

CORONAVIRUS DISEASE 2019 (COVID-19)

Guidance for Morgue Surge Capacity: Security



Audience: Security Colleagues

Revision Date: 4/7/2020

Version: Version #1

COVID_19 Response Team Owner: Logistics – Security

Date of Last Review: 10/20/2020

What's Changed: No changes made during the 10/20/2020 review.

Purpose

To provide guidance for Security response to a Mass Fatality Incident (MFI) that exceeds normal mortuary capacity and operational limits of the hospital.

Definitions

Morgue Surge Capacity: The ability to expand care capabilities in response to prolonged demand or a single catastrophic event involving fatalities. Capacity is determined by the total number of human remains a facility is normally able to accept.

Fatalities of Forensic Interest: Deaths in which the medical examiner (ME) or coroner has an interest. Such cases would involve, but not be limited to, deaths associated with mass transportation accidents, deaths subsequent to a weapons of mass destruction event, deaths associated with fire or building collapse, deaths associated with mass shooting or suicides, and/or deaths in which the ME or coroner claims an interest.

Fatalities of No Forensic Interest: Deaths in which the ME or coroner has no interest in identification, criminal or cause of death, even though there may be a public health interest. Such events could include but would not be limited to any serious communicable infectious disease (SCID), which may or may not become reportable for purposes of recognition of the early index cases.

Catastrophic Public Health Emergency: Situation in which extensive loss of life or serious disability is threatened imminently because of exposure to a deadly agent, virus, etc. This would not apply to management of mass fatalities with no forensic interest.

Conventional Mass Fatality: A mass fatality by conventional means may be due to man-made or natural disasters (e.g., hurricanes, tornados, earthquakes, terrorist style complex coordinated attacks). In this case, the mass fatality site is not contaminated with biological, chemical or nuclear products. No specialized equipment beyond basic personal protective equipment (PPE) should be required.

Chemical/Biological/Radiation/Nuclear Event (CBRNE) Mass Fatality: CBRNE mass fatality incidents require more complex handling than conventional mass fatalities. Most of these cases are approached with increased levels of PPE, depending on the organism or agent. In addition, some events involving chemical or radiation fatalities will present residual life threats and require an extremely meticulous approach in order to protect colleagues while handling and processing the decedents and their effects. Specific attention to such issues as wastewater run-off from decontamination activities is extremely important.

Mass Fatality Incident (MFI) - When the existing resources are overwhelmed by the number of fatalities on site.

Planning Assumptions

- The hospital will need to utilize the resources of the Hospital Incident Command System (HICS) and National Incident Management System (NIMS).
- The hospital must be prepared to be self-sustaining for the initial 24-96 hours following the onset of an MFI.
- Fatalities must be managed in such a way as to minimize the impact of the MFI on the hospital's continued ability to function.
- Multiple MFIs may occur simultaneously and may or may not be related. All MFIs must therefore be managed as a single compound incident.
- State and local governmental agencies and assets may not be immediately available to the hospital.
- If the MFI involves a public health emergency, staffing for all public and private services could be reduced by 30 percent or more.
- In an MFI, services provided by local funeral directors, cemeteries and crematories will be limited due to increased demands and limited mortuary supplies and burial sites.
- The resources for the proper disposal of human remains during an MFI will soon become overwhelmed. Planning must include sanitary storage of remains in traditional and alternate locations.
- During public health emergencies, public laws regarding burial and cremation may be challenged, modified and/or suspended.
- There will be ethical and religious issues associated with mass fatalities that are not normally encountered.
- Family reunification may not be possible, depending on the contagion. This may adversely affect the grieving process.
- The legal requirement for death pronouncement and death certification will need to be maintained in accordance with local statute or state law. This process may be slower than normal.
- Containers holding human remains may need to be decontaminated before leaving the facility.
- Persons handling remains will be provided guidance from the Centers for Disease Control and Prevention (CDC) for recommended level of PPE pursuant to the contagion.
- A mass fatality surge as a result of a contagious pathogen may not have a sudden impact but rather have a gathering crescendo, spanning weeks depending on the location of the index cases, the suspected incubation period and the mechanism of transmission.
- All area hospitals are likely to be under some form of lockdown or visitor restrictions.
- Behavioral health support will be needed as the event unfolds, due to the nature of the incident as well as the potential for deaths among family and staff members.

Guidance

Activation of Mass Fatality Plan:

Plan activation will be instituted by the Incident Management Team. If the hospital receives notification of an MFI, the ME or coroner and appropriate local authorities should be notified immediately.

Specific Security Assignments:	An MFI will require an increased security presence. The Morgue Unit Leader will request additional security resources through the Incident Management Team. In an MFI, Security will need to be reinforced at the main entrance of the hospital, and security personnel should be stationed at all sites where remains are held and any spaces occupied by FBI/ME/coroner for identification and processing of decedents.
Normal Morgue Capacity:	In the case of an MFI, Security should be notified to open the area and allow access for FBI/ME personnel and/or mass fatality responders. Security will assume responsibility for access control in this area.
On-site Surge Morgue Capacity:	On-site morgue surge capacity may be expanded by using refrigerated vehicles. Contact should be made with local Emergency Preparedness authorities to obtain such a vehicle if they have one available. <u>In the absence of that availability, prior arrangements should be made with local food service or produce transportation companies to acquire the use of a refrigerated semi-trailer, preferably no less than 42 feet in length.</u>
Off-site Surge Morgue Capacity:	In incidents such as chemical contamination or demand in excess of surge capacity, an off-site morgue may be considered. Staff will need to assist with off-site morgue set up. This decision will be made by the Incident Management Team in conjunction with the MFI management team.