

New York City Long-Term Care Mass Fatality Tabletop Exercise

After-Action Report/Improvement Plan

June 26, 2023

The After-Action Report/Improvement Plan aligns exercise objectives with the 2017-2022 Health Care Preparedness and Response Capabilities developed by the Administration for Strategic Preparedness and Response. Exercise information required for preparedness reporting and trend analysis is included. Users are encouraged to add additional sections as needed to support their own organizational needs.

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EXERCISE OVERVIEW

Exercise Name	NYC Long-Term Care Mass Fatality Tabletop Exercise (TTX)
Exercise Dates, Times, and Locations	<p>Three identical sessions were held on:</p> <ul style="list-style-type: none"> • April 25, 2023: 1:00 p.m. to 4:00 p.m. • April 26, 2023: 9:00 a.m. to 12:00 p.m. • April 26, 2023: 1:00 p.m. to 4:00 p.m. <p>All sessions were conducted virtually through Zoom.</p>
Scope	A three-hour facilitated, discussion-based TTX was conducted three times over two days. Participants in each session were presented with two modules for discussion.
Purpose	To examine the coordination, collaboration, information sharing, mitigation, and response capabilities of New York City (NYC) long-term care facilities to a mass casualty incident.
Core Capabilities	<ul style="list-style-type: none"> • ASPR Capability 2: Health Care and Medical Response Coordination • ASPR Capability 4: Medical Surge
Objectives	<ol style="list-style-type: none"> 1 Implement/expand the facility Incident Command System in response to a surge in patient deaths. 2 Develop an incident action plan to establish priorities, procedures, and actions to be accomplished based on existing policies and procedures. 3 Develop a plan to provide regular communications and reports. 4 Ensure care and disposition of decedent remains are aligned with family plans and wishes so that the deceased are handled in a safe and respectful manner until custody can be passed on to the appropriate organization (funeral home, OCME). 5 Ensure that the proper case documentation and workflow is maintained for each decedent appropriate to the type of case (OCME or Claim). 6 Ensure that personal effects of the deceased are properly managed according to policy.
Threat or Hazard	Mass fatality incident or event affecting NYC long-term care facilities.
Scenario	A novel infectious disease agent is causing respiratory symptoms across New York City, especially affecting medically fragile individuals and the elderly. As a result of the spread of this virus, nursing facilities across NYC are experiencing a surge in resident and patient deaths.
Grant Disclaimer	<p>This project was supported by the Department of Health and Human Services' Administration for Strategic Preparedness and Response under award number 6U3REP190597-04.</p> <p>Its content is solely the responsibility of the authors and does not necessarily represent the official views of the Department of Health and Human Services' Administration of Strategic Preparedness and Response.</p>
Sponsors	<ul style="list-style-type: none"> • Greater New York Health Care Facilities Association (GNYHCFA) • Greater New York Hospital Association (GNYHA) Continuing Care • Southern New York Association (SNYA) • New York City Department of Health and Mental Hygiene (DOHMH)
Participating Organizations	See Appendix E
Points of Contact	<p>Mary Gracey-White, GNYHCFA (mgwhite@gnyhcfa.org)</p> <p>Lisa Fenger, GNYHA (lfenger@gnyha.org)</p> <p>Christine Pesiri, SNYA (cpesiri@snya.org)</p> <p>Danielle Sollecito, DOHMH (dlucas@health.nyc.gov)</p> <p>Antonia Erhabor, DOHMH (aehabor@health.nyc.gov)</p>

EXERCISE EVALUATION AND IMPROVEMENT PLANNING

Evaluation of the exercise is based on the exercise objectives and aligned with the 2017-2022 Health Care Preparedness and Response Capabilities developed by the US Department of Health and Human Services, Administration for Strategic Preparedness and Response (ASPR).

Evaluators analyzed exercise discussion and the exercise hotwash to identify observations and related recommendations. Additionally, players were asked to complete participant feedback forms. These documents, coupled with facilitator observations and notes, were used to evaluate the exercise and compile this After-Action Report.

ANALYSIS OF EXERCISE FINDINGS

Objective 1: Implement/expand the facility Incident Command System (ICS) in response to a surge in patient deaths

- *ASPR Capability 2: Health Care and Medical Response Coordination*
 - *ASPR Objective 3: Coordinate Response Strategy, Resources, and Communication*

ASPR Activity 2: Coordinate Incident Action Planning During an Emergency	
Observation	Facilities should ensure that attention is paid to all aspects of the decedent management process as part of the incident response.
Analysis	The ICS structure should not only focus on responding to the cause of the mass fatalities, but also on the process of overseeing the management of the decedents, which requires a dignified and respectful approach to chain of custody of the body as well as its personal belongings.
Recommendation 1	Ensure senior facility leadership involvement in the response as part of the ICS structure.
Recommendation 2	Set scheduled timeframes for updating management on decedent status.
Recommendation 3	Assign a decedent manager/coordinator on each shift to monitor and collect information to report: <ul style="list-style-type: none">• overall status of decedents released to OCME/funeral home• in holding status (including temperature, conditions, and supplies)• newly placed in holding

Objective 2: Develop an incident action plan to establish priorities, procedures, and actions to be accomplished based on existing policies and procedures.

