

**Florida Natural Disease Outbreak and the
Pandemic Influenza Fatality Management Response Plan**
*(Developed and maintained by FEMORS for the
Florida Medical Examiners Commission)*

Acknowledgement

1.0 Overview

Figure 1: Health Warnings 1918

2.0 Purpose

3.0 Scope

4.0 Direction and Control

Figure 2: Social Contact Measures Impact 1918

5.0 Facts and Perceptions in Human Remains Management

Figure 3: Healthcare System Load 1918

5.1 Facts About Normal Death Management

5.2 Perceptions vs. Reality Surrounding Fatality Management

5.3 Death Management Practice During a Pandemic Influenza Event

Decision Tree Diagram 1: Death in Hospital or Emergency Room During
Pandemic Influenza Event

Decision Tree Diagram 2: Death Out of Healthcare Facility During Pandemic
Influenza Event

6.0 Planning Guide

Table 1. Mortuary affairs system planning guide.

6.1 General Planning Assumptions

Table 2: Potential Deaths Impacts on Healthcare and Medical Examiner
Systems

Figure 4: Medical Examiner Districts

Figure 5: Canadian "Prudence" Factor in Absenteeism

6.2 Establishing Planning Teams

6.3 Prophylaxis and/or Vaccinations

6.4 Reviewing Existing Local Plans

6.5 Location of Death, Cause of Death and Certification of Death Considerations

6.6 Cold Storage Considerations

6.7 Decedent Identification Requirements

6.8 Private Partners Concerns

**Florida Natural Disease Outbreak and the
Pandemic Influenza Fatality Management Response Plan**

7.0 Concept of Operations

7.1 General Death Surveillance for an Emerging Pandemic or Natural Disease Outbreak

Figure 6: Commercial Poultry in Florida

7.2 District Medical Examiner's Role During the Established Natural Disease Outbreak or Pandemic Event

7.3 Personal Protective Equipment (PPE) for Responders

7.4 Establishing a Mortuary Affairs Branch in the Incident Response Plan

Chart 1: Incident Command Structure with Fatality Management Branch

Chart 2: Suggested Mortuary Affairs Branch Structure in a Natural Disease Event within ICS

7.4.1 Duties to be performed

7.4.1.1 Mortuary Affairs Branch Director

7.4.1.2 Call Center/Public Inquiry Line Group Supervisor

7.4.1.3 Investigations and Recovery Team Group Supervisor

7.4.1.4 Transportation Group

7.4.1.5 Storage Morgue Team

8.0 Death Registration

9.0 Supply Management

10.0 Social Religious Considerations

11.0 Role of the Funeral Director Associations

12.0 Organizational Roles and Responsibilities

Table 3. Roles and responsibilities of agencies involved with pandemic mass fatality planning and execution.

13.0 Post-Pandemic Recovery

14.0 References

14.1 State Pandemic Plans Used as References

14.2 International Pandemic Plans Used as References

Acronyms

**Florida Natural Disease Outbreak and the
Pandemic Influenza Fatality Management Response Plan**
*(Developed and maintained by FEMORS for the
Florida Medical Examiners Commission)*

Acknowledgement

Grateful acknowledgement is made to the Virginia Office of Chief Medical Examiner for its unselfish permission to freely use and adapt elements from the Virginia Natural Disease Outbreak and the Pandemic Influenza Mass Fatality Response Plan (March 2007) for Florida's preparedness.

1.0 Overview

During a widespread natural disease outbreak or a pandemic, such as an influenza pandemic, local authorities have to be prepared to manage additional deaths due to the disease, over and above the number of fatalities from all causes currently expected during the inter-pandemic period. Within any locality, the total number of fatalities from the outbreak (including influenza and all other causes) occurring during a 6- to 8-week pandemic wave is estimated to be similar to that which typically occurs over six months in the inter-pandemic period. This guide aims to assist local planners and funeral directors in preparing to cope with large-scale fatalities due to an influenza (or other naturally occurring disease) pandemic. A number of issues have been identified, which should be reviewed with the local medical professionals and institutions, Medical Examiner's district offices, local authorities, including police, Emergency Medical Services (EMS), vital records offices, city or county attorneys, funeral directors, and religious groups/authorities.

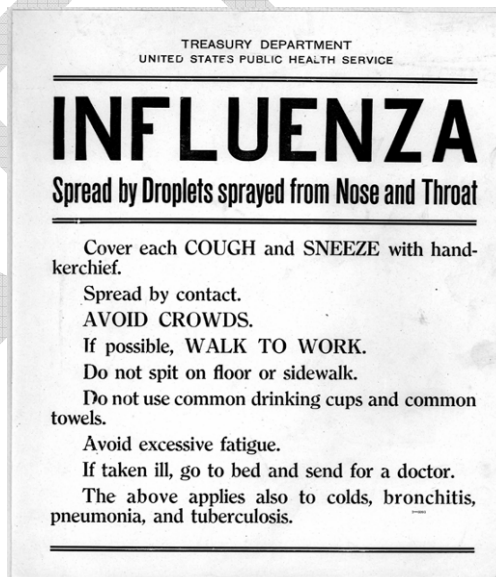


Figure 1: Health Warnings 1918

2.0 Purpose

This document contains guidelines to help localities prepare to manage the increased number of deaths due to a natural disease event, such as an influenza pandemic. In a pandemic, the number of deaths will be over and above the usual number of fatalities that a locality would typically see during the same time period. This document will also augment the State of Florida, Department of Health Influenza Pandemic Annex to the Emergency Operations Plan (Version 9.1, February 2, 2006).

Florida Natural Disease Outbreak and the Pandemic Influenza Fatality Management Response Plan

3.0 Scope

This document is intended to provide guidance for coordination in Florida of response to mass fatalities as the result of an influenza pandemic or any other natural disease outbreak occurring which is not terrorist related or due to a laboratory accident.

Utilizing a pandemic influenza outbreak as an example, assuming two pandemic waves of six weeks each and a crude five percent annual pandemic death rate (similar to 1918), about 20,000 to 30,000 deaths per week per wave could occur across Florida. This is almost a tenfold increase of the usual rate of about 3,300 deaths per week. Funeral service providers in the state could not meet this demand even if they were to remain fully operational; however they, too, will be impacted and will lose staff to illness, family illness, death, and refusal to work.

Natural disease outbreaks occurring under normal circumstances (e.g. not terrorist related) do not fall under the legal jurisdiction of the Medical Examiner. In these circumstances, the determination of cause and manner of death as well as the certification of death is expected to be completed by the decedent's treating physician in accordance with Florida state law (§382.008(3), F.S.). For planning purposes, the fact that licensed physicians can manage the death determination and certification in their facilities or by coordinating with local law enforcement, funeral services, or other investigators at the scene, increases the manpower resources from limited forensic pathologists in the District Medical Examiner offices statewide, to the full pool of available physicians during the outbreak.

4.0 Direction and Control

Incident Command- The Florida Department of Health as the Lead Agency for Emergency Support Function 8 (Health and Medical), in concert with the Florida Department of Emergency Management and affected localities will use the Incident Command System (ICS) as outlined in the National Incident Management System (NIMS) and directed by the National Response Framework (NRF) to work with other agencies and organizations in a coordinated manner based on the size and scope of the public health emergency.

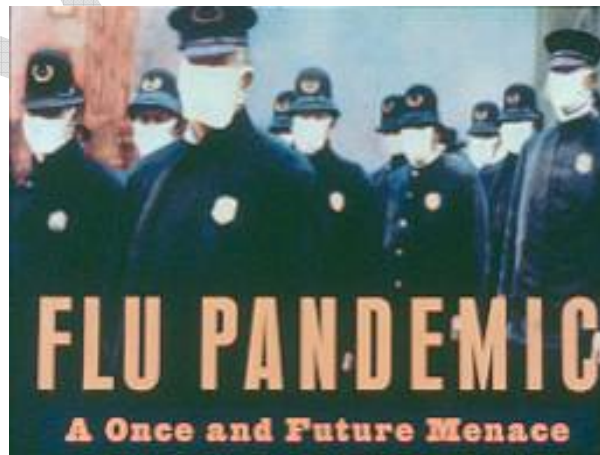


Figure 2: Social Contact Measures Impact 1918

Florida has its own Florida Emergency Mortuary Operations Response System (FEMORS) as a fatality management team while the federal asset is the Disaster Mortuary Operations Response Team (DMORT). These teams, however may not be available during an outbreak because the members, who are all volunteers performing

Florida Natural Disease Outbreak and the Pandemic Influenza Fatality Management Response Plan

similar functions in their own communities, may be needed at their home localities. Mutual aid may not be available for the same reasons. The capacity of existing morgues in the state would be exceeded in weeks one or two of the initial wave of pandemic influenza activity.

- For purposes of this natural disease outbreak plan, a *mass fatality* is any number of fatalities that is greater than the local mortuary affairs system can handle.
- Mortuary response strike teams may need to be constituted at the County level and should consist of members and support staff from county fire departments, auxiliary law enforcement, funeral service, and trained volunteers. Mortuary response team vehicles should be provided through local or regional Emergency Operation Centers. Strike teams address the entire spectrum of operations which includes notification, investigation of scene and witnesses interviewing, body recovery, presumptive (tentative) and positive identification services, release of remains, and final disposition by the next-of-kin's choice of funeral service provider. They may need to operate centralized processing points during a mass fatality event that include collection points, personal effects depots, and records libraries. Strike teams, through the integration of local or regional funeral services agencies, may also be responsible for preparing remains for embalming, temporary interment, or final disposition including the coordination of the shipment of remains.

5.0 Facts and Perceptions in Human Remains Management

Obtaining solid factual and scientifically based data to build individual plans is the corner stone for success. This section will address the facts of fatality management and some of the most common perceptions surrounding human remains.

5.1 Facts about normal death management

5.1.1 Under normal conditions, roughly 85-90 % of fatalities in Florida are not Medical Examiner cases because these deaths are natural diseases occurring under natural circumstances. Non-Medical Examiner deaths are managed by local law enforcement (if death occurred out of medical treatment facilities), EMS, treating physicians, hospitals, funeral directors, cemetery or cremation owners and the individual families.

5.1.2 Death pronouncement in Florida is NOT required or recorded on the death certificate. There is no statutory requirement for an official pronouncement of death procedure when someone dies. The presumption is that any citizen can identify someone who is



Figure 3: Healthcare System Load 1918

Florida Natural Disease Outbreak and the Pandemic Influenza Fatality Management Response Plan

- clearly dead and if there is doubt that death has occurred, will treat the person as alive. Therefore, a person who is clearly dead should not be transported to a hospital, further overwhelming an already stressed medical care system and generating an unnecessary charge for families.
- 5.1.3 Each death requires an investigation by competent and trained personnel to ensure the cause of death is a result of a natural disease such as the influenza strain versus death by other mechanisms (e.g. fall, homicide, abuse, etc.)
 - 5.1.4 Funeral directors working with religious leaders are the only service providers that offer final disposition and memorial services for the families by providing a burial or cremation with a ceremony
 - 5.1.5 Large numbers of deaths will backlog the entire death management system in the state including police investigators, hospital morgues, funeral homes, vital statistics offices, cemeteries, crematories, and the Medical Examiner system. The entire process of managing the fatalities may take months to years to completely resolve.
- 5.2 Perceptions vs. Reality surrounding fatality management
- 5.2.1 Perception: *It is best to limit information to the public on the magnitude of the tragedy.*
Reality: Restricting the public to information during a disaster creates a lack of confidence and distrust by the population in government.
 - 5.2.2 Perception: *Because a Pandemic event may also cause a mass fatality event, the Office of the Medical Examiner is in charge of all the dead bodies and the localities do not have a role in human remain management.*
Reality: The District Medical Examiner (DME) does not have jurisdictional authority over naturally occurring disease deaths. Physicians are required to sign death certificates for patients they treated. All licensed physicians in Florida can sign death certificates for their patients who die of naturally occurring diseases and there is no requirement for the DME to assume jurisdiction over the remains. The most efficient plan to manage the deaths is to keep the remains available locally to the physicians, families and the funeral service personnel who manage human remains.
 - 5.2.3 Perception: *The remains of people who die from natural disease outbreaks will pose the threat of additional disease causing epidemics.*
Reality: According to the World Health Organization “there is a minimal risk for infection from dead bodies”. In a document published in 2002, WHO established that: “Dead or decayed human bodies do not generally create a serious health hazard, unless they are polluting sources of drinking-water with faecal matter, or are infected with plague or typhus, in which case they may be infested with the fleas or lice that spread these diseases.” (Ref 2)
 - 5.2.4 Perception: *The fastest way to dispose of bodies and avoid the spread of disease is through mass graves or cremations. This can create a sense of relief among survivors.*
Reality: The risk of disease from human remains is low and should not be used as a reason for mass graves. Mass graves do not allow individual

**Florida Natural Disease Outbreak and the
Pandemic Influenza Fatality Management Response Plan**

family members to grieve and perform the religious or final acts for their loved ones as individual, private ceremonies. Cremations may violate certain ethnic or religious practices resulting in increased anguish and anger for the survivors. (Ref 3)

5.2.5 Perception: *It is impossible to identify a large number of bodies after a tragedy.*

Reality: With the advancements in forensic procedures such as fingerprinting and DNA technology, identification of human remains has become much more precise (although time consuming, unlike CSI television shows). Visual identification and comparison can and have been utilized in the “normal” death cases for years. However, there are circumstances where scientifically based identification methods must be applied such as fingerprints, dental, medical implants, etc. Law Enforcement and Medical Examiner staffs can apply forensic studies on individual identification cases when needed. The complications in forensic studies lie in the fact that ante mortem records and samples are required for comparisons.

