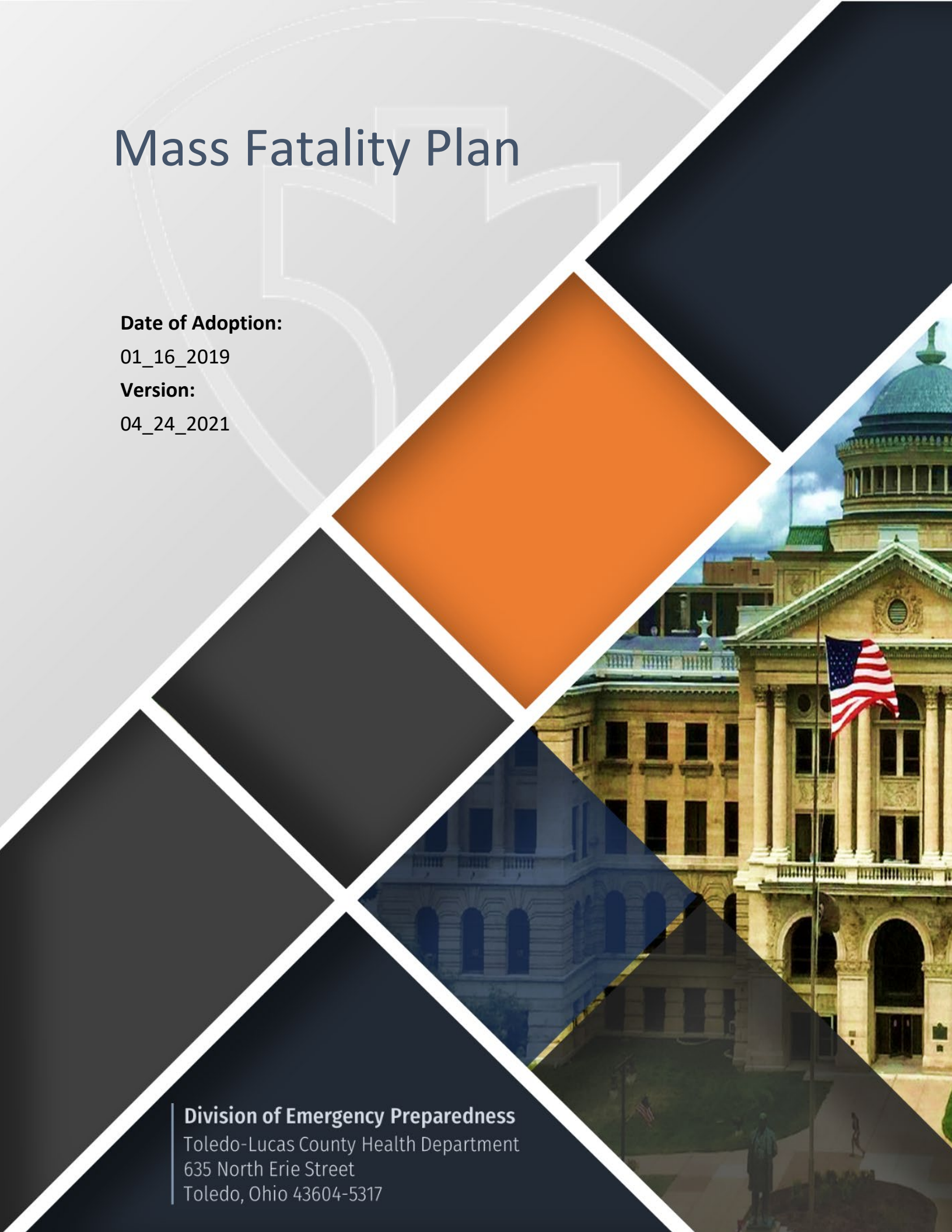
Mass Fatality Plan

Date of Adoption:

01_16_2019

Version:

04_24_2021



Division of Emergency Preparedness
Toledo-Lucas County Health Department
635 North Erie Street
Toledo, Ohio 43604-5317

Table of Contents

Promulgation and Endorsement 4
Record of Changes and Revisions 5
General Information 6
Definitions 6
Purpose 6
Overview and Planning Committee 7
Scope 8
Assumptions 8
Concept of Operations 8
Lead Agency 8
Responsibilities of the Lead Agency 8
Lucas County Emergency Management Agency 9
Toledo-Lucas County Health Department 9
Lucas County EMA 12
Local Fire Departments and EMS 12
Local Law Enforcement 12
Hospitals and Healthcare Providers 12
Local Mortuaries 12
Northwest Ohio Chapter of the American Red Cross 12
Toledo Diocese and Catholic Cemeteries 12
University of Toledo Medical Center 12
Local behavioral health organizations 13
Responsibilities of State and Federal Resources 13
Ohio Emergency Management Agency (OEMA) 13
Phases of Emergency Management 13
Mitigation 13
Preparedness 13
Response 13
Fire/EMS 14
Law Enforcement 14
Lucas County Coroner 15
Family Assistance Center 15

Special Considerations 15
Public Information 16
Recovery 16
References 16
Annex A: COVID-19 and Respiratory Pandemic Mass Fatality Plan 17
Certifying Deaths due to COVID–19 17
Testing of Decedent for COVID-19 17
If an autopsy is performed for a suspected COVID-19 case 18
If an autopsy is NOT performed for a suspected COVID-19 case 18
If an autopsy is performed for a confirmed COVID-19 case 18
PPE Recommendations for NP Swab Collection: 18
Autopsy Procedures 19
The following PPE should be worn during autopsy procedures: 19
Cleaning and Waste Disposal Recommendations 20
Transfers 21
Arrangement Conferences 23
In-person Arrangements 23
Virtual Arrangement Conferences 23
Embalming 24
Cleaning Your Prep Room After Embalming 24
Visitation and Funerals 25
Webcasting & Livestreaming 25
Other Recommendations 26
Respiratory Pandemic Decedent Housing Flowchart 27
Annex B: Death Certificate Filing 28
Attachment A – Public Health Authorities 29

Promulgation and Endorsement

By signing this document, you fully endorse the adoption of the mass fatality plan, subsequent appendices, and supplemental materials for the Toledo-Lucas County Health Department. The aforementioned plan shall serve as the operational framework for responding to all mass fatality incidents that impact the public's health in Lucas County, Ohio. The latest version of this plan supersedes all other versions.

You will adhere to the training recommendations and requirements set by the Community Services, Response and Preparedness division and mandate all public health staff to do the same. Additionally, you will participate in exercises, plan review, preparedness trainings, etc. that will enhance the overall preparedness and response of the Toledo-Lucas County Health Department. This plan will be reviewed annually by public health administration listed on this page in conjunction with the emergency preparedness coordinator.