- *ASPR Capability 2: Health Care and Medical Response Coordination*
 - *ASPR Objective 1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans*

ASPR Activity 1: Develop a Health Care Organization Emergency Operations Plan	
Observation	Facilities described the need to review their current plans and processes to ensure that decedent management is well documented.
Analysis	While it is not unusual to have residents die within the facility, the management of multiple fatalities in a short timeframe presents challenges in various areas, including managing paperwork, addressing the needs of the families, addressing cultural and religious needs, and maintaining a proper chain of custody for the body and its property. Having the proper procedures documented within the emergency plan can provide the necessary structure for these activities.
Recommendation 1	Review and develop a decedent management plan to ensure defined responsibilities for all roles within the facility that are part of the decedent management process.
Recommendation 2	Document and/or provide other resources to assist in ensuring that proper procedures are followed while the decedent is within the facility's custody.
Recommendation 3	Disseminate updated plans to staff and provide training on related policies and procedures.

Objective 3: Develop a plan to provide regular communications and reports.

- *ASPR Capability 2: Health Care and Medical Response Coordination*
 - *ASPR Objective 3: Coordinate Response Strategy, Resources, and Communication*

ASPR Activity 3: Coordinate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors During an Emergency	
Observation	Exercise participants identified the need to improve situational awareness and communication within facilities.
Analysis	Open, honest, and frequent communication with various audiences is critical to keeping all stakeholders informed of the current situation.
Recommendation 1	The facility should develop and maintain a plan for communicating with stakeholders—including patients/residents, staff, and family members—about the facility-wide impacts of a mass casualty incident (MCI)/event.
Recommendation 2	The facility should develop and maintain a plan for keeping the staff updated on situations within the facility and how incidents affect their roles and responsibilities.
Recommendation 3	The facility should develop and maintain a plan for addressing media requests for updates. This media plan could include pre-scripted templates for messages and communication plans for social media and the press.

Objective 4: Ensure the care and disposition of decedent remains are aligned with family plans and wishes so that the deceased are handled in a safe and respectful manner until custody can be passed on to the appropriate organization (funeral home, OCME).

- *ASPR Capability 4: Medical Surge*
- *ASPR Objective 2: Respond to a Medical Surge*

ASPR Activity 11: Manage Mass Fatalities	
Observation	Facilities noted that not all residents/families may have prearranged plans and services in the event of death. Additionally, residents/families may not have indicated their religious or cultural preferences upon and following death.
Analysis	When a death occurs, facility staff—primarily the social worker—discuss with the family plans for the final disposition of the remains. During an event with multiple deaths, the religious and cultural aspects will likely not be addressed promptly. This may lead to greater stress and grief for relatives. Facilities expressed concern about how to ensure culture and religion are included in their response.
Recommendation 1	Develop and implement a policy to ask about and record any preplanning arrangements, including religious preferences and cultural aspects.
Recommendation 2	Create a contact list and develop a relationship with local religious and cultural groups for information and assistance.
Recommendation 3	Evaluate the religious and cultural needs of grieving family/friends and address these needs by providing information on local religious/cultural bereavement groups and relevant sources of assistance.
Recommendation 4	The facility should develop and maintain a plan for communicating with external agencies and other organizations that the facility will be coordinating with. This may include city and state health departments, medical examiners offices, funeral homes and funeral directors, religious and cultural leaders.
Recommendation 5	Facilities should schedule meetings and/or trainings with the external agencies and organizations they work with following a death within the facility so staff is more knowledgeable and relationships between the facility and organizations have been developed in advance of a surge.

ASPR Activity 11: Manage Mass Fatalities	
Observation	Many facilities noted the lack of space to hold multiple decedents and did not have well-documented plans on storage for decedents, especially for longer periods of time when funeral homes are unable to collect the bodies in a timely manner.
Analysis	Long-term care facilities typically have limited or non-existent morgue capacity available, and most do not have the space on their property or the staff and security needs to oversee an external body collection point. Exercise participants noted that one of the most crucial aspects to managing a surge in deaths is identifying ways to store and keep decedents as cool as possible until a funeral home or OCME can collect them.
Recommendation 1	Facilities should develop and document plans for storage of multiple decedents should there be a surge in deaths, taking into consideration preserving the dignity of the decedent as well as any storage requirements and need for equipment.
Recommendation 2	Facilities should ensure that they have the necessary supplies available for a surge in decedents, including body bags and identification tags.

Objective 5: Ensure that the proper case documentation and workflow is maintained for each decedent appropriate to the type of case (OCME or Claim).

