

# Hospital Plan Template

## Session 2

### Mass Fatality

#### Management of mass fatalities

- Altered procedures to conserve resources
  - Review and assess the normal procedures for post-mortem care
  - Identify what aspects of post-mortem care will be eliminated during a massive surge of deaths.
  - Identify what aspects are essential to post-mortem care no matter how many deaths your hospital experiences.
  - Identify any difference in your process for surge of deaths related to medical cause vs. trauma deaths.
  - Briefly describe *or* reference infection control policies for handling bodies.
- Body storage

*Planning Assumption: Anticipate an in-hospital death rate of 6 deaths per day per 100 hospital beds during a pandemic. Hospitals with less than 50 beds should plan for 2 deaths per day. You should plan to have to hold the bodies for 3 days before they can be picked up. Examples—a 100 bed hospital at 6 deaths per day should plan for capacity to store 18 bodies. A 10 bed hospital should plan for 2 deaths per day stored for 3 days or a capacity to store 6 bodies.*

  - Identify the room or alternative (i.e. refrigerated truck) where bodies can be stored until funeral home or community emergency responders can collect them.
  - Identify the capacity this room can accommodate
  - Identify the structures on which bodies will be stored (cots, transport carts, tables, storage racks, etc)
  - Describe how the room will be cooled to as low a temperature as possible. (34-37 degrees desirable).
  - Describe any manipulations of the HVAC system that may be necessary
    - Identify chain of responsibility for HVAC manipulations.
  - Consider identification of a secondary storage location if the primary location is full.
- Body identification and tracking
  - Indicate use of START triage tag to identify the body.
    - If triage tag identified patient on admission, there should be a process to maintain that triage tag with the patient record to be attached to the patient in the event of death. Describe the process for maintaining the triage tag throughout hospitalization.
    - If the patient has not previously been tagged with a triage tag, a new triage tag should be assigned and attached.
    - Update the patient location in the HC Standard patient tracking system.

- Identify the chain of responsibility for getting the information into the HC Standard tracking system
  - Describe any other hospital specific procedures for identification of the body.
    - Hospital ID bracelet
- Family notification of death
  - Describe how families will be notified of patient death
  - Identify what resources the hospital has to dedicate to family notification (nursing staff, social workers, chaplains, medical records staff, etc.)
    - Define the chain of responsibility for family notification of patient death.
  - Describe any community resources which will support the hospital in notification of family when hospital resources can no longer provide the staff for the task.
- Integration of hospital mass fatality needs into community emergency plans
  - Identify the community resources for management of bodies
    - Funeral homes and their capacity
    - Emergency morgues planned
  - Identify how the hospital will communicate with local emergency management about mass fatality needs and request support.
  - *Optional for future planning and inclusion in your plan at a later time:* Meet with local emergency manager to determine their capacity to provide support.
    - How will they transport bodies from hospital to temporary morgue?
      - Vehicles
      - Personnel
- Documentation of death (death certificates)
  - Review current policies regarding who has authority to declare death
  - Review current policies regarding preparation and signature of death certificates
  - Identify alterations that will be made during a massive death surge due to medical causes such as infectious disease outbreak.