Health Commissioner

_____ _____

Eric Zgodzinski, MPH, RS, CPH, DrPH Date

Director, Community Services and Environmental Health

_____ _____

Dave Welch, RS Date

Director, Nursing and Clinical & Community Wellness

_____ _____

Gwen Gregory, MBA, MSN, RN Date

Emergency Preparedness Coordinator

_____ _____

Eileen Thompson, MPH, MS, MS Date

Record of Changes and Revisions

No.	Date	Page Number(s)	Description of Change(s)	Reviewer	Position Title	Version
1	November 2015	All	Update plan from EOP to ERP	Cheryl Locher	Training and Exercise Cont.	05_01_2015
2	September 2016	All	Functional needs	Dan Baker	Preparedness Coordinator	09_01_2015
3	September 2016	All	Annual plan review	Dan Baker	Preparedness Coordinator	12_01_2015
4	July 2017	All	Annual plan review	Dan Baker	Preparedness Coordinator	01_01_2016
5	December 2018	All	Addition of ODH rubric requirements	Dan Baker	Preparedness Coordinator	12_01_2018
6	January 2019	All	Addition of ODH review comments	Dan Baker	Preparedness Coordinator	01_01_2018
7	April 2020	All	Annual Plan Review and Addition of COVID-19 Annex	Eileen Thompson	Preparedness Coordinator	04_19_2020
8	April 2020	All	Addition of Death Certificate Filing Annex	Eileen Thompson	Preparedness Coordinator	04_24_2020
9	November 2020	15	Family Assistance Center	Eileen Thompson	Preparedness Coordinator	11_23_2020
10	April 2021	All	Annual plan review	Eileen Thompson	Preparedness Coordinator	11_24_2020

General Information

Definitions

Mass Fatality Incident (MFI)

An incident in which there are more human remains to be recovered and processed than can be handled with the procedures and resources normally available on a daily basis. The Lucas County Coroner defines a local MFI as 100 fatalities. Acute and non-acute incidents may create enough fatalities to meet this threshold. An MFI may or may not create a defined incident scene. In the case where an incident scene is created, the process in section viii, C. "Response" of this plan should be followed.

Hazard Analysis

Contained within Lucas County's Emergency Operations Plan is a generalized Hazard Identification and Analysis.

Acute MFI

Acute MFIs are incidents that are sudden and short-lived. Acute MFIs do not include deaths due to prolonged, non-acute incidents (such as pandemics) An acute MFI may result from a sudden, generally short-term emergency such as a(n):

- Explosion
- Transportation incident
- Building collapse
- Chemical exposure

Non-Acute MFI

MFIs that occur over an extended time period due to disease; or biological, chemical, or radiological contamination. A non-acute MFI may result from a long-term emergency such as a:

- Disease
- Biological agent exposure
- Radiation incident/exposure

Purpose

The purpose of this Mass Fatality Plan is to outline the procedures for responding to an event that has resulted in a mass fatality incident. This plan will work with in conjunction with the Lucas County Emergency Operations Plan and the emergency support function desk #8 in the Lucas County Emergency Operations Center.

The mass fatality plan outlines TLCHD activities/functions associated with incidents both acute and non-acute mass fatality emergencies in Lucas County. This plan will encompass the ability of the Toledo-Lucas County Health Department in the following:

- Supporting vital statistics
- Reporting of known deaths
- Providing guidance on contaminated/infected remains

- Exercising of public health authorities

Overview and Planning Committee

The Toledo-Lucas County Health Department (TLCHD) is committed to developing and maintaining a strong public health infrastructure capable of preparing for and responding to incidents resulting in public health threats or emergencies. Lucas County, Ohio is vulnerable to bioterrorism, terrorism, manmade or naturally occurring events.

Lucas County is vulnerable to events that would cause a mass fatality incident. The TLCHD utilizes an all-hazards approach when planning for a mass fatality incident. The TLCHD hazard vulnerability analysis (HVA) along with the Lucas County Emergency Management Agency HVA, the following events would be the most probable for a mass fatality incident:

- Natural Disasters
    - Tornado
    - Extreme weather
    - Pandemics
- Man-Made Events
    - Plane crash
    - Mass shooting
    - Building collapse
    - Transportation accident
    - Industrial accident
- Terrorism
    - Chemical
    - Biological
    - Radiological
    - Nuclear
    - Explosion
    - Active aggressor

This plan has been developed by a committee representing a cross section of organizations that may be tasked with implementing and/or supporting portions of this plan. Organizations represented include:

- Lucas County Coroner
- Lucas County Emergency Management Agency
- Toledo-Lucas County Health Department
- Hospital Council of Northwest Ohio
- Lucas County Community Health Coalition
- University of Toledo Medical Center
- Mercy Health Partners
- ProMedica Health System
- Mental Health and Recovery Services Board of Lucas County
- Local funeral home directors
- Toledo Diocese and Catholic Cemeteries
- Nagle Trucking

Scope

The mass fatality plan is for the Toledo-Lucas County Health Department staff and other relevant members of the public health community who would provide direct and indirect assistance during a mass fatality incident. The following incidents would be included in the scope of this plan:

- Mass fatality incident where number of deaths exceed the Lucas County Coroners Office's ability to process the deceased
- Mass fatality incident where the deceased are contaminated either biologically or radiologically
- Mass fatality incident where protection of public is needed and requires Authority to limit public interactions
- Mass fatality incident where the incident site is a crime scene and the scene must be preserved and captured for evidence

Assumptions

- Initial response to the incident will be in accordance with established procedures of the local jurisdiction
- The MFI will be a consequence of an emergency/disaster described in the Emergency Operations Plan (EOP)
- Organizations tasked with responsibilities in this plan have agreements in place for additional resources, if needed.
- The Lucas County Emergency Operations Center (EOC) will be activated
- This plan is more applicable to acute MFIs but can serve as a solid foundation to base response to non-acute MFI as well
- Religious and/ or cultural practices for deceased will be observed as resources allow

Concept of Operations

Lead Agency

The Lucas County Coroner's office is the responsible agency for determining cause and manner of death of decedents in Lucas County and will assume the lead in developing and implementing the provisions of this plan. The following incidents would lead to the utilization of the mass fatality plan:

- Acute mass fatality incident (ie., plane crash, terror attack, etc.)
- Non-acute mass fatality incident (ie., pandemic)

Responsibilities of the Lead Agency

- Coordination with Incident Command (IC) and/or the Emergency Operations Center (EOC)
- Determine the potential number of fatalities
- Determine the need for outside assistance in dealing with human remains by considering:
    - Number and condition of remains
    - Type of incident
    - Contamination of remains
    - Capacity to recover, store, and process remains locally
    - Safety considerations
    - Environmental conditions
- Coordinate the collection, identification, and disposition of human remains and tissue
- Authorize the removal of human remains from the incident site (s), as applicable

- Determine the need and location for an incident morgue and/or Central Mortuary Processing Center (CMPC) at a location different that the Lucas County Coroners Office
- Determine the cause and manner of death when deemed suspicious
- Authorize autopsy to determine the cause of death
- Authorize forensic investigation to determine identification
- Coordinate specialized services:
    - Incident morgue
    - O-MORT team (Ohio Mortuary Operational Response Team)
    - D-MORT team (Disaster Mortuary Operational Response Team)
    - Mortuary service providers

Lucas County Emergency Management Agency

- Assist Incident Command in obtaining resources, such as body bags, personal protective equipment, ect.
- Manage the Emergency Operations Center (EOC)

Toledo-Lucas County Health Department

Vital Statistics

Vital statistics at TLCHD will be assigned a high priority during a MFI. Any incident where fatalities exceed day to day operations will require additional care to maintain vital statistics section operations. The vital statistics office will be provided resources as needed to meet a larger demand for death certificates to meet the needs of Lucas County.

