OCME will verify the placement, packaging and labelling of the remains within the BCP, reconcile the manifest while taking custody of the remains, as well as troubleshoot any paperwork issues.

Option 2: Ready before scheduled pick up? Contact BCP Coordinator

It is possible that a facility's BCP may become full and ready for pick up prior to the scheduled retrieval date. If this occurs, hospitals should email their BCP Coordinator directly or if this happens prior to being scheduled for a retrieval, hospitals should email BCP_Coordinators@ocme.nyc.gov and someone will be assigned to assist the hospital. This request/notification that a BCP is ready for pick up should only be done after all paperwork has been submitted to OCME for each case within the BCP. The email to the BCP coordinator should include:

1. Facility Name
2. Facility Address
3. Address location of the BCP (this must be exact)
4. Point-of-Contact for Mortuary Operations or Fatality Management Operations (including name, position, phone number, and email) **This person must be present during the BCP audit and retrieval*
5. A photograph of the BCP, including any customized ramps, tenting, etc. that have been erected surrounding the BCP.

After confirmation of the above information, the hospital will be authorized to fax the final BCP manifest to:

(332) 900-8581

Do not fax the manifest to this number until instructed to do so.

Preparation for BCP Retrieval:

Once a date has been scheduled for retrieval of the BCP, the hospital must do the following to prepare the cases and the trailer for removal:

- Maximize BCP storage capacity within the unit. Utilize all available space in the BCP to store cases for transport; including the center aisle and floor.
- Confirm BCP manifest is current and correct.
 - Continue to remove (or document) any listed cases as they are released to funeral homes.

- Do not add any more cases into the BCP once the manifest is submitted.

- Verify that all cases in the BCP are properly labeled (including a body tags, tag on the bag, and documented on the exterior of the body bag)
- Decedents must be properly packaged in ruggedized disaster bags.
- Ensure all case paperwork has been submitted to OCME and corrections requested have been made.
- The hospital must prepare the space surrounding the BCP for removal of the BCP, including preparing to remove privacy tenting or structures fixed to the unit.
- The hospital should make request for a replacement BCP if they have not done so already.
 - If there are capacity concerns and a fatality surge, hospitals are encouraged to submit a request for a replacement BCP at the same time as the retrieval to ensure continuity of storage operations.
- Hospitals are **not** required to provide hard copies of the decedent paperwork package if it has already been submitted electronically but *will* need to have a hard copy of the final manifest available.

LESSON LEARNED:

Every case **MUST** have an accompanying FACE SHEET. If one has not been submitted electronically to OCME, a hard copy must be provided during pick up. No case will be picked up without a FACE SHEET.

Upon Case Paperwork Approval:

- OCME will dispatch a team to perform an audit of the BCP and its contents.
- With their approval of the state of the BCP and case reconciliation of the manifest on site, OCME will take custody of the remains by locking and sealing the BCP and then approve for transport.

Keep in Mind:

- OCME will not go into a BCP without a Mortuary Tech (or other mortuary staff) from the hospital present.
- OCME will not operate equipment belonging to the hospital (this includes lifts).
- OCME will not remove decedents from a BCP that are incorrectly packaged or those which are stacked or otherwise mis-managed.

Following relocation of the BCP, funeral directors will be able to utilize the funeral director portal at <http://www.nyc.gov/fdportal> to locate and submit documentation to facilitate case release at the family's request.

Any questions or concerns regarding BCP retrieval should be directed to the HCF's assigned BCP Coordinator and/or BCP_Coordinators@ocme.nyc.gov

VIII. Family Management and Communication

Each HCF should identify internal staff and processes for managing family needs, answering family inquiries, and maintaining communication as needed. This is especially important as social distancing requirements will likely prevent hospital visitors and family members from being present at the time of death. It is anticipated that families will attempt to call the hospital for updates regarding their loved one. It is therefore recommended that a dedicated family management phone line be made available.

HCFs remain responsible for the following with regards to family management following a death:

- HCF must make a notification of death to the decedent's family
- HCF must verify current contact information for NOK
- HCF should communicate with the family to understand and document the family's intention for final disposition, if available: private services or city burial (signed NOK authorization for City Burial is preferred)
- HCF should provide the family with a general overview regarding the process for case storage and release to the funeral home/city burial. It should be indicated that if timely case release to a funeral home is not possible, OCME will take custody of the case to maintain case tracking and storage until arrangements can be made. If City Burial is requested, it should be indicated this will occur once the case is transferred to OCME.
- If family is unknown, the HCF must follow protocol to report the case to the Public Administrator.
- HCF should coordinate with the family to provide them with all decedent's personal effects in hospital custody.