5.2.6 Perception: *Eliminating the requirements to complete and certify death certificates for disaster victims will speed up the healing process for the victims' families.*

Reality: These documents are required to collect insurance, settle estates, award guardianship of minors and ownership of property, re-marriage, as well as many other legal issues that will benefit survivors. Failure to properly document and certify an individual's death will cause severe hardships on the surviving family members.

5.2.7 Perception: *The Medical Examiner runs and operates Funeral Director Associations, crematories and cemeteries in the State.*

Reality: The Florida Funeral Directors Association (FFDA) and Independent Funeral Directors Association (IFDA) and other human remains management companies are privately owned and operated.

5.2.8 Perception: *The Medical Examiner mandates to families how they must dispose of all human remains following a disaster.*

Reality: The authority and directions of any next-of-kin governs the disposal of the body. However, the Secretary of the Department of Health, in consultation with the Governor, has the authority to determine if human remains are hazardous to the public health. If the Governor issues an Executive Order variations of traditional funeral practices may need to be implemented. For the purposes of such a determination, "hazardous human remains" typically means those remains contaminated with an infectious, radiologic, chemical or other dangerous agent that poses a significant threat to responders. It is not anticipated that an influenza strain will meet the criteria of “hazardous” because there has never been an influenza stain of that nature in the past. Diseases that may present a hazard are the viral hemorrhagic fevers or smallpox. However, since no one knows what will cause a pandemic, normal precautions should always be followed.

5.2.9 Perception: *During a known pandemic influenza (PI) event, all deaths can be assumed to be from the PI disease process and no medico-legal death investigations are necessary.*

Florida Natural Disease Outbreak and the Pandemic Influenza Fatality Management Response Plan

Reality: During a PI event, communities will experience cases where their citizens die from accidents, suicides, homicides, and sudden unexplained deaths which are NOT related to the PI event. Basic investigations into each death by community resources are necessary to differentiate between deaths from PI verses other activity (violence, other disease related, suicide, etc.)

5.2.10 Perception: *All deaths occur in hospitals.*

Reality: Some studies show fifty-five percent of the deaths occur outside of medical treatment facilities. Local police, fire and/or EMS are normally involved in each of these deaths to verify that death has actually occurred and to ensure the death is from a natural disease and not a result of suspicious or violent activity, i.e., a Medical Examiner's case.

5.2.11 Perception: *HIPAA regulations prevent the Red Cross, medical staff and institutions from releasing information to the public, police, funeral directors and other governmental agencies even during disasters.*

Reality: Under the exceptions portion of the HIPAA regulations, the Medical Examiner may obtain medical records:

a. Coroners and medical examiners. A covered entity may disclose protected health information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. A covered entity that also performs the duties of a coroner or medical examiner may use protected health information for the purposes described in this paragraph. US 45 CFR §164.512 (g)(1)

b. Funeral directors. A covered entity may disclose protected health information to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent. If necessary for funeral directors to carry out their duties, the covered entity may disclose the protected health information prior to, and in reasonable anticipation of, the individual's death. US 45 CFR §164.512 (g)(2)

Following Hurricane Katrina, CDC and the U.S. Public Health Service conceded that law enforcement officials may also receive patient's demographic data for the purposes of solving missing persons reports in a disaster. US 45 CFR §164.512 (f)(2)

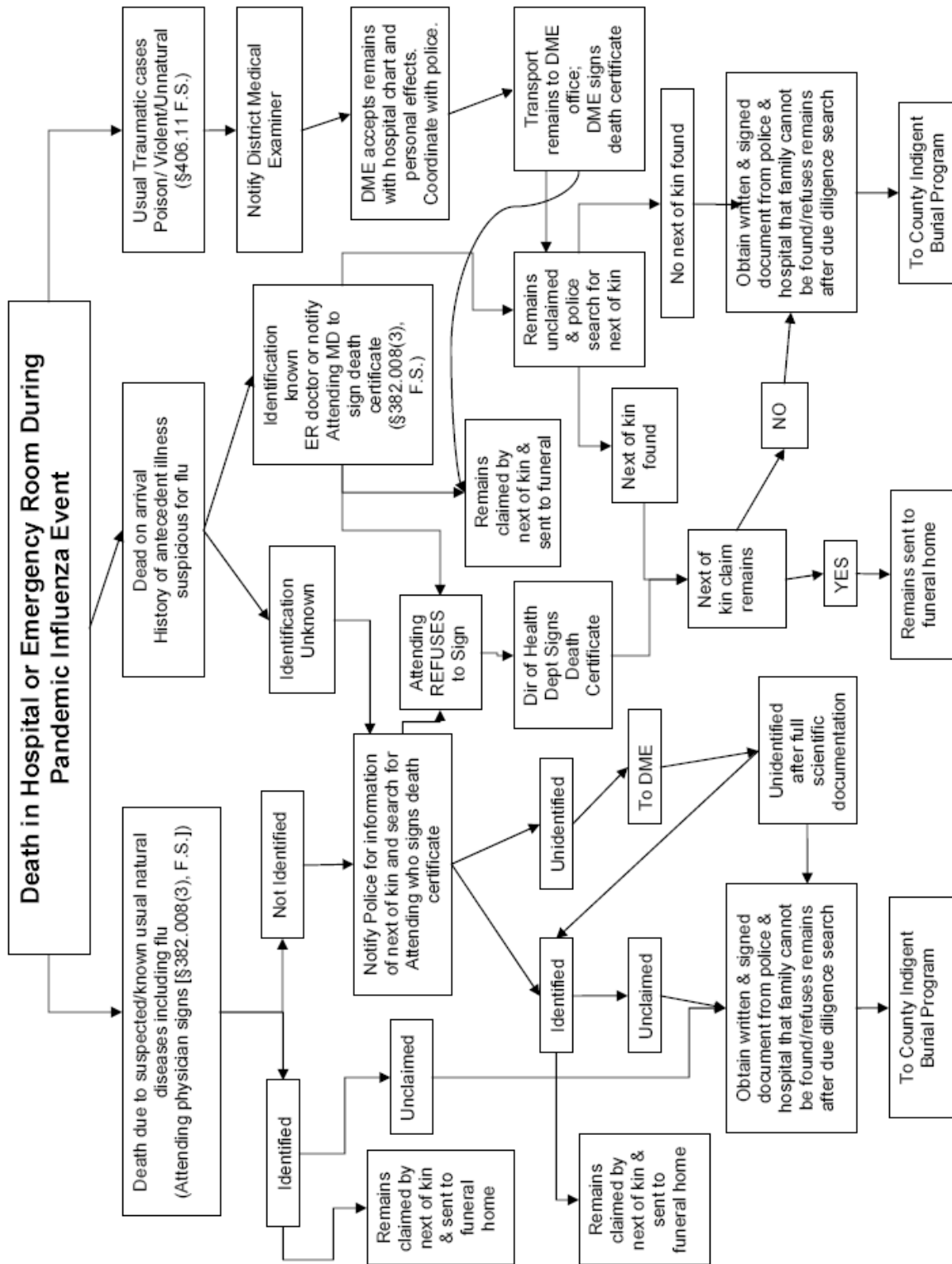
5.3 Death Management Practice During a Pandemic Influenza Event

Medical Examiner Jurisdiction may apply regardless of where the death occurs. However, there are two decision trees that help illustrate reporting complexities and how deaths are managed for influenza cases in a healthcare facility or non-healthcare facility setting.

These diagrams may aid in providing just-in-time training for response teams that have had little exposure to fatality issues in the past.

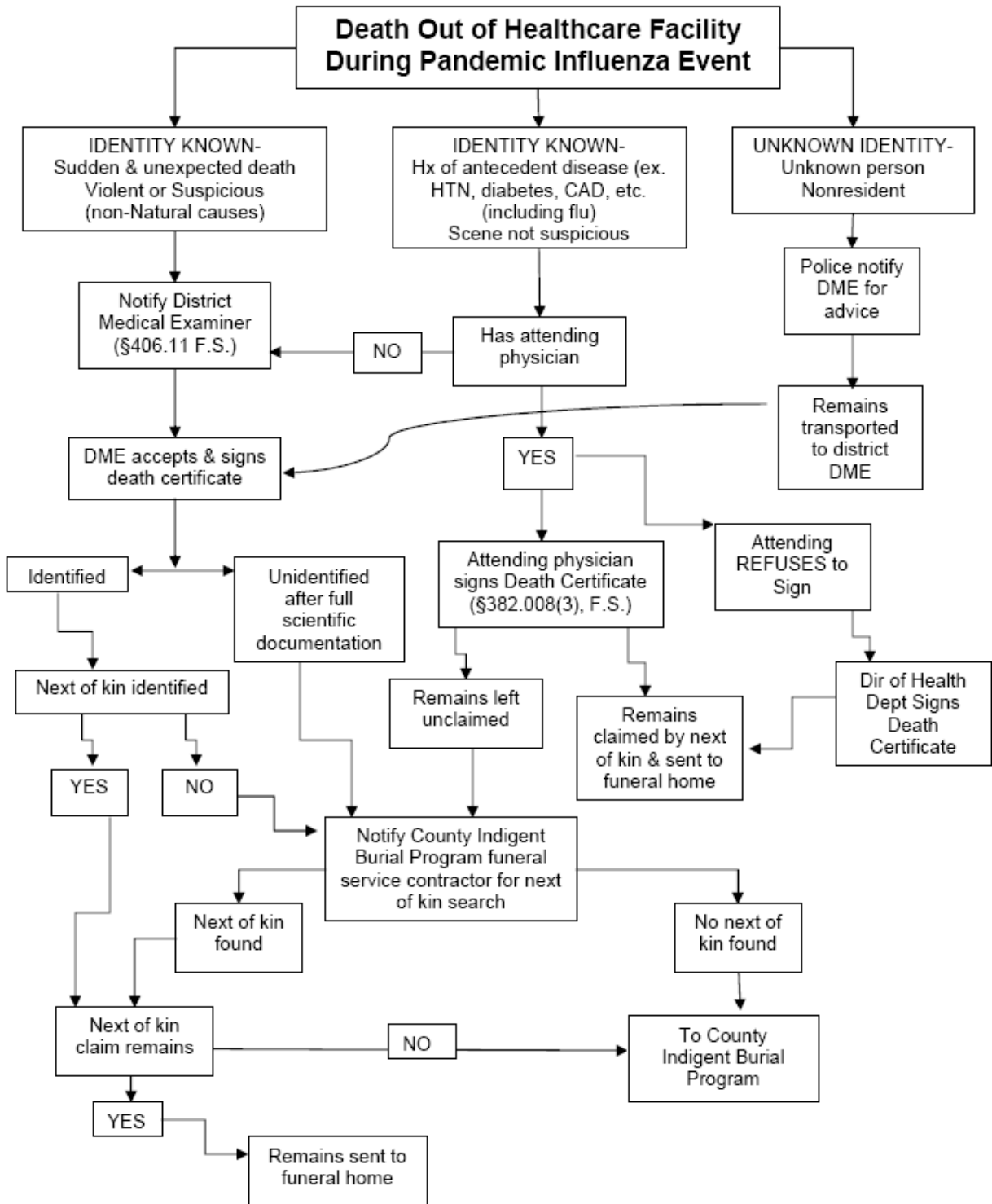
**Florida Natural Disease Outbreak and the
Pandemic Influenza Fatality Management Response Plan**

Decision Tree Diagram 1: Death in Hospital or Emergency Room During Pandemic Influenza Event



**Florida Natural Disease Outbreak and the
Pandemic Influenza Fatality Management Response Plan**

Decision Tree Diagram 2: Death Out of Healthcare Facility During Pandemic Influenza Event



**Florida Natural Disease Outbreak and the
Pandemic Influenza Fatality Management Response Plan**

6.0 Planning Guide

In order to identify planning needs for the management of mass fatalities during a pandemic, it is important to examine each step in the management of human remains under normal circumstances and then to identify what the limiting factors will be when the number of dead increases over a short period of time. The following table identifies the usual steps. Possible solutions or planning requirements are discussed in further detail in the sections that follow this table.