The Vital Statistics Supervisor and Lucas County Registrar will make the determination to increase the capacity in vital statistics.

TLCHD will make every effort to provide death certificates in a timely fashion during the emergency. Additional staff, IT support, and computers will be made available by TLCHD to assist the vital statistics division process death certificates.

TLCHD will support the following local stakeholders by providing guidance and/or technical assistance to ensure documents pertaining to death certificates is complete:

- Lucas County Coroner's Office
- Funeral Directors
- Hospitals
- Medical Providers

Death Reporting

The electronic death registration system (EDRS) is used to file and maintain birth and death records in the State of Ohio and Lucas County. Both the TLCHD division of vital statistics and the Ohio Department of Health utilize EDRS through the Integrated Perinatal Health Information System (IPHIS); which is accessible through a secure, web based, internet connection.

Incident markers will be utilized by the division of vital statistics to identify individuals whose cause of death was attributed to a certain mass fatality event. ODH will create an incident marker at the state

level which the TLCHD division of vital statistics may utilize, as warranted. ODH can produce a report of all individuals matching a specific incident marker through IPHIS/EDRS.

TLCHD vital statistics department has access to EDRS and will be entering information into the system for tracking of deaths associated with the incident. ODH may activate the Rapid Reporting of Fatalities Procedure during a disaster to expedite accurate reporting of fatality numbers. This procedure's activation will be sent out by ODH through the Ohio Public Health Communication System (OPHCS) alert platform. As necessary, ODH may send out specific case definitions, to assist in determining whether a death is event-related. If the Rapid Reporting of Fatalities Procedure is activated, coroners will send death notifications via email to ODH in order to provide more timely information. When no longer needed, ODH will send an additional OPHCS alert to notify Coroner to cease this procedure.

The Ohio Disease Reporting System (ODRS) is used to track and report pediatric influenza deaths. TLCHD epidemiologists track ODRS on a daily basis and will share information on deaths to TLCHD leadership and community leaders, as needed.

Infected and/or Contaminated Remains

The TLCHD emergency preparedness coordinator will coordinate closely with the Lucas County Coroner, local HAZMAT, ODH, OEMA, CDC, and Federal response partners when (if applicable) to provide guidance on contaminated or infected remains.

Contamination can include any of the following:

- Radiological/Nuclear
- Chemical
- Biological
- Foreign Bodies (shrapnel, etc.)

The type of contamination will take a multi-agency coordinated effort to recommend appropriate guidance for the processing and disposition of remains in the aftermath of a MFI. The HAZMAT, Fire/EMS, Hospital Association, and Public Health will send a representative to serve within the County EOC. Requests for additional assistance for making recommendations can be sent through the State EOC.

When providing guidance to community partners who are responding the incident, TLCHD guidance will incorporate information from the local, state, and federal agencies listed above as well as the following information:

- PPE/precautions needed to safely handle remains
- Potential health impacts from the contamination
- Final disposition of remains, depending on the type of contamination

As the incident progresses, HAZMAT, Fire/EMS, Hospital Association, and Public Health agency representatives at the EOC will develop an EOC sitrep for each operational period to be distributed to community partners responding to the incident. Adjustments to recommendations, guidance, and future actions will be made based on the scale, scope, severity of the incident. Any/all sitreps or incident

action plans created by the TLCHD will be shared with community partners to ensure they are aware of current and future public health operations.

Epidemiology

The TLCHD epidemiology division will utilize the Ohio Disease Reporting System (ODRS) by creating a query to list all pandemic-based mortalities in Lucas County.

This query can be built to include any information that is listed in ODRS and can be run in minutes. A deadline of 48 hours will be established for entry of all pandemic-based mortalities into ODRS.

Public Health Authorities

The TLCHD health commissioner, director of nursing, environmental health director, and emergency response coordinator will review authorities outlined in ORC 3701 and ORC 3707. The guidance documents are listed in the Attachment A to this plan.

The Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act) of 1988 (PL 93-288 as amended) establishes the programs and processes for the federal government to provide disaster and emergency assistance to states and local governments. The Act establishes the basic framework for provision of federal assistance to local communities in response to a disaster or emergency. Provisions of the Act include a process for Governors to request federal disaster and emergency assistance.

The Public Health Security and Bioterrorism Preparedness and Response Act of 2002 is designed to improve the ability of the United States to prevent, prepare for, and respond to bioterrorism and other public health emergencies. The Act also addresses the provision of federal assistance to state and local governments in the event of bioterrorism or other public health emergency.

The Public Health Services Act provides that the Secretary of HHS may declare a public health emergency under certain circumstances and authorizes the Secretary to prepare for and respond to public health emergencies. The Act also empowers the Secretary to make and enforce quarantine regulations necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States, or from one state to another

A full list of authorities is listed in Attachment A.

In the event the Lucas County Coroner's Office or other designated lead agency requests assistance in issuance of public health orders, the TLCHD will assist in the following:

- Orders related to the agent that caused the fatalities
- Orders for immediate burial of remains
- Orders pertaining to destruction of contaminated/infected property

The TLCHD will work with the Lucas County prosecutor's office to ensure all orders are fair, ethical, and are in accordance with the Ohio Revised Code and Ohio Administrative Code. In addition, TLCHD will engage with the Ohio Department of Health to seek advice upon any order issued by the TLCHD.