LESSON LEARNED:

Families should NOT be told their loved one has been transferred to OCME custody until the BCP, and the case, has been removed.

LESSON LEARNED:

OCME maintains a long-term storage operation to ensure appropriate storage of decedents until the family can make the desired arrangements

Upon taking custody of decedents from a hospital, OCME will communicate with the known family and the chosen funeral home to affect case release for final disposition.

If family is not identified, or unavailable, OCME will conduct an outreach investigation to determine appropriate family with whom to coordinate.

IX. Body Collection Point Trailer Logistics

a. Trailer Specifications

At this time, NYCEM is maintaining a cache of 53’ diesel refrigerated trailers.

Given the availability during times of scarce resources and competition with other jurisdictions, HCFs will be expected to manage the BCP as specified below. Any unique conditions preventing a facility from accommodating the specifications below warrant the HCF entering into an agreement with a private contractor to supply their facility as such.



Space requirements, maintenance needs, and facility modifications or equipment needs should be noted and communicated internally at the HCF to ensure operations are conducted safely and cases are stored in appropriate conditions.

Refrigerated Trailer	
Delivery Mechanism	Tractor (Semi-truck)
Color	Variable
Length	53’
Width	8’5”
Overall Height	13’ 6”
Loading Height	Variable; Typically between 48” to 55”
Floor Type	Extruded metal or flat polymer (“grocery floor”)
Door Type	Variable: Roll Up or Barn Doors
Temperature	37-44°F
Fueling	Diesel fuel (generally every 2 – 3 days)
Maintenance	Every 6 months or as needed
Shelving	Unit will not come with shelves (shelving should NOT be installed)
Security	<ul style="list-style-type: none"> ▪ Rear door: Secured with high-secure hardened steel lock ▪ Kingpin: Appropriate kingpin lock for trailer type
Loading	Direct via loading dock or lift gate
Capacity	Approximately 40-50 Decedents
Manufacturer Specs	https://www.gnyha.org/wp-content/uploads/2020/07/ReeferSpec-Sheet.pdf

b. Temperature and Fuel

Remains must be stored between 37 – 44°F to slow down the rate of decomposition. Hospitals must monitor the **ambient temperature** inside the BCP to ensure the storage of remains within this temperature range.

Hospitals are responsible for monitoring fuel levels however NYCEM facilitated refueling operations for COVID-19 deployment. This will be facilitated by NYCEM again during future waves as well.

Please note that refrigeration will only slow down, **not halt** decomposition. OCME's long term storage facility has the ability to more substantially slow the decomposition process compared to regular refrigeration. For this reason, if there is no funeral home involvement or a funeral director is delayed in affecting final disposition, the HCF is encouraged to release the remains to OCME custody.

c. Access Control

The hospital must ensure that the unit is secure 24 hours a day. Depending on the placement of the unit, this may include taking measures to ensure privacy, deploying lighting elements or surveillance cameras, deploying tents or covered walkways, etc. In addition to these concerns, HCF should consider:

- **Prohibiting Use of Photo or Video:** Any photography or video of the interior of the BCP should be strongly discouraged, whether by facility employees, funeral directors, or the public/press.
- **Prohibiting Funeral Director Access:** Funeral Directors should never be given direct access to a BCP. The retrieval of decedents from the BCP should be completed by hospital staff.

LESSON LEARNED:

Be sure to have protocols and policies in place prohibiting photographing or videography of decedents. Be sure to make any staff who will be handling decedents or working in the morgue aware of these policies

d. Recommended Supplies and Equipment

The following list is a recommended list of equipment and supplies necessary to successfully manage a BCP operation. It is not exhaustive, and each facility is encouraged to use it as a forward planning tool and foundation for their equipment list.