- *ASPR Capability 4: Medical Surge*
- *ASPR Objective 2: Respond to a Medical Surge*

ASPR Activity 11: Manage Mass Fatalities	
Observation	Multiple decedents and staffing absences made it challenging for facilities to manage documentation and workflow. The timeline and procedures for OCME notification and case documentation information were not fully understood.
Analysis	An MCI event, especially one that expands across a large area, stresses the entire decedent care system. Since the majority of LTC facilities do not have a sufficient temperature-monitored holding room for decedents, cases are directed to the OCME for longer storage until final disposition can occur. Facilities need to understand the process and documentation and have a workplan with timeline to follow safe change of custody transfer.
Recommendation 1	Facilities should refer to the OCME guidebook ¹ to incorporate the process and forms into their decedent plan, and provide staff training on these processes and forms.
Recommendation 2	In-service training on the entire decedent management process, including timeline of notification to OCME, documentation, and follow-up communications, and incorporate this as part of your decedent response plan.
Recommendation 3	Designate a staff member as decedent manager/coordinator on each shift so that communication with OCME continues without interruption.

Objective 6: Ensure that personal effects of the deceased are properly managed according to policy.

- *ASPR Capability 4: Medical Surge*
- *ASPR Objective 2: Respond to a Medical Surge*

ASPR Activity 11: Manage Mass Fatalities	
Observation	Personal effects of the deceased and the standard policy of conveyance under normal operations will be challenged by various factors caused by a potentially infectious contagion and an MCI event.
Analysis	Personal effects are normally conveyed within a specific facility policy timeframe, with personal trust funds conveyed within the 30-day regulation. During an emergency event involving an infectious agent or MCI, facilities mentioned factors such as infection control, proper cleaning/sanitizing items, safe storage, family's ability to pick up, staff education, communications, and sheer volume of caring for ill residents with staff out ill as causes of delay. Facilities stressed concerns over storage space and duration.
Recommendation 1	Include in the facility emergency plan a policy and procedure for handling and storage of potentially infectious personal effects of decedents, based on CDC/NYSDOH PPE and sanitizing guidance, as well as a directive to periodically review current CDC guidance.
Recommendation 2	Develop a decedent inventory checklist and communication follow-up worksheet to be incorporated into the facility emergency plan. Include instructional guidance on the reverse side of document that aligns with facility's policy.
Recommendation 3	Evaluate the facility's storage space for decedent's effects, timeline of updated communications with families, list of county public administrators (PAs), including telephone numbers, forms, and instructions, and timeframe of conveyance to PA.

¹ [Mass Fatality Management Guidance for NYC Long-Term Care Facilities](#) – GNYHA includes the OCME guidance.

APPENDIX A: IMPROVEMENT PLAN

The Improvement Plan is intended to help participating facilities track the implementation of recommendations and corrective actions for each area for improvement identified in the exercise. Facility stakeholders should collaborate to identify corrective actions, responsible departments, points of contact, and target start and completion dates for each item.

Objective 1: Implement/expand the facility Incident Command System in response to a surge in patient deaths.

ASPR Objective 3: Coordinate Response Strategy, Resources, and Communication

ASPR Activity 2: Coordinate Incident Action Planning During an Emergency

Observation: Facilities should ensure that attention is paid to all aspects of the decedent management process as part of the incident response.					
Recommendation	Corrective Action	Responsible Department	Point of Contact	Start Date	Completion Date
Consider involving senior facility leadership in the response as part of the ICS structure.					
Consider developing and scheduling timeframes for updating management on decedent status.					
Consider assigning a decedent manager/coordinator on each shift to monitor and collect information to report: <ul style="list-style-type: none"> • overall status of decedents released to OCME/funeral home • in holding status (including temperature, conditions, and supplies) • newly placed in holding 					

Objective 2: Develop an incident action plan to establish priorities, procedures, and actions to be accomplished based on existing policies and procedures.

ASPR Objective 1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans

ASPR Activity 1: Develop a Health Care Organization Emergency Operations Plan

Observation: Facilities described the need to review their current plans and processes to ensure that decedent management is well documented.					
Recommendation	Corrective Action	Responsible Department	Point of Contact	Start Date	Completion Date
Consider reviewing and developing a decedent management plan to ensure defined responsibilities for all roles within the facility that are part of the decedent management process.					
Consider documenting and/or providing other resources to assist in ensuring that proper procedures are followed while the decedent is within the facility's custody.					
Consider disseminating updated plans to staff and providing training on related policies and procedures.					

Objective 3: Develop a plan to provide regular communications and reports.

ASPR Objective 3: Coordinate Response Strategy, Resources, and Communication

ASPR Activity 3: Coordinate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors During an Emergency

Observation: Exercise participants identified the need to improve situational awareness and communication within facilities.					
Recommendation	Corrective Action	Responsible Department	Point of Contact	Start Date	Completion Date
The facility should consider developing and maintaining a plan for communicating with stakeholders—including patients/residents, staff, and family members—about the facility-wide impacts of an MCI/event.					
The facility should consider developing and maintaining a plan for keeping the staff updated on situations within the facility and how incidents affect their roles and responsibilities.					
The facility should consider developing and maintaining a plan for addressing media requests for updates. This media plan could include pre-scripted templates for messages and communication plans for social media and the press.					