Lucas County EMA

- Primary responsibility of this agency is to set-up the EOC
- Assist in coordinating interagency partnerships during the disaster

Local Fire Departments and EMS

- Primary responsibility of this agency is the safety of the living individuals impacted by the MFI
- Emergency response and Incident Command per departmental Standard Operating Guidelines (SOGs)
- Assist in locating, marking, and tagging human remains
- Assist in decontamination of remains, if applicable
- Assist in transporting human remains

Local Law Enforcement

- Emergency response
- Participation in Unified Incident Command
- Incident scene, incident morgue and Family Assistance Center (FAC) security
- Safeguard personal effects and valuables
- Criminal investigations

Hospitals and Healthcare Providers

- Primary responsibility of this agency is to the health and safety of the living individuals impacted by the MFI
- Triage
- Assist in locating, marking, and tagging human remains
- Assist in transporting human remains

Local Mortuaries

- Assist in transporting human remains
- Assist in processing human remains at central processing facility, with guidance from the Coroner

Northwest Ohio Chapter of the American Red Cross

- Provide contact point for families/friends of victims
- Assist in staffing and resources for the Family Assistance Center (FAC)

Toledo Diocese and Catholic Cemeteries

- Provide a location within the cemetery for MFI grave plots
- Assist in the burial of MFI remains

Toledo Memorial Park

- Provide a location within the cemetery for MFI grave plots
- Assist in the burial of MFI remains
- Assist in cremation service of MFI remains

University of Toledo Medical Center

- Provide use of cadaver laboratory for MFI remains if morgue and refer truck capacity exceeded
- Provide use of two embalming tables for MFI remains

Local behavioral health organizations

- Provide mental/behavioral health services to community members in need at the Family Assistance Center
- Utilize the behavioral health disaster response team to provide mental/behavioral health services to those in need operating in the field

Responsibilities of State and Federal Resources

Ohio Emergency Management Agency (OEMA)

- Planning Documents
    - Acute Mass Fatality: Ohio EOP Tab D to ESF#8
    - Non-Acute Mass Fatality: Ohio EOP Tab E to ESF#8
- Ohio Mortuary Operational Response Team (OMORT)
- Disaster Mortuary Response Team (DMORT)
- Ohio Dental Association Mass Disaster Field Identification Team (ODAMDFIT)
- Ohio Funeral Directors Association (OFDA)
- Ohio State Coroners Association (OSCA)
- Intra-State Mutual Aid Compact (IMAC)

Phases of Emergency Management

Mitigation

Mitigation opportunities are dependent on the type of incident and, as such, are contained within:

- Lucas County Emergency Operations Plan
- Lucas County Hazardous Materials Response Plan
- Lucas County Terrorism/CBRNE Plan
- Lucas County Health Department and ESF 8

Preparedness

The coroner's response equipment has been received and is available if needed:

- Body bags
- PPE suits
- Gloves
- Masks
- Glasses

The temporary morgue site is dependent on a number of factors, including, but not limited to:

- Location of incident(s)
- Size of incident

Response

- Initial notification and response to an incident may utilize the procedures of the Disaster Warning and Notification System (DWNS) as described in the Emergency Operations Plan (EOP) and/or the Wireless Emergency Notification System (WENS)
- Agencies may communicate their status back to the Lucas County EOC via the NW Ohio Facility Stress Tool

- Local agencies will respond per their departmental Standard Operating Guidelines or Procedures (SOGs and SOPs)
- Incident Command will be established per the guidelines of the National Incident Management System (NIMS)
    - Incident Command will determine scene boundaries
    - Incident zones will be established as per the Lucas County Hazardous Materials Response Plan, if applicable
- Incident scene safety will be paramount once all salvageable casualties have been removed.
- Local agencies will request mutual aid as needed.
- Unified Command should be implemented as soon as practical.
    - Notify the coroner or designee
    - Notify the EMA
    - Request opening the Emergency Operations Center (EOC)
- Law Enforcement will secure the incident scene(s)
    - Incident Command will determine scene boundaries, as applicable
    - Incident zones will be established as per the Lucas County Hazardous Materials Response Plan, if applicable
    - Security at various locations may need to be augmented by private security agencies and/or the Lucas County Sheriff's Auxiliary
    - Curfews may be implemented

Fire/EMS

- When practical within the requirements of the incident Fire/EMS should locate, mark and tag human remains and tissue prior to removal from the scene(s).
    - Incident Command will determine search methods, as applicable
        - Areas to be searched
        - Agencies to conduct search
        - Safety considerations including Personal Protective Ensemble (PPE) requirements
    - Location of human remains/tissue should be marked and recorded.
        - Physical marker placed
        - Note made on the Emergency Medical Incident Report (EMIR) sheet of location and condition of remains when found
        - Photograph remains if practical
    - Human remains should be tagged
        - Utilize the EMS triage tags
        - Record tag number on EMIR sheets
        - Body bags and human tissue containers should be tagged with biohazard labels

Law Enforcement

- When practical within the requirements of the incident, Law Enforcement should collect and record evidence and personal effects.
    - Keep personal effects with appropriate human remains if ownership is known and physically possible
    - Label with appropriate triage tag number if ownership is known but must be apart from remains
    - Valuables to be collected, tagged, and retained by law enforcement

Lucas County Coroner

The Coroner or designee will determine the following:

- Need of additional assistance for handling human remains and/or forensic analysis
- Placement of human remains into body bags
- Gathering human remains into a collection area
- Transportation of human remains to a central processing center via funeral directors
- Releasing fatalities to funeral homes
- Transfer of remains to outside facilities for extended storage
    - Transferring of human remains to a morgue facility for autopsy and/or forensic analysis
    - Releasing human remains and personal effects to family

Family Assistance Center

The American Red Cross of Greater Toledo will be a key partner in supporting a family assistance center.

The following responsibilities will be provided by the American Red Cross of Greater

- Coordinating a location for the FAC in a pre-arranged Red Cross shelter
- Offering spiritual care and mental health support for families and friends
- Providing personnel for intake
    - Getting descriptions and last known locations of missing people, possible contacts, etc.
- Reunification for survivors
- Snacks and refreshments for the FAC

Other organizations will be needed for the family assistance center to:

- The National Safe and Wellness Hotline 211 and/or OH-Trac may be utilized
- Point of contact for family members to receive information on the incident
- Location for preparation of necessary paperwork related to the final distribution of remains
- Point of coordination for return of remains to the families' chosen funeral director

Special Considerations

- In the event of a terrorism incident, the Federal Bureau of Investigation (FBI) must be notified and will take control of evidence and the investigation.
- Response in a Chemical, Biological, Radiological, Nuclear or Explosive (CBRNE) incident will be in accordance with the Lucas County Terrorism/CBRNE plan and will influence the processing of human remains and tissue.
- Consider medication delivery service for those in need if the incident agent is a contagion
- Consider providing caregiver services to those that lost their caregivers due to the incident
- Each agency should maintain complete records of all financial expenditures made for the response including but not limited to:
    - Staff hours, broken down by regular and overtime
    - Vehicle hours
    - Sustenance for responders
    - Consumable resources
    - Equipment rental/purchase
    - Contractual expenses

Public Information

- A Joint Information Center (JIC) will be established through the Emergency Operations Center (EOC)
- The JIC will be responsible for:
    - Communicating public safety bulletins
    - Preparing and issuing press releases
    - Conducting press conferences
    - Information will also be placed on Toledo-Lucas County Health Department's web site

Recovery

All agencies will adhere to their individual demobilization plans when going into the recovery phase of the mass fatality incident. In addition, the TLCHD will work to engage community partners on strengths and weaknesses of the incident to create an after action report.