Function	Equipment and Supplies
Security	<ul style="list-style-type: none">▪ Communication needs (i.e., radios, phones, and video surveillance)▪ Credentialing system and supplies (including any computers, printers, cameras, etc.)▪ Signage supplies▪ Perimeter/road blocking equipment and supplies
BCP Operations	<ul style="list-style-type: none">▪ Documentation supplies (i.e., clipboards, markers, pencils, etc.)▪ Remains recovery tags and labels▪ Zip ties▪ Copies of the Remains Storage Inventory Form▪ Refrigerated trailer unit or CONEX cold storage unit▪ Ramp(s) or lift gate for refrigerated trailer

	<ul style="list-style-type: none"> ▪ Remains trays ▪ Disaster/Ruggedized Body bags ▪ Carts/gurneys to move the remains ▪ Mechanical lift to move the remains up / down into BCP ▪ PPE ▪ IT support (i.e., laptops/tablets w/ access to e-Vital for on-site trouble shooting, printers, etc.) ▪ Credentials ▪ Communication equipment (i.e., radios) ▪ Privacy/tent structures
Personal Effects Management	<ul style="list-style-type: none"> ▪ Barcode printer and scanner ▪ Evidence supplies and equipment ▪ Photography equipment and supplies ▪ Trash receptacle/red biohazard bins and bags ▪ Office supplies ▪ Chain of custody forms/Receipts/Vouchers

X. Glossary

- **Body Collection Point:** A Body Collection Point (BCP) is a temporary refrigeration unit used to store decedents until transport is arranged. It allows a hospital to store a larger number of cases until they can be released to funeral homes or until OCME takes possession. The purpose of a BCP is to decompress the hospital morgue to give the funeral director community the time to get to the facility to make the removal and follow the wishes of the family.
- **Claim Only:** a term used by OCME to describe a case where OCME is requested to take custody of the remains for storage while contact is made with the family and/or the family make arrangements. Claim only case requests to OCME can be either claimed or unclaimed.
 - **Claimed Remains:** cases with confirmed private disposition arrangements (a funeral home has been hired and is claiming the case). This includes cases where a funeral home has been hired but cannot make the removal.
 - **Unclaimed Remains:** cases with no expressed intent or confirmed final disposition arrangements. This includes cases with unknown next of kin (NOK).
- **Fixed Facility Morgue:** a hospital's in-house morgue space.
- **FM:** Fatality Management
- **Medical Examiner Case:** any decedent that dies from a suicide, homicide, accident, or suspicious circumstances. For a full explanation of cases that fall under OCME jurisdiction please visit www.nyc.gov/ocmereportacase. These cases should be reported to OCME for medicolegal investigation.
- **MRN:** Medical Record Number. This is the unique case number given to each patient at an HCF. Some facilities may refer to it as a chart number.

XI. Annexes

Annex A. Public Administrator Contact Information

Where the NOK are known, the hospital must notify the NOK of the death. If the hospital was unable to reach the NOK, all notification attempts **must** be documented.

- Where the NOK are unknown, the hospital shall notify the Public Administrator (PA) of the death and document notification as indicated. See below for Public Administrators contact information (this list is accurate as of 9/2020 and is subject to change).

Public Administrators			
Borough	Name	Email	Telephone
Bronx Matilda Sanchez	Milly Merced (NH Cases) Christine Paulino	mimerced@bronxpa.nyc.gov cpaulino@bronxpa.nyc.gov	718-293-7660 Fax: 718-293-7851
Brooklyn Richard Buckheit	Latoya Richardson (Intake) Julio Chen Kno Nelson Guzman Raymond Paulucci	lrichardson@kingspa.nyc.gov jchenkon@kingspa.nyc.gov nguzman@kingspa.nyc.gov rpaulucci@kingspa.nyc.gov	718-643-3032 Fax: 718-522-4475
Manhattan Dahlia Damas	Dahlia Damas Frank Fang Paulette Pennant Sunita Tamang-Gurung	ddamas@nycountypa.nyc.gov ffang@nycountypa.nyc.gov ppennant@nycountypa.nyc.gov sugurung@nycountypa.nyc.gov	212-788-8430 Fax: 212-385-0220
Queens Lois Rosenblatt	Barbara Banks-Grier (NH cases) Susan Brown (all other cases)	Barbara@queenscountypa.com sbrown@queenscountypa.com	718-526-5037 Fax: 718-526-5043
Staten Island Edwina Martin	Vincent Argenziano Paul Bogdanov	vargenziano@richmondpa.nyc.gov pbogdanov@richmondpa.nyc.gov efmartin@richmondpa.nyc.gov	718-876-7228 Fax: 718-876-8377



