

Appendix H - Excerpt from the White Paper on Scene Operations, to Include Identification, Medico-legal Investigation Protocols and Command and Control of Mass Fatalities Resulting from a Pandemic Influenza (PI) in the United States

Source: US Northern Command and Department of Health and Human Services Fatality Management Pandemic Influenza Working Group Conference. 2006. White Paper: The Provision of Family Assistance and Behavioral Health Services in the Management of Mass Fatalities Resulting from a Pandemic Influenza in the United States.

Key Assumptions

- Pandemic influenza will result in a surge of deaths above which is normally managed by a community's "normal" medico legal systems.
- Medico legal systems will continue to experience a "normal" case load for their jurisdiction with the possibility of an increase in accidental deaths, (due to therapeutic complications as well as those resulting from the increased use and operation of motor vehicles/heavy equipment), homicidal (due to civil unrest) and/or suicide cases.
- Some medical examiner/coroner jurisdictions are required to investigate/autopsy and certify deaths of persons dying "in custody" regardless of the circumstances, thus further overwhelming these systems in pandemic influenza.
- Human remains will require proper identification for the issuance of a death certificate.
- Deaths will require an adequate investigation to determine the cause and manner of death.
- Many people will seek medical attention during the event and will have primary care physicians and/or medical treatment facilities, which will have documented and confirmed laboratory results indicating influenza.
- In all US jurisdictions, treating or primary care physicians are authorized to sign a death certificate provided the patient dies from natural causes.
- A pandemic influenza death is a natural manner of death.
- Some jurisdictions may have a Medical Examiner/Coroner system, which is capable of managing a surge in the number of unattended deaths resulting from of pandemic influenza in addition to its normal caseload.
- Many Medical Examiner/Coroner systems will not be able to manage pandemic influenza due to limitations of personnel, resources, funding and lack of planning.
- Some deceased will not have primary care physicians to sign death certificates, requiring Medical Examiner/Coroner to assume jurisdiction over the deaths.
- There will be a general lack of available physicians due to illness.
- There may be a lack of available personal protective equipment and chemoprophylaxis to support the mortuary community.

- Location of bodies will not be restricted to a geographical or jurisdictional area with a percentage (50% to 75%) of the deaths occurring outside of a hospital or medical treatment facility; this will place additional stress on all community responders in the field.
- Most human remains will be intact and will allow for traditional identification means (visualization by witnesses and/or fingerprinting). Some human remains will be found in a decomposed state will require further investigation by a medical examiner/coroner possibly utilizing more scientific methods such as dental, radiological, anthropological, or DNA to confirm identification.
- Existing laws authorizing the pronouncement of death (jurisdictional dependent) may need to be amended in order to increase the personnel strength to manage the surge in influenza deaths.
- Existing laws on the certification of death (jurisdictional dependent) may need to be amended in order to increase the personnel strength to manage the surge in influenza deaths.
- Federal or military assistance in fatality management may not be available to the local jurisdictions.
- Human remains may be positively identified, by a certifying physician or medical examiner/coroner with a known cause and manner of death but next-of-kin may not be available or known or may refuse to claim human remains for final disposition through a funeral home.
- There is no need for extreme urgency in managing the human remains processing, as the human remains from the event should not pose additional health risks to the community.
- Those who physically handle remains may be at risk of blood borne or body fluid exposure requiring universal precautions and proper training for handling the dead.
- Behavioral health professionals, social service organizations and religious leaders will have to be educated in the human remains process at all levels to ensure the process is understood and can be properly communicated to the general population in their response activities.
- It is more important to ensure accurate and complete death investigations and identification of the dead than it is to quickly end the response.
- The time to complete fatality management of pandemic influenza may exceed six months to a year.

Notification and Tracking of Deaths to the Appropriate Authorities

Medico-legal death investigation systems are not designed to be the first responders in death reporting by private citizens and/or medical institutions. Emergency dispatch systems managed by local law enforcement/fire/EMS will receive the calls from citizens (via the 9-1-1 system) and will dispatch resources to respond to death scenes. Depending upon the jurisdictional code, medical examiner/coroner staff, will be notified by the first responders at the scene. The dispatching of resources to the initial death scenes by traditional first responders will be stretched due to the first priority calls – those pertaining to life safety missions. Actionable recommendation to senior leaders:

- Separate call dispatch systems may be required for death reporting by private citizens to ensure life safety calls are dispatched by the most expeditious system in existence.
- Establishing “Family Assistance/Patient Tracking Centers” to manage death calls and patient tracking information from medical treatment facilities and community care centers would establish a centralized data collection and dispatch point.
- Request that all medical treatment facilities and private care physicians report their influenza patient contacts to the central facility to allow for a complete and accessible patient tracking information for medical examiner/coroner, law enforcement and other death investigation responders.
- Amending HIPAA regulations to accommodate additional investigative medico-legal authorities (LE, EMS, CERT, etc. as dictated by communities) during a confirmed influenza event for the purposes of collecting the required medical data on influenza patients for the determination of cause and manner of death and victim identity.

A central data base for confirmed patient and primary care physicians/treatment facilities would allow for the investigating and certifying authorities to quickly coordinate the required response by the scene investigators.

Identified human remains could be immediately transported and released to the funeral home (or appropriate holding facility) of the next-of-kin’s choice for final disposition processing and the death certificate requirements would be immediately established and acted upon by the certifying officials.