References

- Lucas County Emergency Operations Plan
- FEMA - Stafford Act
- Ohio Administrative Code
- Ohio Revised Code

Annex A: COVID-19 and Respiratory Pandemic Mass Fatality Plan

Certifying Deaths due to COVID–19

Source: https://www.cdc.gov/nchs/data/nvss/vsrg/vsrg03-508.pdf

If COVID–19 played a role in the death, this condition should be specified on the death certificate. In many cases, it is likely that it will be the UCOD, as it can lead to various lifethreatening conditions, such as pneumonia and acute respiratory distress syndrome (ARDS). In these cases, COVID–19 should be reported on the lowest line used in Part I with the other conditions to which it gave rise listed on the lines above it. Generally, it is best to avoid abbreviations and acronyms, but COVID–19 is unambiguous, so it is acceptable to report on the death certificate. In some cases, survival from COVID–19 can be complicated by pre-existing chronic conditions, especially those that result in diminished lung capacity, such as chronic obstructive pulmonary disease (COPD) or asthma. These medical conditions do not cause COVID–19, but can increase the risk of contracting a respiratory infection and death, so these conditions should be reported in Part II and not in Part I.

When determining whether COVID–19 played a role in the cause of death, follow the CDC clinical criteria for evaluating a person under investigation for COVID–19 and, where possible, conduct appropriate laboratory testing using guidance provided by CDC or local health authorities. More information on CDC recommendations for reporting, testing, and specimen collection, including postmortem testing, is available from: https://www. cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html and https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidancepostmortem-specimens.html.

It is important to remember that death certificate reporting may not meet mandatory reporting requirements for reportable diseases; contact the local health department regarding regulations specific to the jurisdiction. In cases where a definite diagnosis of COVID–19 cannot be made, but it is suspected or likely (e.g., the circumstances are compelling within a reasonable degree of certainty), it is acceptable to report COVID–19 on a death certificate as “probable” or “presumed.” In these instances, certifiers should use their best clinical judgement in determining if a COVID–19 infection was likely. However, please note that testing for COVID–19 should be conducted whenever possible.

Testing of Decedent for COVID-19

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html

Medical examiners, coroners, and other healthcare professionals should use their judgment to determine if a decedent had signs and symptoms compatible with COVID-19 during life and whether postmortem testing should be pursued. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). There are epidemiologic factors that may also help guide decisions about COVID-19 testing, such as documented COVID-19 infections in a jurisdiction, known community transmission, contact with a known COVID-19 case, or being a part of a cluster of respiratory illness in a closed setting (e.g., a long-term care facility). Testing for other causes of respiratory illness (e.g., influenza) is strongly encouraged.

The following factors should be considered when determining if an autopsy will be performed for a deceased known or suspected COVID-19 case: medicolegal jurisdiction, facility environmental controls, availability of recommended personal protective equipment (PPE), and family and cultural wishes.

If an autopsy is performed for a suspected COVID-19 case**,** collection of the following postmortem specimens is recommended:

- Postmortem swab specimens for COVID-19 testing:
    - Upper respiratory tract swab: Nasopharyngeal Swab (NP swab)
    - Lower respiratory tract swab: Lung swab from each lung
- Separate swab specimens for testing of other respiratory pathogens and other postmortem testing, as indicated
- Formalin-fixed autopsy tissues from lung, upper airway, and other major organs

If an autopsy is NOT performed for a suspected COVID-19 case, collection of the following postmortem specimens is recommended:

- Postmortem Nasopharyngeal Swab (NP swab) specimen for COVID-19 testing
- Separate NP swab for testing of other respiratory pathogens

If an autopsy is performed for a confirmed COVID-19 case**,** collection of the following postmortem specimens should be considered:

- Postmortem swab specimens for testing of other respiratory pathogens,
- Other postmortem microbiologic and infectious disease testing, as indicated
- Formalin-fixed autopsy tissues from lung, upper airway, and other major organs

In addition to postmortem specimens, any remaining specimens (e.g., NP swab, sputum, serum, stool) that may have been collected prior to death should be retained.

PPE Recommendations for NP Swab Collection:

Since collection of nasopharyngeal swab specimens from deceased persons will not induce coughing or sneezing, NIOSH-certified disposable N-95 respirator or higher is not required if only a NP swab is being collected from the decedent.

The following PPE should be worn at a minimum:

- Wear nonsterile, nitrile gloves when handling potentially infectious materials.
- If there is a risk of cuts, puncture wounds, or other injuries that break the skin, wear heavy-duty gloves over the nitrile gloves.
- Wear a clean, long-sleeved fluid-resistant or impermeable gown to protect skin and clothing.
- Use a plastic face shield or a face mask and goggles to protect the face, eyes, nose, and mouth from splashes of potentially infectious bodily fluids.

Autopsy Procedures

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html

Standard Precautions, Contact Precautions, and Airborne Precautions with eye protection (goggles or a face shield) should be followed during autopsy. Many of the following procedures are consistent with existing guidelines for safe work practices in the autopsy setting; see Guidelines for Safe Work Practices in Human and Animal Medical Diagnostic Laboratories.

- AGPs such as use of an oscillating bone saw should be avoided for known or suspected COVID-19 cases. Consider using hand shears as an alternative cutting tool. If an oscillating saw is used, attach a vacuum shroud to contain aerosols.
- Allow only one person to cut at a given time.
- Limit the number of personnel working in the autopsy suite at any given time to the minimum number of people necessary to safely conduct the autopsy.
- Limit the number of personnel working on the human body at any given time.
- Use a biosafety cabinet for the handling and examination of smaller specimens and other containment equipment whenever possible.
- Use caution when handling needles or other sharps, and dispose of contaminated sharps in puncture-proof, labeled, closable sharps containers.
- A logbook including names, dates, and activities of all workers participating in the postmortem and cleaning of the autopsy suite should be kept to assist in future follow up, if necessary. Include custodian staff entering after hours or during the day.

The following PPE should be worn during autopsy procedures:

- Double surgical gloves interposed with a layer of cut-proof synthetic mesh gloves
- Fluid-resistant or impermeable gown
- Waterproof apron
- Goggles or face shield
- NIOSH-certified disposable N-95 respirator or higher
- Powered, air-purifying respirators (PAPRs) with HEPA filters may provide increased worker comfort during extended autopsy procedures.
- When respirators are necessary to protect workers, employers must implement a comprehensive respiratory protection program in accordance with the OSHA Respiratory Protection standard (29 CFR 1910.134) that includes medical exams, fit-testing, and training.
- Surgical scrubs, shoe covers, and surgical cap should be used per routine protocols. Doff (take off) PPE carefully to avoid contaminating yourself and before leaving the autopsy suite or adjacent anteroom.