Table 1. Mortuary affairs system planning guide.

| Steps | Requirements | Limiting Factors | Possible Solutions & Expediting Steps |
|--|--|--|--|
| Death Reporting / Missing Persons | <ul style="list-style-type: none"> ☞ If death occurs in the home/ business/ community then a call in system needs to be established. ☞ Citizens call local 911 to request a check on the welfare call for others ☞ 911 or other system needs to be identified as the lead to perform this task. | <ul style="list-style-type: none"> ☞ Availability of people able to do this task normally 911 operators ☞ Availability of communications equipment to receive and manage large volumes of calls/inquires. ☞ Availability of trained “investigators” to check into the circumstances of each report and to verify death is natural or other. | <ul style="list-style-type: none"> ☞ Provide public education about the call centers, what information to have available when they call, and what to expect from authorities when a death or missing persons report is made. ☞ Consider planning a Call Center (toll free number) system 24/7 specifically for this task to free up operators for 911 calls on the living. |
| Search for Remains | <ul style="list-style-type: none"> ☞ If death occurs in the home/business then law enforcement will need to be contacted. ☞ Person legally authorized to perform this task. | <ul style="list-style-type: none"> ☞ Law enforcement officers’ availability. | <ul style="list-style-type: none"> ☞ Consider deputization and training (through the investigations units of law enforcement) of people whose sole responsibility is to search for the dead and report their findings. ☞ Consider having community attorneys involved in the legal issues training for the groups identified. |
| Recovering Remains | <ul style="list-style-type: none"> ☞ Personnel trained in recovery operations and the documentation required to be collected at the “scene”. ☞ Personal protection equipment such as coveralls, gloves and surgical masks. ☞ Equipment such as stretchers and human remains pouches. | <ul style="list-style-type: none"> ☞ Availability of trained people to perform this task. ☞ Availability of transportation assets. ☞ Availability of interim storage facility. | <ul style="list-style-type: none"> ☞ Consider training volunteers ahead of time. ☞ Consider refrigerated warehouses, tents or other cold storage as an interim facility until remains can be transferred to the family’s funeral service provider for final disposition. |
| Death Certified | <ul style="list-style-type: none"> ☞ Person legally authorized to perform this task. ☞ If a death is due to | <ul style="list-style-type: none"> ☞ The lack of availability (due to illness) or willingness of primary treating physicians to certify deaths for their patients. | <ul style="list-style-type: none"> ☞ When possible, arrange for “batch” processing of death certificates for medical facilities and treating physicians. |

**Florida Natural Disease Outbreak and the
Pandemic Influenza Fatality Management Response Plan**

Table 1. Mortuary affairs system planning guide.

| Steps | Requirements | Limiting Factors | Possible Solutions & Expediting Steps |
|---|--|---|--|
| | <p>a natural disease and decedent has a physician, physician notified of death.</p> <ul style="list-style-type: none"> ☞ If trauma, poisoning, homicide, suicide, etc., Medical Examiner notified of death. | | <ul style="list-style-type: none"> ☞ Enforce fines for those treating physicians who refuse to sign for their patients or charge a family (funeral home) for such services. • Florida Administrative Code Chapter 64B8-8.001(2)(g), calls for disciplinary action including an administrative fine of from \$1,000 to \$10,000 for noncompliance with signing of a death certificate (FAC Chapter 64B8-8.011(3)(b)(1)). |
| Decedent Transport to the Morgue | <ul style="list-style-type: none"> ☞ In hospital: trained staff and stretcher. ☞ Outside hospital: informed person(s), stretcher and vehicle suitable for this purpose. | <ul style="list-style-type: none"> ☞ Availability of human and physical resources. ☞ Existing workload of local funeral directors and transport staff. | <ul style="list-style-type: none"> ☞ In hospital: consider training additional staff working within the facility. ☞ Consider keeping old stretchers in storage instead of discarding ☞ Look for alternate suppliers of equipment that could be used as stretchers in an emergency e.g., trolley manufacturers. ☞ Suspend permit requirements for the PI event. ☞ Outside hospital: provide public education or specific instructions through a toll-free phone service on how to wrap remains, where to take remains and other information. |
| Transportation | <ul style="list-style-type: none"> ☞ To cold storage, Mortuary Affairs holding location and/or burial site. ☞ From hospitals to morgues, funeral homes or other locations. ☞ Suitable covered vehicle and driver. | <ul style="list-style-type: none"> ☞ Availability of human and physical resources. ☞ Existing workload of local funeral directors and transport staff. ☞ Florida regulations on transportation of human remains. | <ul style="list-style-type: none"> ☞ Identify alternative vehicles that could be used for this purpose. ☞ Identify ways to remove or completely cover (with a cover that won't come off) company markings of vehicles used for PI operations. ☞ Consider use of volunteer drivers. ☞ Consider setting up a pickup and delivery service for all the hospitals with set times, operating 24/7. ☞ Consider finding resources to assist funeral homes in transporting remains so they can concentrate on remains preparations for the families. |
| Cold storage | <ul style="list-style-type: none"> ☞ Suitable facility that can be maintained ideally at 34 to 37 degrees F. | <ul style="list-style-type: none"> ☞ Availability of facilities and demand for like resources from multiple localities. ☞ Capacity of such facilities. ☞ Inability to utilize food storage or preparation facilities after the | <ul style="list-style-type: none"> ☞ Identify and plan for possible temporary cold storage sites and/or equipment centrally located to where the body originated for the convenience of identification, family and funeral home. |

**Florida Natural Disease Outbreak and the
Pandemic Influenza Fatality Management Response Plan**

Table 1. Mortuary affairs system planning guide.

| Steps | Requirements | Limiting Factors | Possible Solutions & Expediting Steps |
|------------------------------|--|--|---|
| | | <ul style="list-style-type: none"> event. ☞ Florida regulations on storage of human remains. | |
| Autopsy if applicable | <ul style="list-style-type: none"> ☞ Person qualified to perform autopsy and suitable facility with equipment. | <ul style="list-style-type: none"> ☞ Availability of human and physical resources. ☞ May be required in some circumstances. | <ul style="list-style-type: none"> ☞ Ensure that physicians and families are aware that an autopsy is not required for confirmation of influenza as cause of death when the outbreak is identified. |
| Funeral Service | <ul style="list-style-type: none"> ☞ Appropriate location(s) ☞ Casket supply (if not cremated). ☞ Funeral director availability. ☞ Clergy availability. ☞ Cultural leaders availability. | <ul style="list-style-type: none"> ☞ Availability of caskets. ☞ Availability of location for service and visitation. ☞ Isolation and quarantine provisions. | <ul style="list-style-type: none"> ☞ Contact suppliers to determine lead time for casket manufacturing and discuss possibilities for holding and rotating 6 month inventory. ☞ Consult with the FFDA and IFDA to determine surge capacity and cooperative agreements to share resources |
| Body Preparation | <ul style="list-style-type: none"> ☞ Person(s) trained and licensed to perform this task. | <ul style="list-style-type: none"> ☞ Supply of human and material resources. ☞ Supply of human remains pouches. | <ul style="list-style-type: none"> ☞ Consider developing a rotating 6 month inventory of body bags and other supplies, given their shelf life. ☞ Consider training or expanding the role of current staff to include this task. ☞ Provide public education on the funeral service choices/limitations during a pandemic. |
| Cremation | <ul style="list-style-type: none"> ☞ Suitable vehicle of transportation from morgue to crematorium. ☞ Availability of cremation service. ☞ A cremation authorization issued by the Medical Examiner's Office. | <ul style="list-style-type: none"> ☞ Capacity of crematorium and speed of process. ☞ Availability of local Medical Examiner's to issue cremation. | <ul style="list-style-type: none"> ☞ Identify alternate vehicles to be used for mass transport. ☞ Examine capacity of crematoriums within the jurisdiction. ☞ Discuss and plan for appropriate storage options if the crematoriums are backlogged. ☞ Discuss and plan expedited cremation certificate completion processes. |
| Embalming | <ul style="list-style-type: none"> ☞ Suitable vehicle for transportation from morgue. ☞ Trained person to perform. ☞ Embalming equipment and supplies. ☞ Suitable location. | <ul style="list-style-type: none"> ☞ Availability of human and physical resources. ☞ Capacity of facility and speed of process. | <ul style="list-style-type: none"> ☞ Consult with service provided regarding the availability of supplies and potential need to stockpile or develop a rotating 6 month inventory of essential equipment/supplies. ☞ Discuss capacity and potential alternate sources of human resources to perform this task such as retired workers or students in training programs. ☞ Consider "recruiting" workers that would be willing to provide this service in an emergency. |

**Florida Natural Disease Outbreak and the
Pandemic Influenza Fatality Management Response Plan**

Table 1. Mortuary affairs system planning guide.

| Steps | Requirements | Limiting Factors | Possible Solutions & Expediting Steps |
|--|--|--|--|
| Temporary storage | <ul style="list-style-type: none"> ☞ Access to and space in a temporary vault. ☞ Use of refrigerated warehouses, or other cold storage facilities. | <ul style="list-style-type: none"> ☞ Temporary vault capacity and accessibility. | <ul style="list-style-type: none"> ☞ Expand capacity by increasing temporary vault sites. |
| Burial | <ul style="list-style-type: none"> ☞ Grave digger and equipment. ☞ Space at cemetery. | <ul style="list-style-type: none"> ☞ Availability of grave diggers and cemetery space. | <ul style="list-style-type: none"> ☞ Identify sources of supplementary workers. ☞ Identify sources of equipment such as backhoes and coffin lowering machinery. ☞ Identify alternate sites for cemeteries or ways to expand cemeteries. |
| Temporary Interment (if authorized by the Governor) | <ul style="list-style-type: none"> ☞ Person to authorize temporary interment. ☞ Location for temporary interment. ☞ Grave diggers and equipment. | <ul style="list-style-type: none"> ☞ Availability of grave diggers and temporary interment space. ☞ Availability of funeral directors, clergy, and cultural leaders for guidance and community acceptance. ☞ Specific criteria as to when authorization may occur and procedures to follow prior to the interment. ☞ Availability of resources after the event to disinter and to place remains into family plots. | <ul style="list-style-type: none"> ☞ Identify publicly owned locations that will be suitable for temporary interment space, with a potential to become a memorial site. ☞ Consider using the global positioning system for individual remains location. |
| Behavioral Health | <ul style="list-style-type: none"> ☞ Prepare public and responders for mass fatality possibilities prior to pandemic ☞ Assist responders and other PI workers during pandemic and in post pandemic periods | <ul style="list-style-type: none"> ☞ The pandemic will virtually affect the entire nation. A shortage of mental health people will complicate the ability to assist people. ☞ Many people will be doing PI tasks that they are mentally unprepared for and will require assistance. | <ul style="list-style-type: none"> ☞ Train first responders and some Citizen Corps people in crisis intervention techniques to assist PI teams during the pandemic. ☞ Set up clinics to assist the public separate from the PI workers and first responders. |
| Event and Community Recovery | <ul style="list-style-type: none"> ☞ Persons to authorize re-interment. ☞ Grave digger and equipment. ☞ Clergy and cultural leaders. | <ul style="list-style-type: none"> ☞ Availability of funeral directors, clergy, and cultural leaders for guidance. ☞ Existing code requirements for the disinterment of human remains. | <ul style="list-style-type: none"> ☞ Consider that the public may want to erect a monument at the temporary interment site(s) after the pandemic is over. |

