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| **[HOSPITAL NAME] FATALITY MANAGEMENT PLAN** | |
| **Plan updated by:** [Enter name(s) of planners] | **Date Updated:** [Enter date of update] |

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| **Background / Executive Summary** | | |
| [Please provide any facility background information, situational awareness or other narrative relative to your facility] | | |
| **Pre-Identified BCP Staging Location** | | |
| At this time, NYCEM is maintaining a cache of 53’ diesel refrigerated trailers. Hospitals must identify a location for one (1), potentially two (2), BCPs proximate to the hospital morgue facility. Specifications for the trailers are included in Appendix G. | | |
| Pre-Identified BCP Location: | [Please provide the street address and/or GPS coordinates for pre-identified BCP location] | |
| If needed, a second BCP can be located at: | [Please provide the street address and/or GPS coordinates for pre-identified second BCP location] | |
| Map of BCP location: | [Paste an overhead map (street or satellite view) of the pre-identified BCP staging location] | |
| Description of the site: | Is this site in Public View? |  |
| Is this site accessible to a tractor trailer and fuel truck? |  |
| BCP Accessibility: | [Please provide an overview of how the hospital personnel will load and unload cases from the BCP. This may include use of the facility loading dock, construction of ramps and/or platforms, use of a mortuary-specific lift, etc. Note: The use of a forklift is not an acceptable or respectful means of loading or unloading cases from a BCP] | |
| **BCP Request Process** | | |
| 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)](mailto:Kyesha.Turner@nychhc.org?subject=BCP%20Delivery%20Request) or [Greater New York Hospital Association (GNYHA)](https://www.gnyha.org/tool/supply-shortage-urgent-request-form/), 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 | | |

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| **Decedent Storage in the BCP** | |
| **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.   |  |  | | --- | --- | | **STORE IN BCP** | **DO *NOT* STORE IN BCP**  **(STORE IN HOSPITAL FIXED FACILITY MORGUE)** | | **Claimed and Unclaimed Cases**  **COVID-19 and non-COVID-19 Cases** | **Medical Examiner Cases**  *Cases which fall under OCME jurisdiction must be reported according with normal operations and*  **Fetal Remains** | | |
| **Decedent Handling and Storage** | |
| It is critical that all BCP operations be conducted in a safe, dignified and respectful manner. The following guidance should be followed by all hospital personnel 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)      * + 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 * 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. However, forklifts and other heavy machinery should not be used to transport remains into the BCP. | |
| **Case Transport Procedures:** | [Please provide the hospital procedures to transport decedents from patient care areas to the facility morgue] |
| **Case Loading and Storage Procedures:** | [Please provide the hospital procedures to load decedents and store decedents in the BCP] |
| **Case Release Procedures:** | [Please provide the hospital procedures to release cases from the BCP to funeral directors] |

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| **Chain-of-Custody Paperwork Required by OCME** | |
| The following paperwork should be sent to OCME for all cases stored in the BCP. OCME requests that all BCP case paperwork be faxed to 332-900-8581   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)** | |
| **Healthcare Facility Face Sheet** | The Healthcare Facility Face Sheet is a one or two-page document produced by the hospital admitting department containing basic patient information.  [Please provide the hospital procedures to coordinate the completion and submission of the Healthcare facility Face sheet for all cases stored in the BCP] |
| **A Signed and Registered Work Copy of the Death Certificate** | The death certificate and burial permit are completed in eVital, an online database managed by NYC DOHMH Bureau of Vital Statistics. Additional guidance regarding the completion of the death certificate and burial permit is provided in Appendix B.  [Please provide the hospital procedures to coordinate the completion and registration of death certificates for each decedent in the BCP in a manner which allows OCME to take custody of the case for claim only] |
| **OCME Clinical Summary Worksheet** | The OCME Clinical Summary Worksheet version 3.0 is available online at [www.nyc.gov/ocmereportacase](http://www.nyc.gov/ocmereportacase) . Instructions to complete the form are also included in Appendix C.  [Please provide the hospital procedures to coordinate the completion and submission of the OCME Clinical Summary Worksheet for all cases stored in the BCP] |
| **BCP Manifest and Case Tracking** | |
| Hospitals must maintain a manifest for all cases stored in the BCP. This list should be updated as decedents are loaded or released from the BCP to ensure accuracy. This manifest will be reconciled against the cases stored in the BCP upon investigation and must be complete and correct prior to retrieval/removal of the BCP. A sample tracking form is available in Appendix E. | |
| **Hospital BCP Manifest Procedures:** | [Please provide the hospital procedures to maintain the BCP manifest] |