Objective 4: Ensure the care and disposition of decedent remains are aligned with family plans and wishes so that the deceased are handled in a safe and respectful manner until custody can be passed on to the appropriate organization (funeral home, OCME).

ASPR Objective 2: Respond to a Medical Surge

ASPR Activity 11: Manage Mass Fatalities

Observation: Facilities noted that not all residents/families may have prearranged plans and services in the event of death. Additionally, residents/families may not have indicated their religious or cultural preferences upon and following death.					
Recommendation	Corrective Action	Responsible Department	Point of Contact	Start Date	Completion Date
Consider developing and implementing a policy to ask about and record any preplanning arrangements, including religious preferences and cultural aspects.					
Consider creating a contact list and developing a relationship with local religious and cultural groups for information and assistance.					
Consider evaluating the religious and cultural needs of grieving family/friends and addressing these needs by providing information on local religious/cultural bereavement groups and relevant sources of assistance.					
The facility should consider developing and maintaining a plan for communicating with external agencies and other organizations that the facility will be coordinating with to manage the chain of custody. This may include city and state health departments, medical examiner offices, funeral homes and funeral directors, and religious and cultural leaders.					

Observation: Facilities noted that not all residents/families may have prearranged plans and services in the event of death. Additionally, residents/families may not have indicated their religious or cultural preferences upon and following death.

Recommendation	Corrective Action	Responsible Department	Point of Contact	Start Date	Completion Date
Facilities should consider scheduling meetings and/or trainings with the external agencies and organizations they work with following a death within the facility so staff is more knowledgeable and relationships between the facility and organizations have been developed in advance of a surge.					

Observation: Many facilities noted the lack of space to hold multiple decedents and did not have well-documented plans on storage for decedents, especially for longer periods of time when funeral homes are unable to collect the bodies in a timely manner.

Recommendation	Corrective Action	Responsible Department	Point of Contact	Start Date	Completion Date
Facilities should consider developing and documenting plans for storage of multiple decedents should there be a surge in deaths, taking into consideration preserving the dignity of the decedent as well as any storage requirements and need for equipment.					
Facilities should consider ensuring that they have the necessary supplies available for a surge in decedents, including body bags and identification tags.					

Objective 5: Ensure that the proper case documentation and workflow is maintained for each decedent appropriate to the type of case (OCME or Claim).

ASPR Objective 2: Respond to a Medical Surge

ASPR Activity 11: Manage Mass Fatalities

Observation: Multiple decedents and staffing absences made it challenging for facilities to manage documentation and workflow. The timeline and procedures for OCME notification and case documentation information were not fully understood.					
Recommendation	Corrective Action	Responsible Department	Point of Contact	Start Date	Completion Date
Facilities should consider referring to the OCME guidebook ² to incorporate the process and forms into their decedent plan and provide staff training on these processes and forms.					
Consider in-service training on the entire decedent management process, including timeline of notification to OCME, documentation and follow up communications, and incorporate this as part of your decedent response plan.					
Consider designating a staff member as decedent manager/ coordinator on each shift so that communication with OCME continues without interruption.					

2 [Mass Fatality Management Guidance for NYC Long-Term Care Facilities](#) – GNYHA includes the OCME guidance.

Objective 6: Ensure that personal effects of the deceased are properly managed according to policy.

ASPR Objective 2: Respond to a Medical Surge

ASPR Activity 11: Manage Mass Fatalities

Observation: Personal effects of the deceased and the standard policy of conveyance under normal operations will be challenged by various factors caused by a potentially infectious contagion and an MCI event.

Recommendation	Corrective Action	Responsible Department	Point of Contact	Start Date	Completion Date
Consider including in the facility emergency plan a policy and procedure for handling and storage of potentially infectious personal effects of decedents, based on CDC/NYSDOH PPE and sanitizing guidance, as well as a directive to periodically review current CDC guidance.					
Consider developing a decedent inventory checklist and communication follow-up worksheet to be incorporated into the facility emergency plan. Include instructional guidance on the reverse side of document that aligns with facility's policy.					
Consider evaluating the facility's storage space for decedent's effects, timeline of updated communications with families, list of county PAs, including telephone numbers, forms, and instructions, and timeframe of conveyance to PA.					

APPENDIX B: FEEDBACK FORM ANALYSIS

At the end of the NYC Long-Term Care Mass Fatality TTX, participants were given the opportunity to provide exercise feedback using an online participant feedback form accessible using a link or QR code. In total, 86 forms were collected by exercise staff and analyzed to gain exercise and conference design feedback, identify key strengths and areas for improvement, and determine future training and exercise recommendations.

Exercise Design

Participants were provided with the following rating chart to evaluate the exercise according to specific assessment factors. Note that not all participants completed an evaluation. The responses were aggregated from the 86 participant feedback forms received and then averaged. This average is provided in the Weighted Average column.