After removing PPE, discard the PPE in the appropriate laundry or waste receptacle. Reusable PPE (e.g., goggles, face shields, and PAPRs) must be cleaned and disinfected according to the manufacturer's recommendations before reuse. Immediately after doffing PPE, wash hands with soap and water for 20 seconds. If hands are not visibly dirty and soap and water are not available, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water before using alcohol-based hand sanitizer. Avoid touching the face with gloved or unwashed hands. Ensure that hand hygiene facilities are readily available at the point of use (e.g., at or adjacent to the PPE doffing area).

Cleaning and Waste Disposal Recommendations

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html

The following are general guidelines for cleaning and waste disposal following an autopsy of a decedent with confirmed or suspected COVID-19. Current evidence suggests that novel coronavirus may remain viable for hours to days on surfaces made from a variety of materials.

Routine cleaning and disinfection procedures applying Environmental Protection Agency (EPA)-approved disinfectant products with emerging viral pathogens claims are expected to be effective against COVID-19 based on data for harder to kill viruses in these settings.

After an autopsy of a decedent with confirmed or suspected COVID-19, the following recommendations apply for the autopsy room (and anteroom if applicable):

- Keep ventilation systems active while cleaning is conducted; before cleaning, wait 24 hours in a non-healthcare setting, or if you know the air changes per hour of the room or area in a healthcare setting, follow the recommended wait time before cleaning.
- Wear disposable gloves recommended by the manufacturer of the cleaner or disinfectant while cleaning and when handling cleaning or disinfecting solutions.
- Dispose of gloves if they become damaged or soiled and when cleaning is completed, as described below. Never wash or reuse gloves.
- Use eye protection, such as a face shield or goggles, if splashing of water, cleaner/disinfectant, or other fluids, is expected.
- Wear a clean, long-sleeved fluid-resistant gown to protect skin and clothing.
- Wear a NIOSH-certified disposable N-95 respirator or higher if you need to clean the room or area in less than 24 hours or the appropriate wait time as defined in the table above cannot be met.
- Additional PPE may be required to protect workers against potential hazards associated with the cleaning and disinfectant products used and in accordance with the label instructions.
- If PPE is in low supply, consider having workers who performed autopsies conduct the cleaning and sanitizing of the area.
- Do not use compressed air and/or water under pressure for cleaning, or any other methods that can cause splashing or might re-aerosolize infectious material.

- Gross contamination and liquids should be collected with absorbent materials, such as towels, by staff conducting the autopsy wearing designated PPE. Gross contamination and liquids should then be disposed of as described below:
- Use of tongs and other utensils can minimize the need for personal contact with soiled absorbent materials.
- Large areas contaminated with body fluids should be treated with disinfectant following removal of the fluid with absorbent material. The area should then be cleaned and given a final disinfection.
- Small amounts of liquid waste (e.g., body fluids) can be flushed or washed down ordinary sanitary drains without special procedures.
- Hard, nonporous surfaces may then be cleaned and disinfected as described above.
- Materials or clothing that will be laundered can be removed from the autopsy suite (or anteroom, if applicable) in a sturdy, leak-proof biohazard bag that is tied shut and not reopened. These materials should then be sent for laundering according to routine procedures.
- Wash reusable, non-launderable items (e.g., aprons) with detergent solution on the warmest setting possible, rinse with water, decontaminate using disinfectant, and allow items to dry completely before next use.

When cleaning is complete and PPE has been removed, wash hands immediately with soap and water for 20 seconds. If hands are not visibly dirty and soap and water are not available, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water before using alcohol-based hand sanitizer. Avoid touching the face with gloved or unwashed hands. Ensure that hand hygiene facilities are readily available at the point of use (e.g., at or adjacent to the PPE doffing area).

Transfers

Source: https://www.nfda.org/covid-19/transfers-arrangements,

https://www.nfda.org/covid-19/technical-information,

http://www.ohio-fda.org/aws/OFDA/asset_manager/get_file/439028?ver=578

When making a removal at a hospital, nursing home or other healthcare facility: Per CDC guidelines, follow Standard Precautions when making a transfer from any facility.

If possible, transferring the decedent into the funeral home's care should take place in the hospital morgue.

If a morgue release is not possible, transferring the decedent into the funeral home's care should take place in an area with the least amount of exposure risk for all parties involved. This may include a designated holding area located close to a hospital exit that does not require funeral personnel to transfer decedents from the Intensive Care Unit or other areas deep within the facility.

When the healthcare facility contacts a funeral director about making a removal, the director should ask whether there are any precautions, guidelines, or procedures you need to follow upon arrival.

When making a removal in a home: If you know the decedent died of a confirmed or suspected case of COVID-19, any staff entering the home should don a facemask and proper PPE. Regardless of the location of the removal, you may wish to let the family know that, for your protection and theirs during this pandemic, that your staff will be wearing appropriate personal protective equipment. This will set their expectations, so they are not caught unaware when you arrive.

1. Please have any necessary documentation available at the transfer area to help the funeral practitioner avoid going into more than one area of your facility.
2. Perform hand hygiene by washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water is not available. Soap and water should be used if the hands are visibly soiled.
3. Follow standard precautions, including donning PPE (e.g., mask, eye protection, gloves, disposable gown).
4. If you anticipate splashing or aerosolization of fluids, consider additional PPE (e.g., faceshield or goggles and facemask; respiratory protection).
5. Make sure any jewelry or other personal belongings are removed from the deceased and placed in a separate bag attached to the body bag.
6. Carefully place body into a body bag, taking care to prevent splashing or aerosolization of fluids.
7. Disinfect the outside of the bag with a product with EPA-approved emerging viral pathogens claims.
8. Place ID tag on the outside of the bag. Preferably tying the two zippers on the body bag together.
9. Doff (take off) your PPE.
10. Perform hand hygiene by washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water is not available. Soap and water should be used if the hands are visibly soiled.
11. Carefully place body bag into a second body bag, and close it, label with biohazard warning stickers.
12. Please limit the amount of personnel escorting the funeral staff and decedent from the point of removal to the funeral vehicle.
13. The decedent can be moved out of the facility using nitrile gloves.
14. After the decedent is placed in the removal vehicle, remove your gloves and dispose of immediately. Wash your hands with soap and water for at least 20 seconds or use hand sanitizer.

15. Use nitrile gloves to transfer the decedent from the removal vehicle into the funeral home.
16. After the decedent is in your prep room, remove your gloves and dispose of immediately.
17. Perform hand hygiene by washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water is not available. Soap and water should be used if the hands are visibly soiled.

Arrangement Conferences

Source: https://www.nfda.org/covid-19/transfers-arrangements, https://www.nfda.org/covid-19/cremation-burial

At this time, the CDC states that decedents with COVID-19 may be buried or cremated according to the family's preferences.