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| **BCP Security** | | | |
| The security of the decedents stored in the BCP is a critical component of the operation. Hospitals must ensure that the unit is secure 24-hours a day. The taking of photos and/or video of the interior of the BCP by any party is strongly discouraged. Only hospital personnel should have access to the BCP and will load and unload cases as needed for storage or release. | | | |
| Security Camera Coverage: | | [Please indicate if this site is covered by consistently monitored or recorded security cameras] | |
| Hospital access control measures: | | [Please outline the credentialing or access control measures being implemented by the hospital to ensure only appropriate hospital personnel have access to the BCP] | |
| Hospital privacy measures: | | [Please provide a description of any measures planned by the hospital to ensure the privacy of BCP operations. E.g. use of tents or fencing to prevent public view] | |
| **BCP Monitoring and Maintenance:** | | | |
| 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. | | | |
| Temperature monitoring procedures: | | | [Please provide a description of the hospital procedures to monitor, maintain the ambient temperature of the unit, and troubleshoot any issues/concerns that arise] |
| Fuel monitoring procedures: | | | [Please provide a description of the hospital procedures to monitor fuel levels, facilitate fuel deliveries, and troubleshoot any issues/concerns that arise] |
| **Health and Safety** | | | |
| The health and safety of all personnel supporting fatality management operations is the top priority. Prior to operations, hospitals must identify a Safety Officer to direct and monitor safety protocols, including appropriate personal protective equipment (PPE) procedures, safe handling of decedents, safe lifting techniques, reduction of site hazards, etc. All personnel must be provided with the necessary PPE and training on the proper donning and doffing of these items. Hospital must ensure an adequate supply is available for fatality management personnel and have a process to replenish inventories as needed. | | | |
| **PPE Requirements for Fatality Management Personnel** | [Please outline the PPE requirements as determined by the hospital Safety Officer. This will likely need to be defined by operational role] | | |
| **Health and Safety Guidelines for Fatality Management Operations** | [Please provide the hospital guidelines for ensuring all fatality management operations are conducted in a safe manner. This may require the attachment of an operation-specific health and safety plan] | | |

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| **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. Hospitals must have a mechanism in place to ensure adequate inventory of necessary supplies to support fatality management operations.   |  |  | | --- | --- | | **Function** | **Equipment and Supplies** | | Security | * 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 | * 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 * Remains trays * [Disaster/Ruggedized Body bags](https://www.gnyha.org/wp-content/uploads/2020/07/Disaster-Pouch-Spec-20-mil-Lining-Orange.pdf) * 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 | * 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 | | |
| **Hospital Vendors and Sourcing Procedures** | [Please utilize this space to identify internal hospital procedures for the procurement of necessary equipment/supplies – specifically PPE and disaster/ruggedized body bags. In addition, it is recommended that each hospital identify critical vendors, including contact information, from which critical resources will be sourced] |
| **Resource Request Process** | [Please outline the hospital procedures to request additional supplies] |

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| **Personal Effects Management** | |
| Hospitals are responsible for the management of a decedent’s personal effects, including storage, tracking, and return to family. OCME will not take custody of any personal effects and these items should not accompany the case when placed in the BCP. Hospitals should prepare for storing items for an extended period of time based on incident characteristics. | |
| **Personal Effects Management Procedures:** | [Please provide the hospital policies and procedures to store, track, and return personal effects to a decedent’s family] |
| **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.     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. | |
| **Family Management Procedures** | [Please provide the hospital policies and procedures with regards to communication and coordination with a decedent’s family] |