Exercise Feedback from Participant Evaluations

Assessment Factor	Strongly Disagree					Strongly Agree	
	1	2	3	4	5	Weighted Average	
Standard Exercise Feedback							
How would you rate this exercise overall?	0	0	4	22	60	4.65	
The exercise facilitators were well prepared and knowledgeable.	2	1	0	18	65	4.66	
The exercise materials (presentations, handouts, surveys/polls, etc.) added value to the exercise.	2	0	3	23	58	4.57	
Based on my experience, I would recommend similar exercises to colleagues or other relevant professionals.	2	0	2	19	61	4.52	
Based on my participation in this exercise, I will be better prepared to execute my role in preventing, protecting against, responding to, and/or mitigating threats or incidents.	2	0	4	26	54	4.51	
Based upon its participation in this exercise, my organization will take steps to enhance its preparedness to execute its role in preventing, protecting against, responding to, and/or mitigating threats or incidents.	2	1	1	26	56	4.55	

Assessment Factor	Strongly Disagree			Strongly Agree		Weighted Average
	1	2	3	4	5	
Feedback on Exercise Objectives						
Objective 1: Implement/expand the facility Incident Command System in response to a surge in patient deaths.	2	0	2	30	52	4.51
Objective 2: Develop an incident action plan to establish priorities, procedures, and actions to be accomplished based on existing policies and procedures.	2	2	0	27	55	4.52
Objective 3: Develop a plan to provide regular communications and reports.	2	1	0	30	53	4.52
Objective 4: Ensure care and disposition of decedent remains are aligned with family plans and wishes so that the deceased are handled in a safe and respectful manner until custody can be passed on to appropriate organization (funeral home, OCME)	2	0	0	26	58	4.60
Objective 5: Ensure that the proper case documentation and workflow is maintained for each decedent appropriate to the type of case (OCME or Claim).	2	0	2	30	52	4.51
Objective 6: Ensure that personal effects of the deceased are properly managed according to policy.	2	0	2	28	54	4.53

Participant Exercise Roles

Role	Individual Long-Term Care Representatives	Observers, Planners, Evaluators, Staff	Long-Term Care Facilities
Number of Participants	148	36	73 (65 nursing homes, 8 adult care facilities)

APPENDIX C: PARTICIPANT COMMENTS

Participants completing the exercise evaluation were asked to provide comments on strengths and areas for improvement observed during the exercise and general comments pertaining to the exercise as a whole. Combined participant feedback on each question is presented below.

Long-Term Care Facilities' Self-Assessment of Strengths

Topic	Comments
Communication	<p>Many participants emphasized the strength of the communication in their facility, including:</p> <ul style="list-style-type: none"> • Communication with outside agencies, staffs, residents, and families • Ability to communicate quickly • Honesty, especially when working with the families • Leadership from both the senior management and the medical team • Focus on real-time information, especially to families and staff
Teamwork	<p>Many participants highlighted the value of teamwork across the facility that aided in the response to a mass fatality surge, including:</p> <ul style="list-style-type: none"> • Being organized and delineating roles each individual should fulfill • Collaboration with other facilities • Being well-trained • Members of the team provide support to other members • Dedication and cooperation • Overall knowledge and willingness to work together
Experience	<p>Participants noted the experience gained through the COVID-19 response has provided a valuable knowledge base for any future incidents with similar mass fatalities</p>
Planning and Policies	<p>Participants indicated that they had emphasized planning and policy development, including:</p> <ul style="list-style-type: none"> • Maintaining sufficient supplies • Use of their pandemic plan • Planning and processes for decedent storage • Policies for the conveyance of personal property • Staff knowledge of facility policies, including for reporting deaths
Preparedness	<p>Participants indicated in general that they were prepared for managing surges in patient deaths, including emphasizing pre-planning for funeral arrangements for their residents</p>
Dignified and Respectful Treatment	<p>Participants expressed that their facilities focused on maintaining dignity and respect for their residents even following their deaths, including:</p> <ul style="list-style-type: none"> • Maintaining chain of custody of the decedent • Sensitivity to the needs of the family • Addressing cultural and religious needs • Safeguarding decedents' personal property
Training	<p>Some participants indicated that they are well-trained and that their facility maintains this through frequent in-service trainings, including:</p> <ul style="list-style-type: none"> • Knowledge of culture and religious needs through chaplains and relationships with religious organizations
Incident Command Structure	<p>Several participants acknowledged their Incident Command Structure as a strength allowing their facility to respond quickly to mass fatality situations</p>

Topic	Comments
Belongings Management	Participants noted the following aspects of managing decedent personal property as strengths: <ul style="list-style-type: none"> Organized methods for safeguarding personal property Process to notify families about the disposition of personal items
Morgue Space	Participants who had morgue space available cited this feature as an advantage
Response	Participants mentioned the ability to respond quickly to a crisis once they were aware of an unusually high number of deaths in a facility within a short time period that was threatening to overwhelm their capacity to manage