Arrangement conferences often put funeral directors in close contact with families. If the decedent is a victim of COVID-19, it may be possible that surviving family members may have been exposed and/or be contagious. Even if COVID-19 is not the cause of death, surviving family may have been exposed and/or be contagious. Each funeral home must decide the approach with which it is most comfortable:

In-person Arrangements

- When you set the appointment, ask, for safety of funeral home staff, whether anyone is feeling ill or is known to have been exposed to COVID-19. Gently request that those who are ill stay home or join in the discussions by teleconference.
- Limit the number of people who come to the funeral home for the arrangement conference.
- Request that, for their safety and that of funeral home staff, that family members wash their hands when they come into your facility (or use hand sanitizer) and again before they leave.
- Have tissues and hand sanitizer available in the arrangement conference room.
- When you make the appointment with the family, politely explain that, for their safety and that of funeral home staff, you will not be able to shake their hand as you normally would.
- Maintain social distance of at least 6 feet at all times; you may wish to let the family know in advance of your firm's commitment to social distancing.
- When the family leaves, thoroughly clean the funeral home in accordance with CDC guidance, paying special attention to high-touch surfaces the family may have come in contact with during their visit.

Virtual Arrangement Conferences

- When making arrangements virtually, it's important that you give everyone a chance to speak and share their perspective, especially if the family has not gathered in one location; however, be sure you know who the legal next-of-kin is and confirm all decisions with him or her.
- If arrangements are made online or over the phone, there is no requirement in the Funeral Rule for presenting or transmitting price lists to the consumer. Of course, funeral homes can email

their price lists or post them online so consumers have access to them when planning a funeral over the phone or electronically.

- You may also wish to email copies of or links to various product catalogs.
- If funeral arrangements are made, a Statement of Funeral Goods and Services Selected does have to be sent to the purchaser. This can be done by text, email, fax, or by mail. The Funeral Rule does not require the Statement to be signed, although most funeral homes require this so they have a written contract with the family.
- All states recognize the validity of electronic signatures by consumers as long as it clear on the document they sign that they are binding themselves to a contractual obligation by applying their electronic signature.

Embalming

Source: https://www.nfda.org/covid-19/technical-information

1. Perform hand hygiene by washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water is not available. Soap and water should be used if the hands are visibly soiled.
2. Follow standard precautions, including donning PPE (mask, gloves, disposable gown).
3. If you anticipate splashing or aerosolization of fluids, consider additional PPE (e.g., faceshield or goggles and facemask; respiratory protection).
4. Wear appropriate respiratory protection if any procedures will generate aerosols or if required for chemicals used in accordance with the manufacturer's label.
5. Wear heavy-duty gloves over nitrile disposable gloves if there is a risk of cuts, puncture wounds, or other injuries that break the skin.
6. Prepare and embalm as normal (e.g., washing, setting features, arterial and aspiration/cavity embalming, etc.), taking care to minimize splashing and aerosolization of fluids.
7. Take steps to safely conduct aerosol-generating procedures.
8. Doff your PPE.
9. Fresh PPE should be donned for other preparation and for cleaning the prep room after embalming has taken place.
10. Perform hand hygiene by washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water is not available. Soap and water should be used if the hands are visibly soiled.

Cleaning Your Prep Room After Embalming

1. Perform hand hygiene by washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water is not available. Soap and water should be used if the hands are visibly soiled.

2. Follow standard precautions, including donning fresh PPE (mask, gloves, disposable gown).
3. Cleaning should be conducted in accordance with manufacturer's instructions. Products with EPA-approved emerging viral pathogens claims are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
4. Doff your PPE.
5. Perform hand hygiene by washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water is not available. Soap and water should be used if the hands are visibly soiled.

Visitation and Funerals

Source: https://www.nfda.org/covid-19/visitations-funerals

At this time, CDC guidance states, "There is currently no known risk associated with being in the same room at a funeral or visitation service with the body of someone who died of COVID-19." However, the CDC also notes, "People should consider not touching the body of someone who has died of COVID-19."

If a religious, familial, or cultural tradition calls for the washing of the body by family, they are permitted to participate in such rituals, but must wear disposable gloves while the body is being handled.

As a funeral director, you are committed to helping families honor their loved ones in meaningful ways, while ensuring the safety of their family and friends. If federal, state or local guidance limits the size of public gatherings, there are alternatives you can offer:

- Have a private viewing for only immediate family and/or close friends.
- Have a private viewing for only immediate family and/or close friends and have a large memorial service for all family and friends at a later date.
- Discuss options for webcasting the funeral so others can view from home (see webcasting information below for additional information)

If a family is able to proceed with a small service, please be sure to advise them of CDC guidance, such as: encouraging those who are ill and or at-risk (e.g., elderly, immune-compromised) should be encouraged to stay home; and following healthy habits such as social distancing, hand hygiene, covering cough and sneezes, etc.

Webcasting & Livestreaming

During these challenging times, when federal, state and local guidance and/or mandates are limiting the size of visitations and funerals, webcasting or livestreaming a funeral can be an excellent way for those who cannot be physically present at a service to still partake in the event,