**COVID-19
BODY COLLECTION POINT (BCP) - HEALTH CARE FACILITY INVENTORY MANIFEST**
FAX THIS MANIFEST TO OCME WHEN INSTRUCTED: (332) 900-8581

Health Care Facility (e-Vital) Name:		Body Collection Point Number:	
HCF Morgue Manager:		Total Number of Cases in BCP:	
HCF Morgue Manager Direct Phone Number:			

OCME Case Number	MRN #	Decedent Last Name	Decedent First Name	Date of Death	Date Placed In BCP	Check Box if Claimed by Funeral Home (but not picked up)	Initials	Date removed from BCP	Initials
1						11			
2						11			
3						11			
4						11			
5						11			
6						11			
7						11			
8						11			
9						11			
10						11			
11						11			
12						11			

To access this file, click here:

Annex C. Personal Effects Tracker

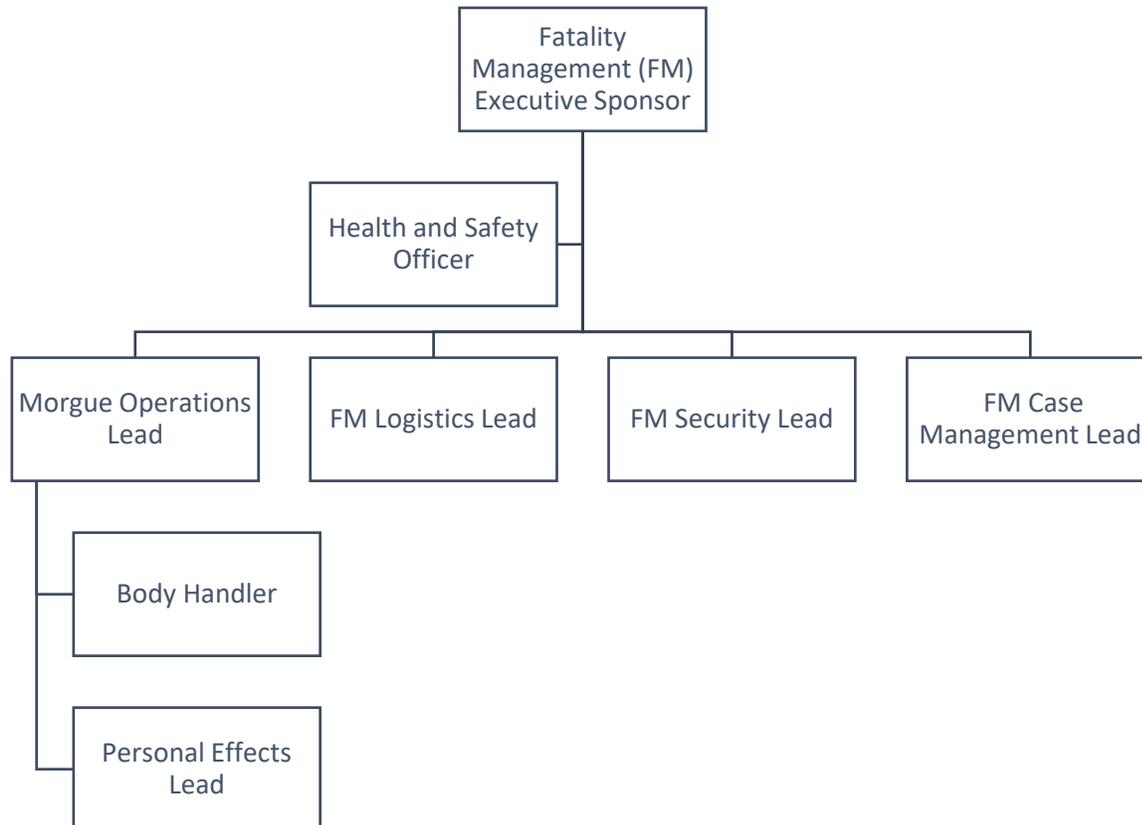
This form is a suggested tool for use in tracking decedent personal effects. Each facility is encouraged to develop their own tracking and storing system and/or edit the document as needed in order to maintain chain of custody of all decedent personal effects.