Long-Term Care Facilities' Self-Assessment of Areas of Improvement

Topic	Comments
Training	Participants cited training as the most significant area of improvement for their facilities. Specifically, they focused on: <ul style="list-style-type: none"> Additional training on the preparation of necessary paperwork associated with managing the death of residents Better understanding of the procedures for working with OCME and NYC eVital Addressing attention to detail when completing paperwork The use of checklists and information sheets with instructions for specific activities, especially for new staff Cross-training other staff in case of a surge in fatalities Continuing to provide in-service training
Communication	Participants identified various areas in which communication could be improved, including: <ul style="list-style-type: none"> Communication with external agencies and partners such as funeral homes Improving communication with families Better communication with staff, including rapid mass communication Further refining communication plans for addressing the media
Role Definition	Numerous participants mentioned a need for improved definition of roles involved with managing a large number of fatalities, including: <ul style="list-style-type: none"> Creation of an incident response team to better oversee decedent management Clarity on how roles would be delegated in a mass fatality situation Improved focus on the use of the Nursing Home Incident Command System structure to organize the response More involvement of senior management in the response
Decedent Storage and Monitoring	Many participants indicated that they have only limited ability to hold decedents due to lack of refrigeration and/or space. Participants identified specific concerns related to this, including: <ul style="list-style-type: none"> Need to identify additional storage space in the event of multiple fatalities More clarity on the requirements for proper decedent handling with regards to temperature, conditions, and notification requirements Establishing a means to monitor and document the decedent storage conditions
Supply Storage and Monitoring	Some participants indicated that they could improve their storage and monitoring of supplies, specifically: <ul style="list-style-type: none"> General supply storage procedures and tracking of usage Ensuring a sufficient number of body bags and identification tags are available

Topic	Comments
Plans, Policies, and Procedures Review	Many participants acknowledged that improvements need to be made to their plans, policies, and procedures to address future mass fatality surges
External Agency and Partner Relations	Participants identified that understanding the roles and strengthening relationships with city and state agencies as well as those in the funeral industry are needed to improve the response to a mass fatality incident, including addressing decedent transportation
Staffing and Staff Mental Health	<p>Participants acknowledged that lack of staff, as well as the mental toll a large number of deaths could take on staff, could exacerbate the management of decedents in a mass fatality situation. Participants recommended:</p> <ul style="list-style-type: none"> • Ensuring staffing plans are adequate • Considering staff emotions during a mass fatality surge • Having a therapist available to staff
Cultural and Religious Considerations	<p>While many participants indicated that their facilities already addressed some cultural and religious needs, often by having religious personnel available for consultation, they also agreed that improvement in this area is welcome, including:</p> <ul style="list-style-type: none"> • Identification of specific cultural and religious beliefs and practices among their residents • Education on cultural and religious practices with regards to death and funeral customs and requirements
Preparation and Response	Several participants mentioned that more preparation for mass fatalities could improve the time needed for staff to properly respond to a surge in deaths at the facility. Preparation could include ensuring that pre-planning for funerals and related needs are discussed with residents and documented, as well as providing regular training to staff on required processes and paperwork.
Property Storage	<p>Several participants indicated that their facilities needed to better define how residents' belongings are handled, including:</p> <ul style="list-style-type: none"> • Fine-tuning policies • Identifying ways to improve control over how the belongings are handled • Providing informational sheets for staff for activities related to property storage
Pre-Planned Funeral Arrangements	Some participants mentioned that having the social work team consult with residents and families to make funeral arrangements in advance could streamline the process in case of a mass fatality surge
Personal Protective Equipment	A few participants indicated that more emphasis was needed on adhering to masking protocols

APPENDIX D: HEALTH CARE PREPAREDNESS AND RESPONSE CAPABILITIES CROSSWALK³

Exercise Objective	ASPR Capabilities and Objectives	ASPR Activities
<p>Objective 1 Implement/expand the facility Incident Command System in response to a surge in patient deaths.</p>	<ul style="list-style-type: none"> ASPR Capability 2: Health Care and Medical Response Coordination <ul style="list-style-type: none"> ASPR Objective 3: Coordinate Response Strategy, Resources, and Communication 	ASPR Activity 2: Coordinate Incident Action Planning During an Emergency
<p>Objective 2 Develop an incident action plan to establish priorities, procedures, and actions to be accomplished based on existing policies and procedures.</p>	<ul style="list-style-type: none"> ASPR Capability 2: Health Care and Medical Response Coordination <ul style="list-style-type: none"> ASPR Objective 1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans 	ASPR Activity 1: Develop a Health Care Organization Emergency Operations Plan
<p>Objective 3 Develop a plan to provide regular communications and reports.</p>	<ul style="list-style-type: none"> ASPR Capability 2: Health Care and Medical Response Coordination <ul style="list-style-type: none"> ASPR Objective 3: Coordination Response Strategy, Resources, and Communication 	ASPR Activity 3: Coordinate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors During an Emergency
<p>Objective 4 Ensure care and disposition of decedent remains are aligned with family plans and wishes so that the deceased are handled in a safe and respectful manner until custody can be passed on to appropriate organization (funeral home, OCME).</p>	<ul style="list-style-type: none"> ASPR Capability 4: Medical Surge <ul style="list-style-type: none"> ASPR Objective 2: Respond to a Medical Surge 	ASPR Activity 11: Manage Mass Fatalities
<p>Objective 5 Ensure that the proper case documentation and workflow is maintained for each decedent appropriate to the type of case (OCME or Claim).</p>	<ul style="list-style-type: none"> ASPR Capability 4: Medical Surge <ul style="list-style-type: none"> ASPR Objective 2: Respond to a Medical Surge 	ASPR Activity 11: Manage Mass Fatalities
<p>Objective 6 Ensure that personal effects of the deceased are properly managed according to policy.</p>	<ul style="list-style-type: none"> ASPR Capability 4: Medical Surge <ul style="list-style-type: none"> ASPR Objective 2: Respond to a Medical Surge 	ASPR Activity 11: Manage Mass Fatalities