Response of Appropriate Medico-legal Death Authorities to Unattended Deaths

In some jurisdictions, medical examiners/coroners rely upon police, fire, EMS, and trained lay investigators (funeral directors) to “initially screen” deaths. Medical examiners/coroners, police, fire and EMS resources will require a surge capacity to respond to the increased number of out of medical treatment facility or “unattended” deaths. Responders will need the knowledge and capability to identify influenza-related deaths verses non-influenza-related deaths to ensure proper actions are taken at the scene.

Actionable recommendation to senior leaders:

- Medical examiners/coroners, police and public health should develop specific investigative checklists, which clarifies the concepts of medico-legal determination of cause and manner of death, victim identification procedures, scene documentation, overall investigative requirements, as well as required PPE and personal decontamination, for all call centers and responders to unattended deaths during pandemic influenza
- Communities could reach out to retired or non-practicing medical examiners/coroners, law enforcement and EMS providers to augment the community death investigation response.

- Medical examiners/coroners systems should train all other first responders in the field about the symptoms of influenza deaths and the actions to take when a suspected influenza-related death is found verses when non-influenza-related deaths are found.
- The centralized patient tracking system with the patient/doctor data base should be made available to all identified responders in the field to allow for the most expeditious means of case management from the field into the system. (i.e. Can human remains be released to the funeral home with a primary care physician signing the death certificate or will human remains require processing by the medical examiner/coroner at another location?)
- Establish a process to provide an adequate training program managed by the medical examiner/coroner and law enforcement to increase the lay investigator staff to support operations in the field before an event occurs.

Taking these steps will ensure accurate death reporting and investigation and reassure the public that deaths have been accurately investigated and certified by the proper authorities: public confidence.

Pronouncement of Unattended Deaths

Local/state laws dictate who may or may not pronounce deaths in each jurisdiction. Some jurisdictions do not have pronouncement laws. In areas with pronouncement laws, there may not be enough personnel resources. Actionable recommendation to senior leaders:

- Legal requirements for pronouncement may require amendment during a pandemic event to allow for additional personnel to complete the task.
- Areas with pronouncement laws may have to bring additional personnel under their control and supervision to act in their behalf during pandemic influenza as well as amending their pronouncement laws/statutes.

The result will be an increased number of trained personnel to augment the medical examiner/coroner during pandemic influenza, increased response resources, better public relations and public confidence.

Medico-legal Determination of the Cause and Manner of Deaths for Unattended Deaths

Medico-legal death investigations demand trained responders with appropriate backgrounds. Many medical examiner/coroner systems rely upon police investigations and/or lay deputy coroners (trained funeral directors) to conduct an initial investigation and then to notify the medical examiner/coroner of the death for response. Police and medical examiner/coroner systems will be overwhelmed during pandemic influenza requiring additional trained staff

Some families/friends may deliver the deceased directly to funeral homes, medical facilities (including urgent care centers) police and fire stations and medical examiner/coroner offices which will impact the scene investigations since the remains have been moved from the place of death. Appropriate and timely interviews are required for these circumstances. Attending physicians who hold the records for their patients may

not have the ability to respond to telephone calls from the scene responders. Actionable recommendation to senior leaders:

- Identify additional personnel to train (based upon the medico-legal checklist procedures previously mentioned) and assist the medical examiner/coroner and police operations in death investigations (i.e. other sworn officers such as correctional officers, school truancy officers, etc.).
- If not already in use, recruit former medical examiner/coroner, police, fire, EMS, funeral directors, personnel and train to assist in the scene determination investigations.
- Establish a call-in line for medical examiner/coroner consultations and physician-patient data to assist in the determination of the cause of death.
- Training funds should be made available to communities for medico legal death instruction to those groups identified who will augment existing systems. By accomplishing these objectives, responders will have ready access to medico-legal resources to assist in the investigations. Physicians have access to resources to assist in the determination of the cause and manner of death. Individual “at-home” cases can be tracked in a centralized database.

Transportation of PI Human Remains to Appropriate Facilities

Some medical examiner/coroner, EMS and law enforcement systems have human remains transport capabilities built into their existing systems. EMS will most likely require every available vehicle to transport the living to treatment facilities. Some medical examiner/coroner and police only utilize existing contractors (Funeral Directors and/or transport companies) who will be overwhelmed during pandemic influenza. Families and or friends may transport human remains to a facility in their private vehicles. Non-traditional human remains transporters may be required to conduct movement from homes, scenes, hospitals, morgues, funeral homes, cemeteries, and crematories. Human remains pouches, PPE, gurneys, and other basic morgue supplies will be in short supplies. Actionable recommendation to senior leaders:

- Review existing codes on the requirements to transport human remains in your jurisdiction. Amend code, if necessary, to allow for surge capacity with non-traditional vehicles if required.
- Solicit volunteers from other communities (churches, social services, salvation army, etc.) to assist in human remain transport, and provide training to ensure standard procedures are followed (including documentation, PPE usage and human and respectful treatment).
- Obtain additional transport vehicles to augment the existing “fleet”. (School buses with seats removed, rented cargo vans, vehicles from funeral homes, etc.)
- Human remains supplies should be purchased by communities with the pandemic influenza funding provided by the Federal government.

The accomplishment of these measures will increase capacity to transport the increased number of human remains to appropriate facilities and freeing up funeral homes to complete their human remains preparations and allow for more timely response and less waiting times for families.