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| **Request a BCP Retrieval / Pick-up** |
| To request a BCP retrieval hospitals should email their assigned BCP Coordinator or if this person is not yet assigned, contact [BCP\_Coordinators@ocme.nyc.gov](mailto: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** |
| **Preparation of BCP for 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.   **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 hospital personnel 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. |

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| **Staffing and Training** | |
| Hospitals should anticipate that operations associated with a fatality surge, including BCP management and case documentation/paperwork will require additional personnel. In addition, due to the nature of the incident, staff attrition is likely due to illness or family concerns. It is recommended that hospitals pre-identify surge staff sources prior to requesting a BCP. In addition, hospitals must have a plan to train incoming personnel on hospital fatality management procedures to ensure all operations are conducted in a safe, respectful, and dignified manner. It is recommended that hospitals develop just-in-time training materials to onboard staff efficiently to the operation.  Sample Job Action Sheets for critical roles are included in Appendix E. It is recommended that hospitals update these resources to match the relative positions, titles, functions, and hospital-specific procedures. | |
| Surge Staffing Plan | [Please identify hospital sources for additional staff support which can be activated in response to a fatality surge. These sources may differ based on the position or function being addressed.] |
| Staff Training Plan | [Please outline the training plan for personnel serving in a collateral duty or from an external source] |

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| **Appendix A. Hospital Fatality Management Contact Information** | | |
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| Executive Sponsor for Fatality Management Planning and Operations | Name: |  |
| Position/Title: |  |
| Phone: |  |
| email: |  |
| Main POC for Fatality Management Surge Planning / Operations | Name: |  |
| Position/Title: |  |
| Phone: |  |
| email: |  |
| Alternate / Back-up POC for Fatality Management Surge Planning / Operations | Name: |  |
| Position/Title: |  |
| Phone: |  |
| email: |  |
| Emergency Management Coordinator | Name: |  |
| Position/Title: |  |
| Phone: |  |
| email: |  |
| Morgue Manager POC | Name: |  |
| Position/Title: |  |
| Phone: |  |
| email: |  |
| Facilities Department POC | Name: |  |
| Position/Title: |  |
| Phone: |  |
| email: |  |
| BCP Logistics POC | Name: |  |
| Position/Title: |  |
| Phone: |  |
| email: |  |
| Security Department POC | Name: |  |
| Position/Title: |  |
| Phone: |  |
| email: |  |
| Admitting Department POC | Name: |  |
| Position/Title: |  |
| Phone: |  |
| email: |  |
| Case Management POC | Name: |  |
| Position/Title: |  |
| Phone: |  |
| email: |  |
| Family Management POC | Name: |  |
| Position/Title: |  |
| Phone: |  |
| email: |  |

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| **Appendix B. 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.**  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  *Then type in:* 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 1st Ave, NY, NY 10016 | 520 1st 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.*  Refer to the trainings and resources for using eVital made available [online](https://www1.nyc.gov/site/doh/providers/reporting-and-services/evital.page).  *Questions regarding eVital should be directed to:* [*eVital@health.nyc.gov*](mailto:eVital@health.nyc.gov) |
| **Appendix C. 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.      * 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*](http://www.nyc.gov/ocmereportacase)*.* |
| **Appendix D. 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](mailto:mimerced@bronxpa.nyc.gov)  [cpaulino@bronxpa.nyc.gov](mailto: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](mailto:lrichardson@kingspa.nyc.gov)  [jchenkon@kingspa.nyc.gov](mailto:jchenkon@kingspa.nyc.gov)  [nguzman@kingspa.nyc.gov](mailto:bronxpa.nyc.gov)  [rpaulucci@kingspa.nyc.gov](mailto: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](mailto:ddamas@nycountypa.nyc.gov)  [ffang@nycountypa.nyc.gov](mailto:ffang@nycountypa.nyc.gov)  [ppennant@nycountypa.nyc.gov](mailto:ppennant@nycountypa.nyc.gov)  [sugurung@nycountpa.nyc.gov](mailto:sugurung@nycountpa.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](mailto:Barbara@queenscountypa.com)  [sbrown@queenscountypa.com](mailto:sbrown@queenscountypa.com) | 718-526-5037  Fax: 718-526-5043 | | Staten Island  Edwina Martin | Vincent Argenziano  Paul Bogdanov | [vargenziano@richmondpa.nyc.gov](mailto:vargenziano@richmondpa.nyc.gov)  [pbogdanov@richmondpa.nyc.gov](mailto:pbogdanov@richmondpa.nyc.gov)  [efmartin@richmondpa.nyc.gov](mailto:efmartin@richmondpa.nyc.gov) | 718-876-7228  Fax: 718-876-8377 | |