Personal Effects Tracking Form					
Decedent Name					
Case Number					
Submitting Personnel					
Date and Time Submitted					
Voucher Number					
Item Number	Description	Quantity			
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Chain of Custody					
Item Number	Date and Time	Released By	Signature	Received By	Signature

To access this file click here: 

These job sheets are designed to be used as a starting point for the various positions required for successful BCP management. They can and should be adapted to each facility's internal structure and are not prescriptive in nature.

HCF Fatality Management Organizational Chart



Fatality Management Executive Sponsor	
Purpose / Mission	To coordinate facility fatality management operations between all departments and ensure communication with city agencies
Objectives	<ul style="list-style-type: none"> ▪ Oversee hospital fatality management operations ▪ Ensure hospital complies with citywide policy and procedure for fatality management operations ▪ Ensure adequate resources are dedicated to fatality management to ensure safe, efficient, and respectful operations
Suggested Qualifications	<ul style="list-style-type: none"> ▪ Hospital Chief Executive Officer ▪ Executive Director ▪ Chief Operating Officer ▪ Chief Nursing Officer ▪ Other senior level hospital executive
Operational Responsibilities	
<p><i>The Fatality Management Executive Sponsor is responsible for the following items throughout the course of the operation. Several of these items will be ongoing or repeated through the course of the operation. The Fatality Management Executive Sponsor should identify the tasks and personnel necessary to ensure these responsibilities are accomplished.</i></p>	
<ul style="list-style-type: none"> • Participate in executive level conference calls with NYCEM, OCME, DOHMH, and other relevant stakeholders • Communicate directives and coordinate operations amongst departments to ensure efficient fatality management operations • Ensure that all necessary positions for fatality management are filled with appropriate, trained staff • Ensure adherence to citywide policy regarding fatality management, including any reporting requirements (i.e. Daily Hospital Morgue Census Survey) • Ensure all operations are conducted in a safe, respectful, and dignified manner • Identify a Health and Safety Officer to provide guidance specifically on the handling of decedents, safe lifting techniques, and appropriate PPE. • Communicate with NYCEM, OCME, and DOHMH with any questions or concerns 	
Best Practices and Considerations	
<ul style="list-style-type: none"> • Fatality management operations will require coordination amongst several departments in the HCF. The Fatality Management Executive Sponsor should ensure that all necessary stakeholder departments are involved in the operation and represented in any discussions. 	

Health and Safety Officer	
Purpose / Mission	To ensure all fatality management operations are conducted in a safe manner.
Objectives	<ul style="list-style-type: none"> ▪ Provide guidance regarding health and safety requirements as related to handling remains and Fatality Management (FM) operations ▪ Identify appropriate PPE and other equipment/supplies to support safe practices ▪ Monitor operations to ensure adherence to all health and safety directives
Operational Responsibilities	
<p><i>The Health and Safety Officer is responsible for the following items throughout the course of the operation. Several of these items will be ongoing or repeated through the course of the operation. The Health and Safety Officer must identify the tasks and personnel necessary to ensure these responsibilities are accomplished.</i></p>	
<ul style="list-style-type: none"> • Utilize available resources, interagency partnerships, and government directives to inform health and safety policies with regards to FM operations • Communicate all health and safety directives and guidelines to FM operations personnel • Ensure appropriate PPE is provided to all FM personnel and monitor adherence to PPE requirements • Ensure morgue and BCP operational areas are equipped with necessary health and safety equipment and supplies (i.e. hand sanitizer stations) • Display health and safety signage and guidance throughout the operation where visible to staff • Coordinate with FM Logistics Lead to ensure all constructed structures adhere to facility health and safety protocols and requirements • Ensure all personnel receive appropriate training on safe handling of remains, lifting techniques, etc. • Follow facility protocols for reporting any incidents or observed unsafe practices • Be aware of personnel well-being and maintain communication with the Fatality Management Executive Sponsor to ensure that necessary support is made available to personnel. 	
Best Practices and Considerations	
<ul style="list-style-type: none"> • Be aware that health and safety guidelines may evolve as new information and research is conducted. Be prepared to communicate these changes to staff in a timely manner. 	