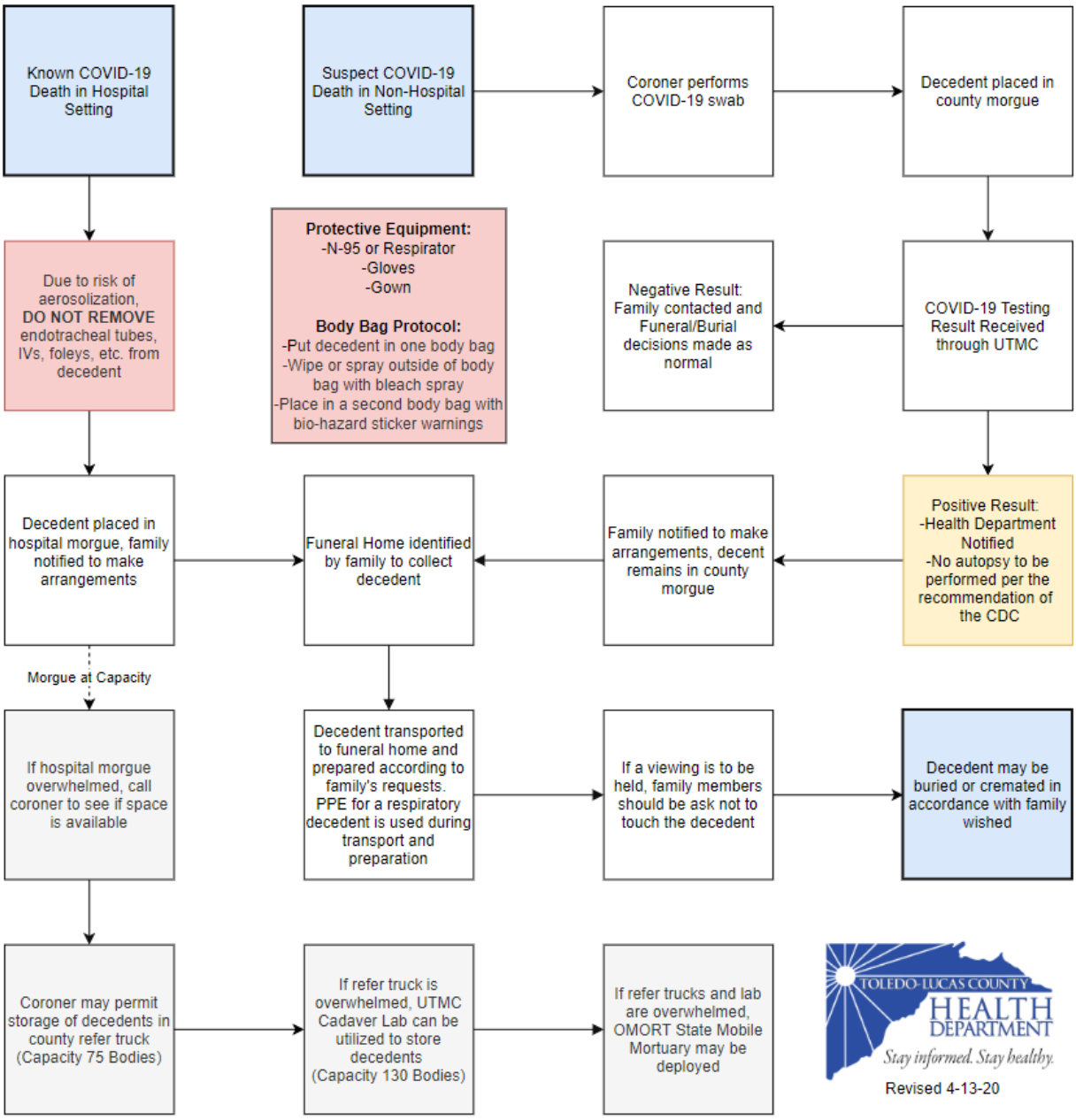
NFDA offers a webcasting license that covers the copyrighted music in the ASCAP, BMI and SESAC catalogs. It covers services broadcast via funeral webcasting software, as well as other livestreaming platforms like Facebook, YouTube, Zoom, Vimeo and Skype.

Other Recommendations

As an extra layer of precaution for those you serve, as well as you and your staff, you may want to consider:

- Encouraging people who are ill or who are part of an at-risk population (e.g., the elderly, immune-compromised, etc.) to stay home.
- Reminding families how to prevent the spread of COVID-19, such as by staying home if you are sick, social distancing, washing your hands, and covering coughs and sneezes.
- Posting informational flyers from the CDC about healthy habits, such as "How to Stop The Spread of Germs," you can post in your funeral home.
- Keeping soap dispensers filled in public (and employee) restrooms. The CDC has several informational flyers on handwashing you can post in public and staff restrooms.
- Offering alcohol-based hand sanitizer that contains at least 60% alcohol to guests (and employees).
- Having extra tissues and waste baskets on hand.
- Using extra precautions with the register book, a high-touch area that could be a potential source for contamination.
    - Put hand sanitizer next to the register book with a sign encouraging its use before signing. The sign could say something like: We kindly request you be mindful of the COVID-19 (coronavirus) situation and the health and safety of everyone here today. Please use the hand sanitizer provided before signing the register book.
    - Suggest the family designate one individual to stand at the register book to record the names of individuals as they come in.
    - Urge people to sign the guest book online using a mobile device; consider creating a QR code to take guests directly to the guest book (free online QR code generators - like this one - are readily available online)
- Scaling back direct contact with families and guests (e.g., handshakes, hugs, etc.)
- Keeping the front door open (weather permitting) or ensuring a staff person is always available to open a door during visitations and services to prevent people from touching the doorknob

Respiratory Pandemic Decedent Housing Flowchart



Annex B: Death Certificate Filing

In Ohio, the funeral director or other person in charge of the final disposition is responsible for collecting information about the deceased and enters this information in EDRS to create a new death record.

1. Demographic data gathered from informants (family, hospital, etc.) about the decedent is entered into EDRS by the funeral director.
2. Funeral director enters information and signs with their electronic signature.
3. Every death record must be signed/certified by a licensed physician. The cause of death and any other medical information may only be completed by a licensed physician.

There are two types of certifiers: coroners and licensed physicians.

- Coroner: Certifies cause of death for accidents, suspected homicide, or suicide and other deaths with doubt or question to the manner of death.
- Physician: Certifies natural causes of death.

There are two types of death records: electronic and paper

- Electronic Death Records
    1. Created by Funeral Director in EDRS
    2. Funeral Director signs
    3. Certifier signs (coroners and physicians) electronically in EDRS
    4. Death record automatically registered, and death certificate is available for issuance
    5. Death record is automatically filed once both funeral directors and medical certifiers complete and sign
- Paper Death Records
    1. Created by Funeral Director in EDRS
    2. Funeral Director signs and prints paper copy
        - Enters physician name and information before getting signature
        - Must deliver paper copy to physician for physical signature
    3. Physician enters cause of death, signs paper copy, and returns to funeral director
    4. Funeral director then files paper copy with local registrar by e-filing (e-mail) or bringing to local registrar's office in person (HD-Vital Statistics)
        - Must be signed/dated by local registrar both on paper copy and in EDRS
        - Local registrar's office is responsible for ensuring the death record is complete, signed, and unaltered
    5. Local registrar files and sends the death record to the state for registration and death certificate is now available for issuance

Attachment A – Public Health Authorities

Ohio Administrative Code

3701-3-13: Isolation Requirement

Ohio Revised Code

3701.13 Department of health - powers
3701.17 Protected health information
3701.28 Powers of department when local authorities fail to act
3701.56 Enforcement of rules and regulations
3707 Board of Health
3707.04 Quarantine regulations
3707.05 Board must secure approval of department of health in certain cases
3707.08 Isolation of persons exposed to communicable disease – placarding of premises
3707.09 Board may employ quarantine guards
3707.14 Maintenance of persons confined in quarantined house
3707.17 Quarantine in place other than that of legal settlement
3707.19 Disposal of body of person who died of communicable disease
3707.20 Admission of person suffering from a contagious or infectious disease to certain institutions
3707.21 Disease in public institution – temporary building
3707.22 Removal of affected or exposed persons from public institution to hospital
3707.31 Establishment of quarantine hospital
3707.32 Erection of temporary buildings by board – destruction of property
3707.34 Quarantine and isolation policies
3707.48 Prohibitions against violation of orders or regulations of board
3707.49 Violation by a corporation – forfeiture
3707.53 Deposit for costs not required in prosecutions – fines