6.1 General Planning Assumptions

Table 2: Potential Deaths Impacts on Healthcare and Medical Examiner Systems

| District | 2006 MEC Annual Report Data | | | | | Potential Impact (Planning Assumptions*) | | | | |
|--------------|-----------------------------|-----------------------|----------------------|---------------------------|------------------------------------|--|----------------------------------|--------------------------|--------------------------|--|
| | Population 2006 | Total District Deaths | Total Referred to ME | Cases Accepted Minus CA** | Jurisdiction Reviewed and Declined | Attack Rate at 35% of Population | Hospitalized Rate at 10% of Sick | Death Rate at 5% of Sick | Deaths Unattended at 25% | |
| 1 | 699,533 | 5,990 | 4,345 | 951 | 1,432 | 244,837 | 24,484 | 12,242 | 3,060 | |
| 2 | 404,597 | 2,678 | 1,441 | 426 | 527 | 141,609 | 14,161 | 7,080 | 1,770 | |
| 3 | 160,405 | 1,399 | 755 | 242 | 72 | 56,142 | 5,614 | 2,807 | 702 | |
| 4 | 1,124,324 | 9,653 | 5,304 | 1,256 | 382 | 393,513 | 39,351 | 19,676 | 4,919 | |
| 5 | 968,211 | 12,076 | 9,043 | 1,227 | 701 | 338,874 | 33,887 | 16,944 | 4,236 | |
| 6 | 1,372,457 | 17,315 | 13,733 | 1,706 | 653 | 480,360 | 48,036 | 24,018 | 6,004 | |
| 7 | 503,844 | 6,064 | 4,371 | 685 | 341 | 176,345 | 17,635 | 8,817 | 2,204 | |
| 8 | 368,046 | 3,842 | 2,447 | 596 | 320 | 128,816 | 12,882 | 6,441 | 1,610 | |
| 9 | 1,335,427 | 9,389 | 6,886 | 1,599 | 1,272 | 467,399 | 46,740 | 23,370 | 5,842 | |
| 10 | 688,907 | 6,809 | 4,764 | 815 | 432 | 241,117 | 24,112 | 12,056 | 3,014 | |
| 11 | 2,437,022 | 18,924 | 9,422 | 2,533 | 436 | 852,958 | 85,296 | 42,648 | 10,662 | |
| 12 | 720,875 | 8,357 | 6,883 | 915 | 691 | 252,306 | 25,231 | 12,615 | 3,154 | |
| 13 | 1,164,425 | 9,911 | 7,383 | 1,914 | 688 | 407,549 | 40,755 | 20,377 | 5,094 | |
| 14 | 288,958 | 2,788 | 1,575 | 425 | 1,180 | 101,135 | 10,114 | 5,057 | 1,264 | |
| 15 | 1,287,987 | 13,519 | 8,191 | 1,426 | 915 | 450,795 | 45,080 | 22,540 | 5,635 | |
| 16 | 80,510 | 593 | 620 | 167 | 34 | 28,179 | 2,818 | 1,409 | 352 | |
| 17 | 1,753,162 | 14,681 | 9,477 | 1,899 | 1,171 | 613,607 | 61,361 | 30,680 | 7,670 | |
| 18 | 543,050 | 5,576 | 4,652 | 877 | 629 | 190,068 | 19,007 | 9,503 | 2,376 | |
| 19 | 575,888 | 5,906 | 4,629 | 808 | 473 | 201,561 | 20,156 | 10,078 | 2,520 | |
| 20 | 326,658 | 2,684 | 2,262 | 459 | 253 | 114,330 | 11,433 | 5,717 | 1,429 | |
| 21 | 635,082 | 6,166 | 6,852 | 1,025 | 2,174 | 222,279 | 22,228 | 11,114 | 2,778 | |
| 22 | 160,315 | 2,119 | 1,622 | 178 | 289 | 56,110 | 5,611 | 2,806 | 701 | |
| 23 | 328,782 | 2,496 | 2,015 | 305 | 298 | 115,074 | 11,507 | 5,754 | 1,438 | |
| 24 | 420,667 | 2,325 | 1,673 | 253 | 300 | 147,233 | 14,723 | 7,362 | 1,840 | |
| State | 18,349,132 | 171,260 | 120,345 | 22,687 | 15,663 | 6,422,196 | 642,220 | 321,110 | 80,277 | |

Doubling of Healthcare System Impact
Quadrupling of annual ME caseload.
 4/10/2008

* Assumptions from HHS Pandemic Influenza Tabletop Exercise Package, 2006

** Cremation Approval Only

Florida Natural Disease Outbreak and the
 Pandemic Influenza Fatality Management Response Plan

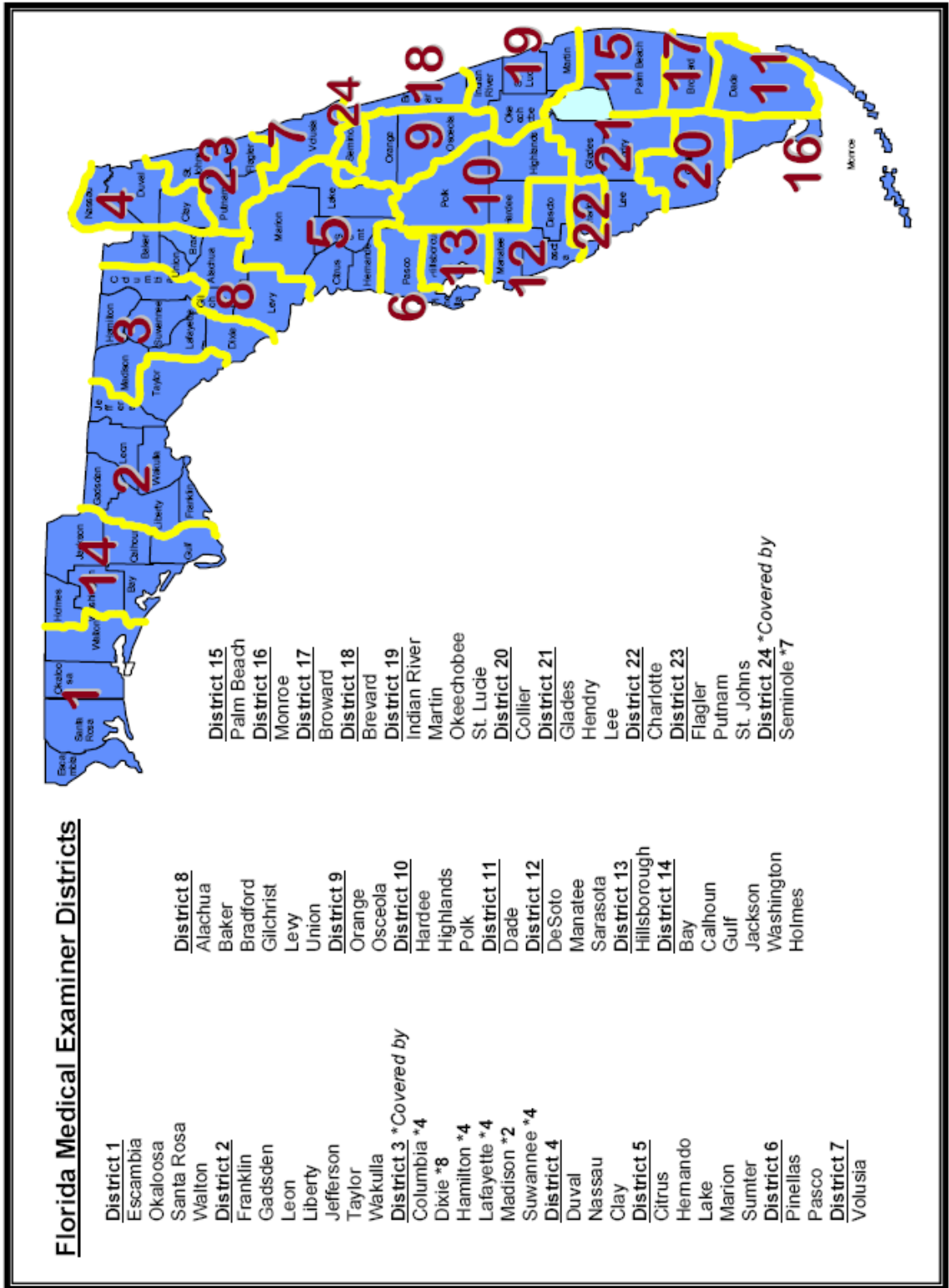


Figure 4: Medical Examiner Districts

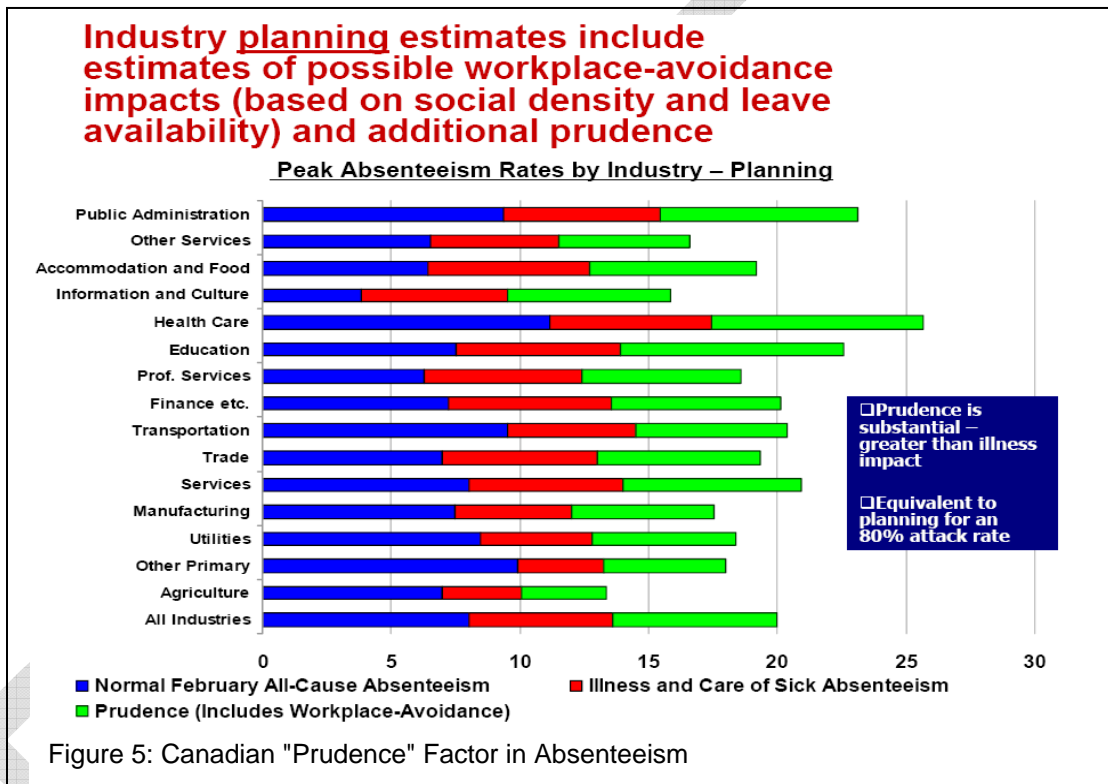
**Florida Natural Disease Outbreak and the
Pandemic Influenza Fatality Management Response Plan**

6.1.1 *Funeral home capacity will be saturated quickly.*

6.1.2 *Communities should plan to be self-sufficient and should not rely on Federal assets.*

- The pandemic will spread quickly and may impact regions throughout the United States virtually simultaneously.
- Traditional sources of surge support, such as mutual aid, state or federal assistance (e.g., Florida Emergency Mortuary Operations Response System (FEMORS), Disaster Mortuary Operation Team (DMORT), Disaster Portable Mortuary Unit (DPMU)) will be severely constrained or unavailable.

6.1.3 *Up to 40% of the workforce may be absent due to illness, death, fear, or caring for those who are ill.*



6.1.4 *In order to reduce influenza transmission, usual funeral/memorial practices may need to be modified.*

- Social distancing factors should be considered (e.g., use of internet-based services, limiting number of attendees)
- Family members living in the same household as the deceased may be in quarantine

6.1.5 *Due to the large number of deaths occurring over a short period of time, customary funeral/memorial practices may need to be adapted.*

- Religious and cultural leaders should work with funeral service personnel to create strategies to manage the surge of deaths such as abbreviated funerals, rapid burial/cremation with memorial services postponed to the interpandemic phase, etc.

Florida Natural Disease Outbreak and the Pandemic Influenza Fatality Management Response Plan

- Communities need to work with key stakeholders to determine which agency(ies)/ department(s) will be responsible for tracking and storing the deceased once this occurs.
 - The District Medical Examiner will assist localities in the identification of the dead after a check by law enforcement fails to produce identification and the name of an attending physician, and they will assume jurisdictional authority over those decedents who did not have a treating physician.
- 6.1.6 *Communities should plan to improvise where possible to compensate for scarce resources.*
- Reduced industrial capacity due to illness and death will result in shortages especially of non-essential products
 - Just-in-time inventory will be inadequate to keep up with demand for services.
- 6.1.7 *There will be a demand for information from friends and family members – especially from those no longer living in the area.*
- A centralized mechanism for keeping track of the deceased (and the hospitalized) should be developed.
 - A communications/ information strategy should be created.

6.2 Establishing Planning Teams

Most public health and healthcare agencies have limited experience dealing with mass fatalities. As mentioned earlier, two pandemic waves may result in 20,000 to 30,000 deaths per week across Florida. This mortality rate will overwhelm the local mortuary affairs system in one or two weeks, especially if localities have not prepared for the event.