Morgue Operations Lead	
Purpose / Mission	To manage fatality management operations including Fixed Facility morgue space and Body Collection Points (BCP)
Objectives	<ul style="list-style-type: none"> ▪ Manage HCF fixed morgue facility, including census reporting and case tracking ▪ Manage BCPs, including census reporting and case tracking ▪ Coordinate remains storage and transportation between HCF and BCP ▪ Coordinate on site remains and BCP retrieval with OCME
Suggested Qualifications	<ul style="list-style-type: none"> ▪ Experienced Mortuary Supervisor ▪ Knowledge of remains storage requirements ▪ Ability to delegate and communicate effectively
Operational Responsibilities	
<p><i>The Morgue Operations Lead is responsible for the following items throughout the course of the operation. Several of these items will be ongoing or repeated through the course of the operation. The Morgue Operations should identify the tasks and personnel necessary to ensure these responsibilities are accomplished.</i></p>	
<ul style="list-style-type: none"> • Maintain communication with Executive Sponsor regarding Fatality Management (FM) operations. • Participate on interagency conference calls, as scheduled, to receive directives and communicate questions or concerns. • Confirm BCP Logistics with appropriate personnel, including staging locations, fuel management and temperature monitoring • Identify deputies to help manage fixed facility and BCP locations depending on scale of operation and incident complexity • Manage all cases in hospital custody: <ul style="list-style-type: none"> ▪ Maintain awareness of the inventory of the remains stored in HCF Fixed Facility and BCP ▪ Ensure that all remains are documented and tracked. ▪ Ensure that all remains stored in a dignified and respectful manner that minimizes further damage or alteration. ▪ Ensure accuracy and completeness of all records. • Maintain communications with personnel on issues related to changes to or deviations from established procedures. • Ensure the completion of the Hospital Morgue Census Survey daily. • Ensure adequate staff are trained to conduct FM operations • Confirm that all staff adhere to HCF Health and Safety requirements, including the donning of appropriate PPE. • Monitor use of supplies and notify FM Logistics Lead of anticipated replenishment needs. • Be aware of personnel well-being and maintain communication with the Health and Safety Team to ensure that assistance, medical or otherwise, is available to personnel. 	
Best Practices and Considerations	
<ul style="list-style-type: none"> • It is optimal to store remains at a maximum temperature of 37-44 degrees Fahrenheit; ensure all equipment is functioning properly prior to operations. • Consider additional equipment needed to support the proper functioning and security of the BCP (generators, lights, etc.) and facilitate remains handling. 	

Body Handlers	
Purpose / Mission	To place remains in the human remains pouch, ensuring proper packaging and tagging; transfer remains to the appropriate storage location
Objectives	<ul style="list-style-type: none"> ▪ Ensure remains are appropriately packaged, labeled, and placed in the Fixed Facility Morgue or BCP ▪ Maintain Annex B. Decedent Manifest Tracker
Operational Responsibilities	
<i>The Body Handler is responsible for the following items throughout the operation. Several of these items will be ongoing or repeated through the course of the operation.</i>	
<ul style="list-style-type: none"> • Handle all cases in a safe, respectful, and dignified manner to transfer from patient care areas to HCF fixed facility morgue or BCP, as appropriate. • Adhere to all HCF health and safety protocols and requirements, including the donning of appropriate PPE • Use appropriate lifting techniques and equipment to safely handle remains. • Ensure all remains are properly packaged and tagged before placement in storage • Store cases in the BCP in a manner which prevents any damage and allows for access to the BCP for case retrieval and reconciliation/tracking. • Maintain case tracking, as directed by the Morgue Operations Lead. • Coordinate with the FM Case Management Team regarding case documentation and reporting • Be aware of self and colleagues' well-being and maintain communication with the Health and Safety Team to ensure that assistance, medical or otherwise, is available to personnel. 	
Best Practices and Considerations	
<ul style="list-style-type: none"> • Proper labeling should be maintained by affixing a duplicate tracking number (MRN) on the outside of the HRP in addition to affixing a tag to the body itself. The exterior tag should be visible when stored in the BCP to aid in locating cases or confirming inventory. • All cases being placed in a BCP should be packaged in a ruggedized / disaster-grade human remains pouch (body bag) • Ensure body is properly tagged in two (2) locations and tag is affixed to the exterior of the body bag. • Repackage any cases in which the body bag has torn or been compromised. • Work with at least one partner or more as appropriate. • Use lifting and moving devices to physically relocate bodies from one location to another (i.e., gurney, sliding boards, and lifts). • Body Handlers should be physically able to safely lift bodies no higher than waist height. 	