³ Administration for Strategic Preparedness and Response, 2017-2022 Health Care Preparedness and Response Capabilities (<https://www.phe.gov/preparedness/planning/hpp/reports/documents/2017-2022-healthcare-pr-capabilities.pdf>).

APPENDIX E: PARTICIPATING ORGANIZATIONS

- Federal
 - US Cybersecurity and Infrastructure Security Agency
 - US Department of Health and Human Services
- State
 - New York State Department of Health
- Local
 - Nassau County
 - New York City Department of Health and Mental Hygiene
 - New York City Emergency Management
 - New York City Office of Chief Medical Examiner
- Non-Governmental Organizations
 - Dignity Memorial
 - Incident Management Solutions, Inc.
 - Greater New York Health Care Facilities Association
 - Greater New York Hospital Association
 - Home Care Association of New York State
 - Marine Park Funeral Home
 - Metropolitan Funeral Directors Association
 - New York State Funeral Directors Association
 - Richmond University Medical Center
 - Southern New York Association
- New York City Nursing Homes and Adult Care Facilities
 - April 25, 2023 – Afternoon Session
 - Norwegian Christian Home & Health Center ALP
 - Bezalel Rehabilitation & Nursing Center
 - Carmel Richmond Healthcare & Rehabilitation Center
 - Cassena Care
 - Downtown Brooklyn Nursing and Rehabilitation Center
 - Fairview Rehab & Nursing Home
 - Fort Tryon Center for Rehabilitation & Nursing
 - Haym Salomon Home for Nursing & Rehabilitation
 - Hillside Manor Rehabilitation & Extended Care Center
 - Holliswood Center for Rehabilitation & Healthcare
 - Hopkins Center for Rehabilitation & Healthcare
 - Isabella Center for Rehabilitation & Nursing Care
 - Long Island State Veterans Home
 - Manhattanville Health Care Center
 - Margaret Tietz Nursing & Rehabilitation Center

- Norwegian Christian Home & Health Center
- Providence Rest Nursing Home and Rehabilitation Center
- Rego Park Health Care
- Schulman and Schachne Institute for Nursing & Rehabilitation
- Shore View Nursing & Rehabilitation Center
- Split Rock Rehabilitation & Healthcare Center
- The New Jewish Home
- Throgs Neck Rehabilitation & Nursing Center
- New York City Nursing Homes and Adult Care Facilities
 - April 26, 2023 – Morning Session
 - Amber Court Assisted Living Communities
 - Madison York Assisted Living
 - Park Terrace Care Center
 - RiseBoro
 - VillageCare at 46 & Ten
 - Bronx Park Rehabilitation & Nursing Center
 - Brooklyn United Methodist Church Home
 - Chapin Home For The Aging
 - Eger Health Care & Rehabilitation Center
 - Elmhurst Care Center
 - Hebrew Home at Riverdale
 - Hopkins Center For Rehabilitation & Healthcare
 - Horizon Care Center
 - Jamaica Hospital Nursing Home
 - Mary Manning Walsh Nursing Home
 - Morris Park Nursing Home
 - New York Center for Rehabilitation & Nursing
 - Northern Manhattan Rehabilitation & Nursing Center
 - Queen of Peace Residence
 - Sea Crest Nursing & Rehabilitation Center
 - Sheepshead Nursing & Rehabilitation Center
 - Shore View Nursing & Rehabilitation Center
 - St Mary’s Center
 - St Vincent De Paul Residence
 - Union Plaza Care Center
 - United Hebrew of New Rochelle
 - Village Care Rehabilitation & Nursing Center

- New York City Nursing Homes and Adult Care Facilities
 - April 26, 2023 – Afternoon Session
 - St. Nicks Alliance
 - West Side Federation for Senior and Supportive Housing
 - Beach Gardens Rehab & Nursing Center
 - BronxCare Special Care Center
 - Casa Promesa
 - Chapin Home For The Aging
 - Cypress Garden Center for Nursing and Rehabilitation
 - Highland Care Center
 - Lawrence Nursing Care Center
 - Linden Center For Nursing & Rehabilitation
 - New Franklin Center For Rehabilitation & Nursing
 - New Glen Oaks Nursing Home
 - New York Center For Rehabilitation & Nursing
 - NYC Health + Hosptials/Coler
 - NYC Health + Hosptials/Gouverneur
 - Oceanview Nursing & Rehabilitation Center
 - Park Nursing Home
 - Pelham Parkway Nursing Care and Rehabilitation Facility
 - Pinnacle MultiCare Nursing & Rehabilitation Center
 - Queens Nassau Rehabilitation & Nursing Center
 - Rutland Nursing Home
 - Sapphire Center For Rehabilitation & Nursing
 - Terence Cardinal Cooke Health Care Center
 - The Pavilion at Queens for Rehabilitation & Nursing
 - Verrazano Nursing Home
 - Waterview Nursing Care Center

APPENDIX F: RECOMMENDED RESOURCES

The following resources—available through the US Federal government, New York State, and New York City—provide further information on decedent management in mass fatality incidents.