In order to develop guidelines or adjust existing plans for a pandemic situation, localities need to identify a lead agency for the pandemic planning and response and ensure that the following groups are involved in local planning:

- County Health Department and Vital Statistics Offices
- District Medical Examiner
- Local Law Enforcement, Fire and EMS, State Attorney's and County Attorney's offices
- Elected officials or community leadership
- Department of Emergency Management
- Representatives of the community's local funeral services, cemetery, and cremation owners
- Department of Finance
- Department of Social Services (Indigent Burial Program)
- Department of Public Works
- Department of Environmental Protection
- Department of Transportation
- Representatives from local health care facilities and medical associations
- Representatives of local religious and ethnic groups
- Owners of potential cold storage facilities which may be utilized for remains and their refrigeration or HVAC specialists

6.3 Prophylaxis and/or Vaccinations

If the medical community is receiving prophylaxis and/or vaccinations, then mortuary affairs strike teams personnel should be included along with other first responders as a priority group since they will be having direct contact not only with bodies and body fluids but, more importantly, with the surviving family members of individuals known to have had the disease who may be infectious. At this level of contact body fluids would be considered bloodborne pathogens and appropriate personal protection equipment must be utilized. Failing to provide prophylaxis to the strike team community workers may result in an unwillingness to respond when needed (as witnessed in the initial AIDS/HIV outbreak in the 1980's and the SARS outbreak in 2004) and for those that do, they may become ill and add to the number of incapacitated or deceased.

6.4 Reviewing Existing Local Plans

Existing local disaster plans may include provisions for mass fatalities but should be reviewed and tested regularly to determine if these plans are appropriate. The plans should acknowledge the waves of illness and the relatively long period of increased demand characteristic of a pandemic. Localities should develop plans for *temporary interment*, especially for the indigent, with the expectation of later exhumation and proper burial when the event subsides. There are currently no national plans to recommend mass burials or mass cremations. This would only be considered under the most extreme circumstances. The use of the term *mass burial* infers that the remains will be interred and never be disinterred and identified. Therefore, the term mass burial should never be used when describing disposition operations, temporary interment is preferred.

6.5 Location of Death, Cause of Death and Certification of Death Considerations

It is anticipated that most fatal influenza cases will seek medical services prior to death. However, whether or not people choose to seek medical services will partly depend on the lethality and the speed at which the pandemic strain kills. Under normal conditions, the majority of deaths occur in the place of residence, including nursing homes and other long-term care facilities. Hospitals, nursing homes and other institutions (including non-traditional sites) must plan for more rapid processing of human remains. These institutions should work with local pandemic planners to ensure that they have access to the additional supplies (e.g., human remains pouches) and can expedite the steps, including the completion of required documents, necessary for efficient human remains management during a pandemic.

Planning should also include a review of death documentation requirements and regulatory requirements that may affect the timely management of bodies. The Florida Department of Health, Division of Vital Records, the District Medical Examiners and the regulatory agencies for medicine and funeral services may need to develop modified procedures during a pandemic event.

Consideration for handling remains other than death due to pandemic influenza must be taken into account. There will still be other diseases, traffic accidents, suicides, homicides and natural cause deaths. During the 1918 influenza pandemic only 25% of the deaths were reported as influenza. This is suspected to be a low percentage as in many cases

Florida Natural Disease Outbreak and the Pandemic Influenza Fatality Management Response Plan

influenza may have brought on the death of a person who was ill due to another disease or injury. There may be an increase in suicides and euthanasia by family members as well as well as elder abuse and child abuse cases during the event.

6.6 Cold Storage Considerations

In order to manage the increase in natural death fatalities, some counties (regions) will find it necessary to establish temporary cold storage facilities. Plans should be based on the population and the locality's capacity of existing facilities compared to the projected demand for each municipality. Local planners should make note of all available facilities including those owned by religious organizations. Access to these resources should be discussed with these groups as part of the planning process during the interpandemic period. In the event that local funeral directors are unable to handle the increased numbers of bodies and funerals, it will be the responsibility of county planning teams and their Emergency Operation Center to make appropriate arrangements. Individual counties or regions should work with local funeral directors to plan for alternative arrangements.

6.7 Decedent Identification Requirements

Identification parameters will have to be established. Under normal circumstances, it is the duty of the law enforcement officer assigned to and investigating the death to immediately establish the identity of the body (§406.145 F.S.) and, by extension, the notification of the death to the next-of-kin. Normally law enforcement and/or hospitals perform this function. In some cases, it will be impossible to utilize the conventional means to identify the dead because of the lack of identification on the body or reliable witnesses, decomposition, or mitigating circumstances. Unidentified victims come under Medical Examiner jurisdiction. Local police departments should attempt to find fingerprint files on the unidentified persons first in the AFIS system (the DME offices do not have access to this data base). Localities will be required to assist in the antemortem data collections including the sharing of missing person reports and the retrieval of medical and dental records during the identification process.

Foreign, undocumented nationals and homeless individuals will require much greater effort. The Medical Examiners office may have to develop a method of separating those that will pose significant identification problems requiring a longer time to identify. These remains may have to be put into temporary storage or be temporarily interred awaiting identification at a later date. The fact that some remains will never be identified must be planned for and information and DNA collected for possible identification at a later date.

Cremation is *not* an option for unidentified bodies as it is for unclaimed (identified) bodies. Unidentified bodies may only be buried in case later identity is established and next-of-kin desires to claim the remains for reburial.

6.8 Private Partners Concerns

Funeral homes, crematories, cemeteries and transporters will be overwhelmed, probably within the first few weeks. Very quickly there may be a shortage of human remains pouches, personnel and vehicles to handle the dead and funeral homes will run out of supplies. For example, there will be a shortage of:

Florida Natural Disease Outbreak and the Pandemic Influenza Fatality Management Response Plan

- Caskets
- Litters
- Transportation vehicles
- Embalming supplies and equipment
- Headstones
- Vaults
- Urns

7.0 Concept Of Operations

7.1 General Death Surveillance for an Emerging Pandemic or Natural Disease Outbreak

To determine if avian influenza, pandemic flu, emerging infection or bioterror agent has arrived in Florida as a disease constituting a threat to public health. (§406.11(a)(11) F.S.), the District Medical Examiner may take jurisdiction in a **limited number** of cases to establish the index case in the following situations:

- A death that meets criteria for an emerging infection and needs to be confirmed by culture of blood and tissues. This includes the first “native” cases of pandemic flu in Florida.
- Illness and death in a poultry worker where illness is suspected as flu to confirm flu has been contracted from poultry.
- Any flu-like illness resulting in the death of a family member/companion of a poultry worker to prove human to human transmission. The worker should also be tested if not done so previously.
- A death of a traveler from elsewhere suspicious for flu or a citizen who has traveled elsewhere and has been at risk (e.g., China)

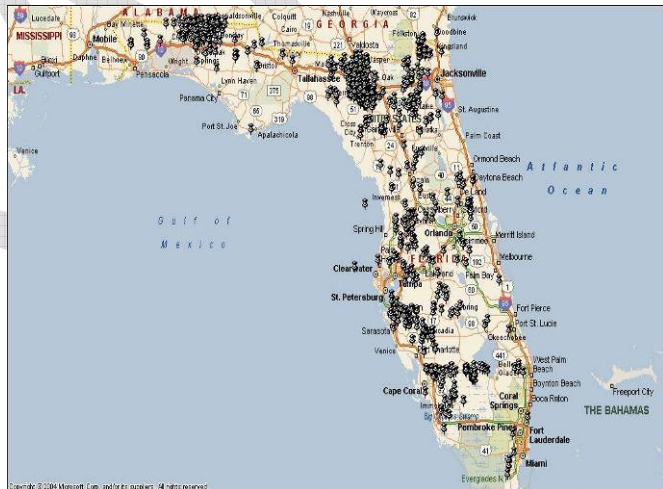


Figure 6: Commercial Poultry in Florida

The Medical Examiner may assume jurisdiction over the deaths described in these specific scenarios. Remains should not be released to the next-of-kin if the death resulted from one of the scenarios listed. The Medical Examiner will release remains to the next-of-kin after investigation and examination.

7.2 The District Medical Examiner’s Role During the Established Natural Disease Outbreak or Pandemic Event

As a pandemic develops and becomes established within Florida, the DME continues to take jurisdiction over the following deaths:

Florida Natural Disease Outbreak and the Pandemic Influenza Fatality Management Response Plan

- Cases of homicide, suicide, or accident.
- Cases in which there is no attending physician, e.g. the decedent had no physician or medical treatment facility which treated them or the decedent's physician is licensed out of state.
- The identity of the decedent is unknown and the normal investigative procedures completed by hospital, social services, or law enforcement agencies have not positively identified the deceased.
- The person dies suddenly when in apparent good health (e.g. does not meet the normal flu case definition).
- Death of an inmate or person in correctional custody.
- Death by disease, injury, or toxic agent resulting from employment

If a biologic agent is introduced as an instrument of terror, as opposed to a disease occurring naturally in the population, the deaths will come under the jurisdiction of the DME as homicides.

7.3 Personal Protective Equipment (PPE) for Responders

Personal protective equipment, including gloves, gowns, laboratory coats, face shields, face masks, eye protection, foot coverings, resuscitation bags and other items must be provided to responders, as appropriate, to prevent exposure to blood or other potentially infectious material (OPIM). These items are to be worn selectively, as needed for the task involved. PPE is considered "appropriate" if it does not permit the passage of blood or OPIM through to a wearer's skin, mucous membranes or street clothes.

7.3.1 Gloves

- Disposable use gloves are to be worn when it is reasonably anticipated that the responder will have hand contact with blood or OPIM. The gloves are to be replaced when worn, torn or contaminated. They are not to be washed or decontaminated for re-use.
- Heavy duty utility gloves may be decontaminated and re-used if not punctured.
- Latex free gloves must be provided as necessary due to allergies.

7.3.2 Masks, eye protection, face shields

- Masks in combination with eye protection devices are to be worn when there is a reasonably anticipated chance of exposure to blood or OPIM through splashes, sprays, spatters or droplets.

7.3.3 Gowns, gloves, aprons and other protective coverings

- Protective coverings are to be worn depending upon the task and the degree of exposure anticipated.

7.3.4 Surgical caps, hoods or boots

- Head and foot covers are to be worn when gross contamination is reasonably anticipated.

7.3.5 Biomedical Waste

- There is to be a designated area in each work setting for the dispensing, storage, cleaning and disposal of PPE. Contaminated PPE that is not immediately decontaminated shall be clearly designated and treated as biohazardous material.

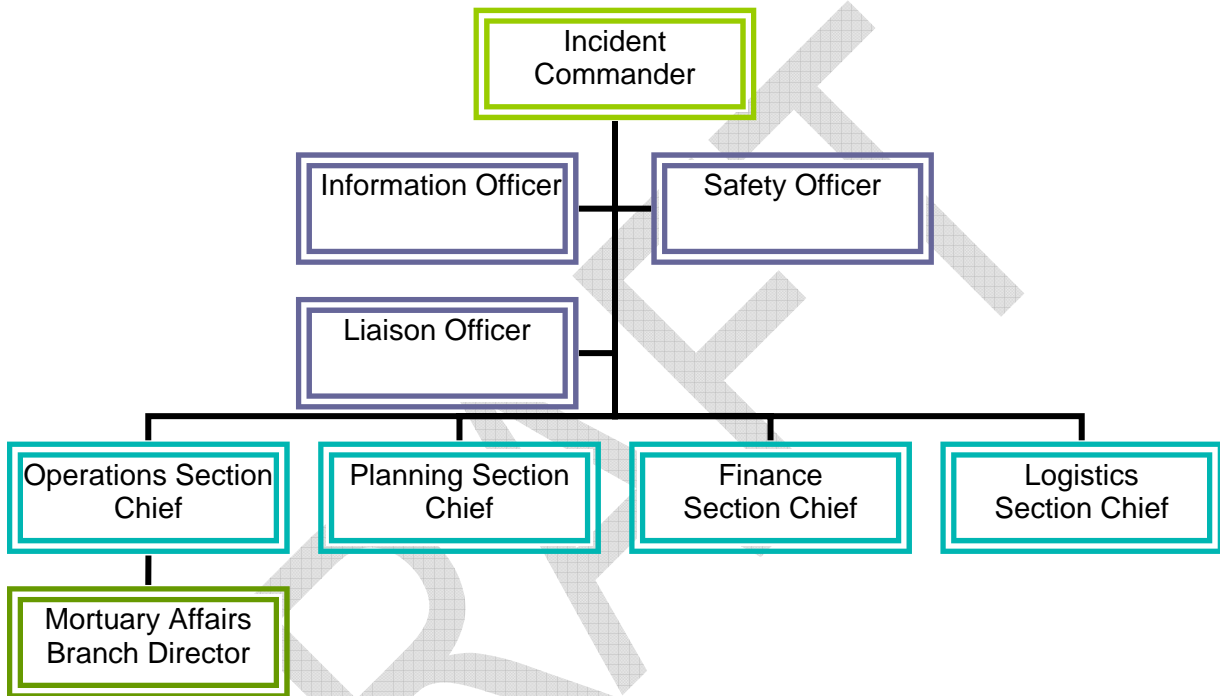
**Florida Natural Disease Outbreak and the
Pandemic Influenza Fatality Management Response Plan**

7.4 Establishing a Mortuary Affairs Branch in the Incident Response Plan

Establishing a Mortuary Affairs Branch into the community's incident command structure for a pandemic event would normally fall under the Operation Section Chief in the Incident Command Structure.