**Appendix E. BCP Manifest Sample Form**A screenshot of a cell phone

Description automatically generated

**Appendix F. Sample Job Action Sheets for Fatality Management Positions**

*These Job Action Sheets should be updated to match the specific positions, responsibilities, and operating procedures of the hospital operation.*

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| Fatality Management Executive Sponsor | |
| **Purpose / Mission** | To coordinate facility fatality management operations between all departments and ensure communication with city agencies |
| **Objectives** | * 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** | * Hospital Chief Executive Officer * Executive Director * Chief Operating Officer * Chief Nursing Officer * Other senior level hospital executive |
| **Operational Responsibilities** | |
| *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.* | |
| * 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** | |
| * 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. | |

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| **Health and Safety Officer** | |
| **Purpose / Mission** | To ensure all fatality management operations are conducted in a safe manner. |
| **Objectives** | * 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** | |
| *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.* | |
| * 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** | |
| * 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. | |

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| **Morgue Operations Lead** | |
| **Purpose / Mission** | To manage fatality management operations including Fixed Facility morgue space and Body Collection Points (BCP) |
| **Objectives** | * 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** | * Experienced Mortuary Supervisor * Knowledge of remains storage requirements * Ability to delegate and communicate effectively |
| **Operational Responsibilities** | |
| *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.* | |
| * 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:   + - 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** | |
| * 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. | |
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| **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** | * Ensure remains are appropriately packaged, labeled, and placed in the Fixed Facility Morgue or BCP * Maintain Annex B. Decedent Manifest Tracker |
| **Operational Responsibilities** | |
| *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.* | |
| * 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** | |
| * 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. | |

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| **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** | * Ensure personnel 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** | |
| *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.* | |
| * 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** | |
| * 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. | |

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| **FM Logistics Lead** | |
| **Purpose / Mission** | To manage and support services and infrastructure required for HCF’s fatality management operations |
| **Objectives** | * 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** | |
| *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.* | |
| ***Operations:***   * 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.   + 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** | |
| * 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. | |

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| **FM Case Management Lead** | |
| **Purpose / Mission** | To conduct case reporting and ensure complete and competent documentation for all decedents |
| **Objectives** | * Ensure complete and accurate submission of documentation for all decedents on BCP manifest * Communicate with OCME as needed regarding case documentation |
| **Operational Responsibilities** | |
| *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.* | |
| * 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** | |
| * 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](https://www.gnyha.org/tool/nyc-mass-fatality-management-guidance/) for up to date information, including guidance provided to Funeral Directors. | |

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| **FM Security Manager** | |
| **Purpose / Mission** | To provide for facility security and the security and privacy of all human remains, equipment, and personnel |
| **Objectives** | * Ensure fatality management operations are secure for the entirety of the operation |
| **Operational Responsibilities** | |
| *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.* | |
| * 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.   + Ensure Security staff is always posted at check-in and check-out points .   + 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** | |
| * 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. | |

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| **Appendix G. Refrigerated 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** | * 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> | |