Resource	Website
Federal Resources	
Centers for Disease Control and Prevention <i>(Provides resources for taking care of mental health, including during mass fatality events)</i>	https://www.cdc.gov/emotional-wellbeing/features/how-right-now.htm
Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Behavior Health Information Series <i>(Contains resources and toolkits for disaster behavioral health preparedness, response, and recovery, including for infectious disease outbreaks)</i>	https://www.samhsa.gov/dtac/disaster-behavioral-health-resources
New York State Resources	
Division of Homeland Security and Emergency Services (DHSES) and Emergency Management Association	New York State Mass Fatality Resource Guide: https://www.dhSES.ny.gov/system/files/documents/2021/09/nys-mass-fatality-resource-guide-final.pdf
Surrogate Court <i>(Provides forms used in court proceedings, including for small estates and probate)</i>	https://ww2.nycourts.gov/forms/surrogates/smallestate.shtml
Codes, Rules and Regulations	Title Section 2.11: Reporting cases of communicable disease diagnosed after death: https://regs.health.ny.gov/volume-title-10/content/section-211-reporting-cases-communicable-disease-diagnosed-after-death Title Section 415.19: Infection control [see (e)]: https://regs.health.ny.gov/content/section-41519-infection-control
Office of Mental Health	See Grief Support section: https://omh.ny.gov/omhweb/covid-19-resources.html
New York City Resources	
Burial Assistance <i>(Provides information on burial assistance, including for immigrants, and benefits for decedent's children related to COVID-19)</i>	https://www.nyc.gov/site/hra/help/burial-assistance.page
eVital <i>(Provides information on the use of the eVital system for reporting deaths)</i>	https://www.nyc.gov/site/doh/providers/reporting-and-services/evital.page
Hart Island <i>(Provides information about New York City's public cemetery)</i>	https://www.nyc.gov/site/hartisland/index.page
Office of Chief Medical Examiner <i>(Provides information on services, including for families affected by sudden and traumatic loss)</i>	https://www.nyc.gov/site/ocme/index.page

Resource	Website
<p>Public Administrators websites <i>(Provides information on public administrator duties, including collecting and distributing the assets of a deceased person)</i></p>	<p>Bronx: https://a856-gbol.nyc.gov/GBOLWebsite/GreenBook/Details?orgId=53</p> <p>Brooklyn: https://www.nyc.gov/site/kcpa/index.page</p> <p>Manhattan: https://www.nyc.gov/site/nycountypa/index.page</p> <p>Queens: https://www.queenscountypa.com/</p> <p>Staten Island: https://ww2.nycourts.gov/courts/13jd/surrogates/public-administrator.shtml</p>
<p>NYC Well <i>(Resources for helping people in a crisis)</i></p>	<p>https://nycwell.cityofnewyork.us/en/</p>
<p>Mass Fatality Guidance for NYC Long-Term Care Facilities <i>(Guidance for long-term care facilities, including resources from OCME and eVital)</i></p>	<p>https://www.gnyha.org/tool/mass-fatality-management-guidance-for-nyc-long-term-care-facilities/</p>
<p>Other Resources</p>	
<p>Metropolitan Funeral Directors Association <i>(Professional trade association representing corporate and independent funeral establishments in the New York metropolitan region)</i></p>	<p>https://metfda.org/</p>
<p>New York State Funeral Directors Association, Inc. <i>(Representing more than 950 funeral homes across New York State)</i></p>	<p>https://nysfda.org/</p>

APPENDIX G: ACRONYMS

Acronym	Definition
AAR	After-Action Report
ASPR	Administration for Strategic Preparedness and Response
CDC	Centers for Disease Control and Prevention
DHS	U.S. Department of Homeland Security
EHR	Electronic Health Record
EMR	Electronic Medical Record
eVital	New York City Vital Records
FEMA	DHS Federal Emergency Management Agency
GNYHCFA	Greater New York Health Care Facilities Association
GNYHA	Greater New York Hospital Association
HPP	Hospital Preparedness Program
ICS	Incident Command System
IP	Improvement Plan
MCI	Mass Casualty Incident
NYC DOHMH	New York City Department of Health and Mental Hygiene
NYS DOH	New York State Department of Health
OCME	New York City Office of Chief Medical Examiner
PA	Public Administrator
PPE	Personal Protective Equipment
QR Code	Quick Response Bar Code
SME	Subject Matter Expert
SNYA	Southern New York Association
TTX	Tabletop Exercise