Personal Effects Manager	
Purpose/Mission	To oversee the recovery, packaging, storage, and tracking of decedents' personal effects and ensure the return of items to family, when possible.
Objectives	<ul style="list-style-type: none"> ▪ Ensure personal effects are properly collected, documented, packaged, vouchered, and secured ▪ Ensure items are released to the family, when possible ▪ Maintain Annex C. Personal Effects Tracker
Operational Responsibilities	
<p><i>The Personal Effects Unit is responsible for the following items throughout the BCP operations. Several of these items will be ongoing or repeated through the course of the response. The Personal Effects Unit should identify the tasks and personnel necessary to ensure these responsibilities are accomplished.</i></p>	
<ul style="list-style-type: none"> • Handle all items in a safe, respectful, and dignified manner to ensure ability to return items to family, when possible • Adhere to all HCF health and safety protocols and requirements, including the donning of appropriate PPE • Ensure all personal effects are properly packaged and tagged before placement in storage • Store personal effects in a manner which prevents any damage and allows for extended storage as may be required due to pandemic characteristics or family circumstances. • Maintain personal effects tracking, as directed by the Morgue Operations Lead. • Be aware of self and colleagues' well-being and maintain communication with the Health and Safety Team to ensure that assistance, medical or otherwise, is available to personnel. 	
Best Practices and Considerations	
<ul style="list-style-type: none"> • Consider that due to the nature of the pandemic and impacts to families, the HCF may need to store more personal effects for longer periods of time. Additional space beyond the normal storage locations may be necessary. 	

FM Logistics Lead	
Purpose / Mission	To manage and support services and infrastructure required for HCF’s fatality management operations
Objectives	<ul style="list-style-type: none"> ▪ Conduct site management to place BCP, construct necessary accessibility structures and ensure functionality of the BCP unit ▪ Manage supplies and equipment utilized by HCF staff during FM operations, including PPE
Operational Responsibilities	
<p><i>The FM Logistics Lead is responsible for the following items throughout the course of operations. Several of these items will be ongoing or repeated through the course of the response. The FM Logistics Lead should identify the tasks and personnel necessary to ensure these responsibilities are accomplished.</i></p>	
<p>Operations:</p> <ul style="list-style-type: none"> • Confirm pre-identified BCP staging areas and facility requirements or limitations for a BCP. • Identify and schedule necessary Logistics staffing to support FM operations • Coordinate with NYCEM regarding the delivery and set up of BCP unit(s) • As needed, construct ramps or other accessibility structures to ensure the safe and respectful loading and unloading of cases to the BCP • In coordination with the FM Security Lead requests, erect fencing, tenting or other measures as needed to ensure privacy and security for the FM operations. • Display signage, as requested by the Morgue Operations Lead, to direct operations, restrict access, etc. • Confirm functionality of all equipment prior to use to store cases; monitor functionality throughout operation • Identify necessary vendors to support fuel management and/or unit maintenance if not supplied by the City. <ul style="list-style-type: none"> – Identify and confirm refueling schedule and maintenance schedule with vendors. • Ensure temperature is actively monitored to ensure BCP ambient temperature is kept within appropriate range • Ensure all staff have adequate supply of PPE to maintain adherence to HCF health and safety protocols • Ensure all staff have access to necessary equipment and supplies to support the safe and respectful handling of remains. • Extrapolate supply/equipment usage and schedule necessary resupply deliveries • Prepare BCP and surrounding area for tractor trailer access to retrieve BCP, including unhooking or detaching any structures affixed to the unit for access, security or privacy • Following the incident, clean all vehicles and equipment with the appropriate disinfecting agents as recommended by Health and Safety personnel. • Coordinate with HCF’s IT department regarding appropriate access to power and network infrastructure • Be aware of self and colleagues’ well-being and maintain communication with the Health and Safety Team to ensure that assistance, medical or otherwise, is available to personnel. 	
Best Practices and Considerations	
<ul style="list-style-type: none"> • Consider additional or specialized equipment/supply needs based on external aspects of operations (such as inclement weather, media attention, etc.). • Consider specialized skills needed to conduct operations (such as specialized or heavy equipment operators), provide training to staff as needed. • Ensure that all constructed structures (i.e. ramps) have been designed and approved by an engineer to withstand the constant use and weight of case transfers. 	