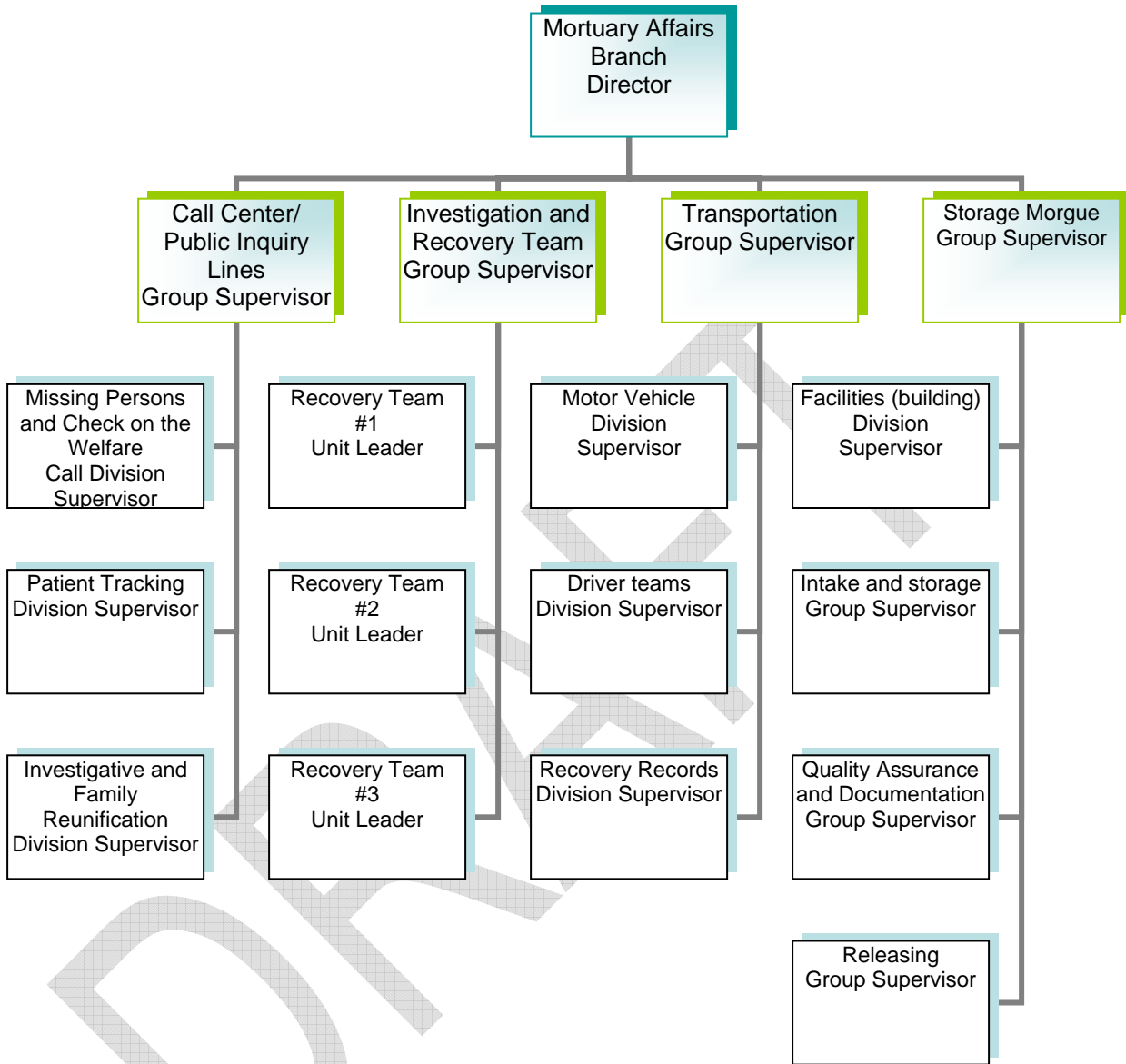
The following organizational charts are suggested for consideration by localities.

Chart 1. Incident Command Structure with Fatality Management Included.



**Florida Natural Disease Outbreak and the
Pandemic Influenza Fatality Management Response Plan**

Chart 2. Suggested Mortuary Affairs Branch Structure in a Natural Disease event within ICS



7.4.1 Duties to be preformed

Localities or regions should identify the functional tasks required for the circumstances and identify the agencies or personnel required to run the sections or branches.

7.4.1.1 Mortuary Affairs Branch Director: Responsible for managing all aspects of the Mortuary Affairs Branch mission from the time of activation through the return to normal operations including all resources (e.g., personnel and equipment). Reports directly to the Operations Section Chief.

A. Description of Duties

1. Manages and ensures proper and timely completion of the overall functions of identification and mortuary services for deceased victims.

**Florida Natural Disease Outbreak and the
Pandemic Influenza Fatality Management Response Plan**

2. Interacts with the Lead Law Enforcement Agency, funeral service providers in the community and Planning Section Chief.
3. Ensures that supplies and support necessary to accomplish mission objectives and activities are identified, coordinated with the Incident Command System and made known to the Emergency Operations Center at both the local and state level.
4. Supervises subordinates.
5. Ensures all Medical Examiner cases encountered are reported to the District Medical Examiner.
6. Ensures the completion of all required reports and maintenance of records.
7. Will coordinate with the PIO for the incident concerning all press releases about the deceased.
8. Participates in the after action review.

7.4.1.2 Call Center/Public Inquiry Lines Group Supervisor: Responsible for the establishment of call-in centers for the reporting of the dead and inquires into the welfare of individuals.

A. Description of Duties

1. Reports to the Mortuary Affairs Branch Manager
2. Receives all reports for missing persons and death related information from citizens, hospitals, and other medical treatment facilities as well as vital records offices.
3. Ensures Investigation and Recovery Teams receive all reported scenes of death information.
4. Ensures the completion of all required reports and maintenance of records especially all missing person reports.
5. Collects all reports of patient admissions and transport for the purposes of clearing the official missing persons list and the reunification of family members.
6. Supports the investigative missing persons and family reunification supervisor with data, personnel and records maintenance.

B. Some recommendations to consider:

1. A separate toll-free telephone line for missing persons and reports of deaths may be utilized to free 911 operators for life safety activities.
2. Police have the knowledge, skills and expertise to manage the missing persons units established.
3. Hospitals and other established in-patient medical treatment facilities should be encouraged to visualize patients' official government identification cards upon admission or treatment, and to report their patients by name and other data to the call center. By centralizing this function, hospitals could be assisted in reuniting families, and notifying the next-of-kin of illness/death.

**Florida Natural Disease Outbreak and the
Pandemic Influenza Fatality Management Response Plan**

4. If available at the local, regional or state level, a tie in to a patient tracking system should be established.

7.4.1.3 Investigation and Recovery Team Group Supervisor: Established for non-hospital/medical treatment facility deaths.

A. Description of Duties

1. Reports to the Mortuary Affairs Branch Manager.
2. Receives all reports for death related information from Call Center.
3. Ensures dispatch of appropriate resources to reported scenes of death.
4. Responsible for conducting scene investigations into the circumstances of death.
5. Responsible for notifying the next-of-kin of death.
6. Responsible for collecting demographic data on the deceased, and reporting that data to the Investigative and family reunification unit.
7. Responsible for notifying and coordinating with primary care physicians for the completion of death certificates.
8. Responsible for reporting all recovered human remains to the Call Center's Investigative and Family Re-unification Unit.
9. Recovers the remains from the death scene and coordinates transportation services to the appropriate location.
10. Responsible for ensuring each human remains pouch and personal effects bag is tagged with a unique identifier for location of recovery, full name (if available) and demographic information.

B. Recommended Staffing:

1. Investigation and Recovery Unit
2. 1 Search Team Leader
3. 2 Evidence Specialists (Photographers and scribes)
4. 4-Assistants to recover remains (one designated as Team Leader)
5. 1-Safety Officer Assistant

C. Physical Considerations Equipment

1. Radios or other communication equipment
2. Heavy work gloves (leather)
3. Latex or Nitrile gloves
4. PPE (level D) including eye protection (should meet ANSI 287.1)
5. Re-hydration supplies, drinking water and light food
6. Heavy boots (with steel toe/shank, water resistant)
7. Clip boards, pens, paper, and appropriate forms
8. Camera kits with film, batteries or battery chargers, memory cards as appropriate
9. GPS Unit
10. Laptop PC with windows and Microsoft Office Suite
11. Tyvek style Suits

**Florida Natural Disease Outbreak and the
Pandemic Influenza Fatality Management Response Plan**

12. Toe tags and permanent markers or triage tags with bar coded serial numbers

D. Areas of Concern:

1. For bodies found out in the open, there are no concerns for government agents entering public domain. However, entering of private homes or businesses may pose legal issues which should be discussed with the legal department.
2. Even during a known and documented Pandemic, deaths must still be investigated by trained individuals to determine if death was caused by natural disease (e.g., no violence, trauma, suspicious circumstances, etc.). This function is normally conducted by police agencies at the local level. Local police investigative staff should be included in the local planning process.
3. For bodies found in homes, businesses and other private property, a search must be done by an authorized agent, normally law enforcement. If the government, or a government authorized agent, enters such a facility, plans should be in place to ensure the property is secured or turned over to a legally authorized agent of the victim. Local locksmiths may be useful for entering and securing private property. It is recommended the locality's attorneys be involved in the planning process for recovery team policies.
4. Each body should have an initial examination to ensure there are no apparent injuries on the deceased. If injuries are found, the police should be notified immediately (if not already present) and the scene should be protected from further disruption or intrusion.
5. Each decedent should have an individual case file (or investigative report as done by police) which is started in the "field" and retained by the government. As part of the case file, field notes should be taken in all circumstances. The notes should allow for any agency to have information to allow for a re-construction of the circumstances and in case the death becomes suspicious or questioned at a later date. At a minimum, the following information should be completed:
 - First, Middle, Last Name & Suffix
 - Sex, Race/Ethnicity, Color of Eyes, (Hair, Height, and Weight if unidentified)
 - Home Address, City, State, Zip Code, & Telephone #
 - Location of Death and Place Found (place of origination of the body before movement to the hospital or other facility)
 - Place of Employment and Employer's Address
 - Date of Birth, Social Security Number (or Driver's license number) & Age
 - Next-of-kin (or Witness) Name, Contact # & Address
 - Name of primary care physician as indicated by family, witnesses, bills or insurance documents.

**Florida Natural Disease Outbreak and the
Pandemic Influenza Fatality Management Response Plan**

- List of existing prescriptions found at the scene and the name of the physician who prescribed them.
 - Witness statements and all their contact information.
 - Names and contact information for investigators, drivers, or other “response” personnel for each case.
 - Complete list of personal effects (with photographic documentation if possible) that accompany remains to a governmental morgue.
6. Hospital and/or medical treatment facility deaths.
- a. Decedents who die in medical treatment facilities will normally have a confirmed identification. However, since families and friends do share insurance company cards with each other, and since unknown individuals may come into a hospital, hospitals should ensure at least a government issued photographic identification confirmation process is in place before release to a funeral service provider.
 - b. Treating physicians in the medical treatment facilities should sign the death certificates for their patients within 72 hours of death when the death certificate is prepared and presented by the funeral director.
 - c. To ensure appropriate death certification occurs at medical treatment facilities, a position could be established for the sole purpose to ensure death certificates are completed and certified.
7. Foreign nationals who die must be reported to the appropriate foreign consulate.
- a. Information required is victim name, passport information, and circumstances of death.
 - b. The list of phone and fax numbers for foreign consulates may be found at http://www.travel.state.gov/law/consular/consular_745.

7.4.1.4 Transportation Group: Responsible for the resources and personnel required for the pick-up and transportation of human remains from places of death to the cold storage facilities or the funeral homes.

A. Description of Duties

- 1. Reports to the Mortuary Affairs Branch Manager
- 2. Acts on the requests from the Investigation and Recovery Team Director and/or hospital morgue facilities.
- 3. Ensures dispatch of appropriate resources to provide respectful removal of human remains.
- 4. Document all human remains, accompanying personal effects and field paperwork.
- 5. Checks and logs each toe tag on all remains collected and items of personal effects.
- 6. Responsible for transport and delivery of remains, personal effects and documentation to the appropriate morgue.
- 7. Closely coordinates with the Logistics Branch to ensure adequate supplies are readily available.

**Florida Natural Disease Outbreak and the
Pandemic Influenza Fatality Management Response Plan**

B. Recommended Staffing

1. Transportation group supervisor
2. Three (3) teams of 3-Transportation Unit Specialists (one designated as Team Leader)
3. Transportation Dispatcher
4. Motor Vehicle Division Supervisor
5. Drivers

C. Physical Equipment

1. Radios or other communication equipment
2. Heavy work gloves (leather)
3. Latex or Nitrile gloves
4. PPE (level D) including eye protection (should meet ANSI 287.1)
5. Re-hydration supplies, drinking water and light food
6. Heavy boots (with steel toe/shank, water resistant)
7. Clip boards, pens, paper, and appropriate forms
8. Human remains pouches of various sizes (infant, child, adult, X-Large)
9. Toe Tags and permanent markers or triage tags with bar coded serial numbers
10. Waterless hand sanitizer
11. Permanent markers
12. Gurneys or litters for body removal
13. Motor vehicles for remains transport (vans, station wagons, etc.)

D. Areas of Concern:

1. If the family of the deceased is available, they can identify which funeral home they wish to hire for their services. If possible, that funeral home or it's sub-contractor will provide transportation services from the place of death to the appropriate morgue facility.
2. If next-of-kin is not available, or if they cannot decide on a funeral home, communities, usually through the police department, have contracts or rotation lists with licensed funeral directors or removal services to transport remains which the locality must move because of criminal or suspicious activities, or next-of-kin is not available. In a pandemic event, there is a greater chance that next-of-kin will be difficult to find and contact because they, too, may have been affected.
3. In a pandemic event, funeral homes and transporters could be overwhelmed and may require augmentation from the local or regional government.
4. If vehicles are to be used for collecting remains certain guidelines should be observed:
 - The vehicle shall have all markings removed if it is a commercial business.
 - The vehicle shall be covered so the people or the press cannot see into the bed of the vehicle.
 - Bodies shall not be stacked in the vehicle under any circumstances.

**Florida Natural Disease Outbreak and the
Pandemic Influenza Fatality Management Response Plan**

- Loading and unloading of the vehicle shall be accomplished discreetly. Tarps or other ways of blocking the view may be used. The top must also be covered to prevent observance from the air.
 - The interior area used to store bodies should have a double plastic lining
 - After use, or if the plastic lining is grossly contaminated and must be changed out, disposal should be in accordance with the Occupational Safety and Health Administration's Bloodborne Pathogens Standard (29 CFR 1910.1030).
 - Shelving should not be wood, or materials into which bodily fluids may be absorbed. Metal or plastic shelving that may be cleaned off is acceptable. A method of securing the body within the shelf should be required.
5. Persons coordinating transportation should set up a schedule with hospitals for remains transfer to the storage morgue. Schedules should be set up and operate on a 24 hour basis. State and Federal Department of Transportation (DOT) Requirements must be satisfied for the transportation of human remains.
 6. Quarantine measures may affect the movement of human remains. For example, can remains move into, through, or out of a quarantined area? If movement is prohibited then temporary storage must be developed inside the area. While quarantine is designed to protect public health, plans must still be made for removing the dead.

7.4.1.5 Storage Morgue Team: Responsible for the set-up and management of the storage morgue for the locality or region. Receives, stores, and releases human remains and their personal effects to the legal next-of-kin (or their funeral home), or legally authorized person(s)/agency for final disposition.

A. Description of Duties

1. Reports to the Mortuary Affairs Branch director
2. Checks the documentation on remains, personal effects and accompanying paperwork to ensure all data is consistent for remains.
3. Maintains a complete log of all remains and personal effects being received, stored and released from the facility.
4. Checks and logs each toe tag on all remains collected and associated personal effects.
5. Receives and files the signed next-of-kin's release of human remains and funeral home contract forms
6. Ensures each body and each bag of personal effects are released with the funeral home or family signature. Maintain a file of all signed release documents.

B. Recommended Staffing

1. Storage Morgue Manager
2. 1- Refrigeration Specialists

**Florida Natural Disease Outbreak and the
Pandemic Influenza Fatality Management Response Plan**

3. 3-Facility Maintenance Team (with one facility manager)
4. 3-Admitting team and documentation specialists
5. 1-Releasing Supervisor
6. 6-Body Escorts

C. Equipment

1. Tables
2. Chairs
3. Laptops with windows and Window's Office Suite Software
4. Telephones
5. Fax machines
6. Paper
7. Gloves
8. Tyvex suits- various sizes
9. Human remains pouches in various sizes in case of damage to existing bags
10. Gurneys, church carts or litters to move remains
11. File cabinets
12. Log books
13. Photocopier
14. Bar code label makers and readers

D. Areas of Concern:

1. If the legal next-of-kin is not going to have the remains cremated, plans to expedite the embalming process (if desired by the next-of-kin) should be developed since, in the case of a pandemic, bodies may have to be stored for an extended period of time and properly embalmed bodies do not require refrigeration. In counties where a timely burial is not possible due to lack of facilities, bodies may need to be stored for the duration of the pandemic wave (6 to 8 weeks).
2. Additional temporary cold storage facilities may be required during a pandemic for the storage of bodies prior to their transfer to funeral homes. Cold storage facilities require temperature and biohazard control, adequate water, lighting, rest facilities for staff, and office areas and should be in communication with patient tracking sites and the emergency operations center. A cold storage facility must be maintained at 34 – 37° F. However, bodies will begin to decompose in a few days when stored at this temperature.
3. It is advisable for communities work together in a regional manner. This is especially true when identifying and acquiring refrigeration resources, as there will be high demand and few resources. Each region (or county) should make pre-arrangements for:
 - Cold storage facilities based on local availability and requirements. The resource needs (e.g. human remains pouches) and supply management personnel for cold storage facilities must also be factored in.

**Florida Natural Disease Outbreak and the
Pandemic Influenza Fatality Management Response Plan**

- Types of temporary cold storage to be considered may include refrigerated trucks, cold storage lockers, refrigerated warehouses or tents.
 - Refrigerated trucks can generally hold 21 bodies without additional shelving. To increase storage capacity, temporary wooden shelves can be constructed of sufficient strength to hold the bodies. Shelves should be constructed in such a way that allows for safe movement and removal of bodies (i.e., storage of bodies above waist height is not recommended but may be required (ensure enough staffing is available to avoid injuries). These shelves will be contaminated with biological material and will require special decontamination and disinfection after the event.
 - Bodies can be transported and stored (refrigerated) in impermeable bags (double-bagging is preferable), after wiping visible soiling on outer bag surfaces with 0.5% hypochlorite solution. Storage areas should be negatively pressured with 9-12 air exchanges/hour.
4. To reduce any liability for business losses, using trucks with markings of a supermarket chain or other companies should be avoided, as the use of such trucks for the storage of bodies may result in negative implications for business. If trucks with markings are used, the markings should be painted or securely covered over to avoid negative publicity for the business.
 - Using local businesses for the storage of human remains is not recommended and should only be considered as a last resort. The post-pandemic implications of storing human remains at these sites can be very serious, and may result in negative impacts on business with ensuing liabilities.
 5. There should be adequate site security so that no media, families, friends or other onlookers are permitted free access on the temporary morgue site. Families should make arrangements with their funeral homes to conduct viewings of the remains at the home or medical facility of death, prior to removal, at the grave site or at the crematory. (If responders can take a facial photograph for viewing, when appropriate, and keep the photo in the case files, the photo could be utilized to meet families' needs of viewing or viewing for identification purposes.)
 6. Local emergency management agencies, funeral directors, and the state and local health departments should work together to determine in advance the local capacity (bodies per day) of existing crematoriums and soil and water table characteristics that might affect temporary interment.
 - For planning purposes, a thorough cremation produces approximately 3-6 pounds of ash and fragments and takes 2-3 hours to complete.
 - It takes about 3 hours to do the first one of the day, after that processing can go quicker (about 2 hours) or less. By the end of the day (12 hr period) the oven is so hot it will ignite the box before it can be placed in the oven (very dangerous). Each oven maxes out at about

Florida Natural Disease Outbreak and the Pandemic Influenza Fatality Management Response Plan

5 per 24 hour day giving the oven time to cool down to prevent knocking the oven off line for repairs.

- Even at the highest rate, the bricks need to be replaced every so often as routine maintenance so there will be some off line time.
- Florida has 98 licensed cinerator facilities. Under optimal conditions 5 bodies per day can be processed in each for a total of 490 across the state per day.
- If Florida is expecting 150,000 deaths to be cremated (approximately 50%) it would take 306 days to complete the process with no breakdowns.

8.0 Death Registration

In Florida, death registration is a process governed by the Department of Health's Vital Statistics set of laws, regulations, and administrative practices to register a death. Moreover, there is a legal distinction between the practices of pronouncing and certifying a death.

1. The typical process involves:
 - preparation of the death certificate by the funeral director leaving the cause of death section blank,
 - completion of the cause of death section by the attending physician within 72 hours of death, and
 - filing of the death certificate by the funeral director with the office of Vital Statistics in the county of death.
2. Funeral directors generally have standing administrative policies that prohibit them from collecting a body from the community or an institution until there is permission by the next-of-kin.
 - Many counties use a rotation system among willing funeral service providers to transport and hold bodies when Medical Examiner jurisdiction does not exist and next-of-kin cannot be located (often during evening and night hours).
3. In the event of a pandemic with many bodies, it seems likely that funeral directors could develop a more flexible practice if directed to do so by a central authority such as the Board of County Commissioners or other entity designated by Gubernatorial Executive Order. These special arrangements must be planned in advance of the pandemic and should include consideration of the regional differences in resources, geography, and population.
4. The Board of Medicine should support this effort by educating their members of the responsibility to complete the death certificate for their patients.

9.0 Supply Management

Counties should recommend to funeral directors that they not order excessive amounts of supplies such as embalming fluids, human remains pouches, etc., but that they have enough on hand in a rotating inventory to handle the first wave of the pandemic (that is enough for six months of normal operation). Fluids can be stored for years, but human

Florida Natural Disease Outbreak and the Pandemic Influenza Fatality Management Response Plan

remains pouches and other supplies may have a limited shelf life. Cremations generally require fewer supplies since embalming is not required.

Families having multiple deaths are unlikely to be able to afford multiple higher-end products or arrangements. Funeral homes could quickly exhaust lower-cost items (e.g. inexpensive caskets) and should be prepared to provide alternatives.

10.0 Social/Religious Considerations

Most religious and ethnic groups have very specific directives about how bodies are managed after death, and such needs must be considered as a part of pandemic planning. Christian sects, Indian Nations, Jews, Hindus, and Muslims, all have specific directives for the treatment of bodies and for funerals. The wishes of the family will provide guidance; however, if no family is available local religious or ethnic communities can be contacted for information. Counties should contact the religious and cultural leaders in the pandemic planning stages and develop plans. Counties should document what is culturally and religiously expectable, what can be compromised and what practices are strictly forbidden.

As a result of these special requirements, some religious groups maintain facilities such as small morgues, crematoria, and other facilities, which are generally operated by volunteers. Religious groups should be contacted to ensure these facilities and volunteers are prepared to deal with pandemic issues. Religious leaders should also be involved in planning for funeral management, bereavement counseling, and communications, particularly in ethnic communities with large numbers of people who do not speak English or Spanish.

11.0 Role of Funeral Directors Associations

It is recommended that all funeral directors contact their Health Departments to become involved in their disaster and pandemic planning activities with respect to the management of mass fatalities at the local level. Funeral directors should consider it a part of their professional standards to make contingency plans if they were incapacitated or overwhelmed.

Funeral service providers may develop local cooperative agreements to share personnel and facilities in anticipation of reduced staffing due to absenteeism.

The National Funeral Directors Association recommends that members begin thinking about state and local responses to the possible outbreak of an avian flu pandemic.

Specifically, members are urged to:

- Protect themselves. Ensure that staff are up to date with vaccinations against influenza, hepatitis, pneumonia and other infectious diseases.
- Consider how to prepare for as many as two to three times the normal number of deaths over a six-month period. Are there adequate supplies on hand or can they be readily available if needed?

**Florida Natural Disease Outbreak and the
Pandemic Influenza Fatality Management Response Plan**

- Make contact with local Medical Examiners to discuss the possibility of a pandemic and how they, locally, will respond.

12.0 Organizational Roles And Responsibilities

The following table identifies roles and responsibilities of different agencies within the pre-pandemic, pandemic and post-pandemic period. The list is not all inclusive and is subject to change, based on the future planning considerations.