FM Case Management Lead	
Purpose / Mission	To conduct case reporting and ensure complete and competent documentation for all decedents
Objectives	<ul style="list-style-type: none"> ▪ Ensure complete and accurate submission of documentation for all decedents on BCP manifest ▪ Communicate with OCME as needed regarding case documentation
Operational Responsibilities	
<p><i>The FM Case Management Lead is responsible for the following items throughout the BCP operations. Several of these items will be ongoing or repeated through the course of the response. The FM Case Management Lead should identify the tasks and personnel necessary to ensure these responsibilities are accomplished.</i></p>	
<ul style="list-style-type: none"> • Ensure complete and accurate submission of documentation for all decedents in accordance with city policy and procedures • When needed, train additional staff in eVital to correctly register death certificates in a timely manner • Participate on interagency conference calls, as scheduled, to receive directives and communicate questions or concerns. • Maintain open communication with Morgue Operations Lead and HCF’s Emergency Managers to ensure accurate reporting of daily morgue census data • Be aware of self and colleagues’ well-being and maintain communication with the Health and Safety Team to ensure that assistance, medical or otherwise, is available to personnel. 	
Best Practices and Considerations	
<ul style="list-style-type: none"> • All cases placed in the BCP should be filed as “Interim” disposition to the OCME Morgue. If a funeral director becomes involved at a later time, subsequent changes to the disposition information can be completed by them by filing an amendment in eVital at no cost. • Refer to the GNYHA Portal for up to date information, including guidance provided to Funeral Directors. 	

FM Security Manager	
Purpose / Mission	To provide for facility security and the security and privacy of all human remains, equipment, and personnel
Objectives	<ul style="list-style-type: none"> ▪ Ensure fatality management operations are secure for the entirety of the operation
Operational Responsibilities	
<p><i>The FM Security Manager is responsible for the following items throughout the fatality management operations. Several of these items will be ongoing or repeated through the course of the response. The FM Security Manager should identify the tasks and personnel necessary to ensure these responsibilities are accomplished.</i></p>	
<ul style="list-style-type: none"> • Establish clear security measures to protect HCF personnel and the dignity of the operation • Coordinate with Logistics Personnel to establish fencing, tenting or other means necessary for the protection and privacy of the operation • Obtain a list of authorized personnel that will be allowed access to the BCP. • Develop and communicate policy regarding photography in and around the BCP. • Ensure staff are aware of access restrictions, including unauthorized HCF personnel, press, and funeral directors. • Monitor personnel accountability and that all personnel are utilizing check-in and check-out points. <ul style="list-style-type: none"> – Ensure Security staff is posted at check-in and check-out points at all times. – Ensure only authorized personnel have access to the BCP and proximal facilities as needed. – If utilizing a credentialing system to create identification for personnel, monitor functionality. • Follow HCF protocols for any breach in security, including unauthorized access to the BCP. • Remove any unauthorized persons entering the BCP facility. • Be aware of staff members’ well-being and maintain communication with the Health and Safety personnel to ensure that assistance, medical or otherwise, is available to personnel. • Coordinate with NYPD/DOT as needed to close off streets and facilitate access and privacy for BCP operations 	
Considerations	
<ul style="list-style-type: none"> • Security personnel may want to issue identification badges unique to the incident. Confusion may arise if personnel are instructed to use their day-to-day work identification, as members of several different agencies may be present at the BCP and as the identification badges will not list each staff member’s correct position. • It is likely that media/press will attempt to access the BCP site and/or interview HCF personnel. It is critical that Security is aware of the presence of media personnel and can prevent access from sensitive locations. Consider coordinating with the NYCEM or HCF Administrators to identify a specific location for scheduled incident media briefings. Communication with the press should adhere to HCF policies, directed by the HCF Public Information Officer or similar. • In the case that the HCF does not have adequate security personnel to staff all required areas, the Security Manager may utilize law enforcement, auxiliary, or private contractor personnel to supplement the security staff. 	