Table 3. Roles and responsibilities of agencies involved with pandemic mass fatality planning and execution.

| Agency | Pre-pandemic Interpandemic and Pandemic Alert period | Pandemic Period | Post-Pandemic Period |
|---|--|---|---|
| Florida Department of Emergency Management and Local EOC | <ul style="list-style-type: none"> Identify needs to ensure that the plan is finalized and logistical systems are in place for implementation as needed. | <ul style="list-style-type: none"> Ensure mass fatality issues are communicated to affected stakeholders through the Emergency Operations Center (EOC). Maintain contact with the county Emergency Operations Centers and DME Ongoing communication with the general public through media and other appropriate channels to inform them regarding the above public health measures. Establish if Funeral Directors Association representation is required at the state Emergency Operations Center. | <ul style="list-style-type: none"> Conduct evaluation of the response as it relates to handling mass fatalities. Utilize findings to identify areas of improvement. |
| Florida Department of Health | <ul style="list-style-type: none"> Establish a relationship with relevant agencies, including the DME, Funeral Directors Association, and law enforcement. Develop a Planning Guide for Funeral Homes to assist in their planning on how to reduce and deal with the impact of the high number of fatalities on the sector. Maintain liaison with relevant agencies and provide technical advice as to how to deal with | <ul style="list-style-type: none"> Ongoing communication with relevant agencies in order to address issues as they come up. Ongoing monitoring of necessity of measures to protect public health (e.g. restricting attendance at funerals). Ongoing communication with the general public through media and other appropriate channels to inform them regarding the above public health measures. Establish Call Center | <ul style="list-style-type: none"> Conduct evaluation of response as it relates to dealing with mass fatalities. Utilize findings to identify areas of improvement. |

**Florida Natural Disease Outbreak and the
Pandemic Influenza Fatality Management Response Plan**

Table 3. Roles and responsibilities of agencies involved with pandemic mass fatality planning and execution.

| Agency | Pre-pandemic Interpandemic and Pandemic Alert period | Pandemic Period | Post-Pandemic Period |
|---|--|--|---|
| | <p>the effects of a mass fatality event due to the pandemic.</p> <ul style="list-style-type: none"> ☞ Modify death certificate filing locations and time requirements throughout the state during the Pandemic Phase | <p>for missing person reporting or "check on welfare" for mortuary strike teams to investigate.</p> <ul style="list-style-type: none"> ☞ Ensure provision of psychosocial support to the families of the deceased. ☞ Provide care for ownerless pets and livestock through animal shelters, or other animal protection groups. ☞ Open FDOH hot line to provide information and/or referrals. ☞ Information related to fatalities may be posted on FDOH's web site. | |
| <p>County Office of Vital Statistics</p> | | <ul style="list-style-type: none"> ☞ Report number of influenza and pneumonia deaths as a proportion of the total number of deaths by week <ul style="list-style-type: none"> • This system would be activated during Pandemic Phase 6 when cases are in the United States | |
| <p>Law Enforcement Agencies</p> | <ul style="list-style-type: none"> ☞ As one of the lead agencies for dealing with mass fatalities, law enforcement at all levels should be involved in developing a pandemic mass fatality response plan as part of the State Influenza Pandemic Response Plan. ☞ Ensure systems are in place to implement the pandemic mass fatality response plan as needed. | <ul style="list-style-type: none"> ☞ Establish representation at the State Emergency Operations Center. ☞ Implement the Pandemic Fatality Management response plan as outlined. ☞ Assist with security at temporary morgue site | <ul style="list-style-type: none"> ☞ Conduct evaluation of the response as it relates to handling mass fatalities. ☞ Utilize findings to identify areas of improvement. |
| <p>District Medical Examiner</p> | <ul style="list-style-type: none"> ☞ Participate and provide expert advice to the development of the mass fatality plan and recommendations for dealing with the impact of mass fatalities due to | <ul style="list-style-type: none"> ☞ Ensure communication with State EOC and county EOC related to mass fatality issues. ☞ Based on the needs assessment, provide consultative advice on | <ul style="list-style-type: none"> ☞ Provide input to the response evaluation and help identify "best practices" for future implementation. |

**Florida Natural Disease Outbreak and the
Pandemic Influenza Fatality Management Response Plan**

Table 3. Roles and responsibilities of agencies involved with pandemic mass fatality planning and execution.

| Agency | Pre-pandemic Interpandemic and Pandemic Alert period | Pandemic Period | Post-Pandemic Period |
|--|---|---|--|
| | <p>a pandemic in the state and county.</p> <ul style="list-style-type: none"> ☞ Ensure systems are in place to implement the pandemic mass fatality response plan when needed. | <p>identification of morgue site and/or temporary short-term storage facility.</p> <ul style="list-style-type: none"> ☞ Provide advice on notification of the next-of-kin, if required. ☞ Provide advice on temporary interment locations and procedures if needed. | |
| Hospitals/Healthcare Facilities | <ul style="list-style-type: none"> ☞ As part of pandemic influenza planning, develop specific plans for dealing with high mortality rates in hospitals due to pandemic. | <ul style="list-style-type: none"> ☞ Based on need, enlarge morgue capacity or adapt alternate space to accommodate a higher than normal mortality rate. ☞ Notify local Health Department and FDOH of all deaths with influenza as the cause or contributing cause. | <ul style="list-style-type: none"> ☞ Provide input to the response evaluation and help identify “best practices” for future implementation. |
| Funeral Homes and Crematoriums | <ul style="list-style-type: none"> ☞ Develop preparedness plans to address issues such as supplies, equipment, vehicles and personnel shortages. ☞ A six months inventory of supplies in stock should be developed and maintained. ☞ Implement preparedness plans. | <ul style="list-style-type: none"> ☞ Raise issues of concern with FDOH or through the Board of Funeral Directors and/or Board of Medicine, the DME or FDEM ☞ Maintain a six months inventory of supplies in stock. | <ul style="list-style-type: none"> ☞ Provide input to the response evaluation and help identify “best practices” for future implementation. |

13.0 Post-Pandemic Recovery

After a pandemic wave is over, it can be expected that many people will remain affected in one way or another. Many may have lost friends or relatives, will suffer from fatigue and psychological problems, or may have incurred severe financial losses due to interruption of business.

The post-pandemic period begins when competent authority declares that the influenza pandemic is over. The primary focus of work at this time is to restore normal services, deactivate pandemic mass fatality response activities, review their impact, and use the lessons learned to guide future planning activities.

- Move remains from the temporary interment location (if utilized) to final resting place in cemeteries.

**Florida Natural Disease Outbreak and the
Pandemic Influenza Fatality Management Response Plan**

- Religious ceremonies conducted during reinterment and at the closing of the temporary interment locations.
- Closing, cleanup, and restoration of temporary interment locations.
- Determine when mortuaries and funeral homes can resume normal operations
- Provide grief counseling to response staff and public as needed
- Redeploy human and other resources as needed
- Finalization of unclaimed personal effects
- Process record keeping for financial purposes.
- Deactivate emergency plans
- Evaluate and revise the mass fatality plans as required

In addition to the above responsibilities, an overall assessment of the mortuary affairs system, including the burden from human death, and financial costs of the pandemic ought to be undertaken. This will be coordinated at the state and most likely at the national levels.

**Florida Natural Disease Outbreak and the
Pandemic Influenza Fatality Management Response Plan**

14.0 References

1. Armed Forces Medical Examiner System, Department of Defense Directive, 6010.16, March 8-1988 and Army Regulation 40-57, AFR 160-99, 2 January 1991.
2. Wisner B. Adams J, editors. *Environmental health in emergencies and disasters: a practical guide*. Geneva: World Health Organization; 2002; p.198.
3. Doctrine for Logistics Support in Joint Operations, Joint Publication 4-0, 27 January 1995.
4. Guidelines for Protecting Mortuary Affairs Personnel from Potentially Infectious Materials, U.S. Army CHPPM TG 195, October 2001.
5. Handling of Deceased Personnel in Theaters of Operation, FM 10-63/AFM 143-3/Navy Medical Manual p5016/navmc 2509-a, 26 February 1986.
6. HHS Pandemic Influenza Plan, U.S. Department of Health and Human Services November 2005. *The Next Influenza Pandemic: Lessons from Hong Kong, 1997*.
7. Identification of Deceased Personnel, HQ Department of the Army, Field Manual 10-286, 30 June 1976.
8. Joint Tactics, Techniques, and Procedures for Mortuary Affairs in Joint Operations, Joint Publication 4-06, 28 August 1996.
9. Kurt B. Nolte, M.D, et al, Medical Examiners, Coroners, and Biologic Terrorism, A Guidebook for Surveillance and Case Management, Weekly Morbidity and Mortality report, Centers for disease Control and Prevention, 53(RR08); 1-27June 11, 2004.
10. Mass Fatality Plan, National Association of Medical Examiners (NAME).
11. Military Assistance to Civil Authorities (MACA), DOD Directive 3025.15, February 18, 1997.
12. Military Personnel Casualty Matters, Policies, and Procedures, Department of Defense Instruction Number 1300.18, December 18, 2000.
13. NFDA Participates in Federal Mass Fatality Work Group, Recommendations Offered to NFDA Members, National Funeral directors Association For Immediate Release: NFDA # 44-05, December 14, 2005.
14. René Snacken, et al. *The Next Influenza Pandemic: Lessons from Hong Kong, 1997* , Scientific Institute of Public Health Louis Pasteur, Brussels, Belgium 2004.

**Florida Natural Disease Outbreak and the
Pandemic Influenza Fatality Management Response Plan**

15. State of Florida, Department of Health Influenza Pandemic Annex to the Emergency Operations Plan (Version 9.1, February 2, 2006).
16. WHO Global Influenza Preparedness Plan The Role of WHO and Recommendations for National Measures Before and During Pandemics, Department of Communicable Disease Surveillance and Response Global Influenza Programme, The World Health Organization 2005.
17. "So Much to Do, So Little Time", James Young, M.D., O.Ont., Special Advisor to the Deputy Minister, Public Safety and Emergency Preparedness Canada, presentation to Florida Medical Examiners Educational Conference, August 11th, 2006.

14.1 State Pandemic Plans Used as References:

- Arizona
- California
- Colorado
- Kansas
- North Carolina
- Maine
- Oregon
- Rhode Island
- Virginia
- Washington
- Wisconsin

14.2 International Pandemic Plans Used as References:

- Australia
- Canada
- European Union
- Toronto City
- New Zealand

ACRONYMS

ANSI-American National Standards Institute

CERT-Community Emergency Response Team

CFR- Code of Federal Regulations

DME- District Medical Examiner Medical Examiner

DMORT- Disaster Mortuary Operations Response Team

DOT- Department of Transportation

DPMU- Disaster Portable Mortuary Unit

EMS- Emergency Medical Services

EOC- Virginia Emergency Operations Center

ESF- Emergency Support Function

Florida's ESF System:

| Function | Link to Comprehensive Emergency Management Plan (CEMP) |
|--|---|
| ESF 1 - Transportation | http://www.floridadisaster.org/documents/CEMP/Appendices/ESF%201.pdf |
| ESF 2 - Communications | http://www.floridadisaster.org/documents/CEMP/Appendices/ESF%202.pdf |
| ESF 3 - Public Works and Engineering | http://www.floridadisaster.org/documents/CEMP/Appendices/ESF%203.pdf |
| ESF 4 - Firefighting | http://www.floridadisaster.org/documents/CEMP/Appendices/ESF%204.pdf |
| ESF 5 - Info and Planning | http://www.floridadisaster.org/documents/CEMP/Appendices/ESF%205.pdf |
| ESF 6 - Mass Care | http://www.floridadisaster.org/documents/CEMP/Appendices/ESF%206.pdf |
| ESF 7 - Resources | http://www.floridadisaster.org/documents/CEMP/Appendices/ESF%207.pdf |
| ESF 8 - Health and Medical | http://www.floridadisaster.org/documents/CEMP/Appendices/ESF%208.pdf |
| ESF 9 - Search and Rescue | http://www.floridadisaster.org/documents/CEMP/Appendices/ESF%209.pdf |
| ESF 10 - HazMat | http://www.floridadisaster.org/documents/CEMP/Appendices/ESF%2010.pdf |
| ESF 11 - Food and Water | http://www.floridadisaster.org/documents/CEMP/Appendices/ESF%2011.pdf |
| ESF 12 - Energy | http://www.floridadisaster.org/documents/CEMP/Appendices/ESF%2012.pdf |
| ESF 13 - Military Support | http://www.floridadisaster.org/documents/CEMP/Appendices/ESF%2013.pdf |

**Florida Natural Disease Outbreak and the
Pandemic Influenza Fatality Management Response Plan**

| Function | Link to Comprehensive Emergency Management Plan (CEMP) |
|--|---|
| ESF 14 - Public Information | http://www.floridadisaster.org/documents/CEMP/Appendices/ESF%2014.pdf |
| ESF 15 - Volunteers and Donations | http://www.floridadisaster.org/documents/CEMP/Appendices/ESF%2015.pdf |
| ESF 16 - Law Enforcement and Security | http://www.floridadisaster.org/documents/CEMP/Appendices/ESF%2016.pdf |
| ESF 17 - Animal Protection and Agriculture | http://www.floridadisaster.org/documents/CEMP/Appendices/ESF%2017.pdf |

FDEM- Florida Department of Emergency Management

FDOH- Florida Department of Health

FEMORS- Florida Emergency Mortuary Operations Response System

GPS- Global Positional System

HIPAA- Health Insurance Portability and Accountability Act

HVAC- Heating, Ventilation, and Air Conditioning System

ICS- Incident Command System

NIMS- National Incident Management System

NIOSH- National Institute of Occupational Safety and Health

NRF- National Response Framework (formerly: NRP-National Response Plan)

PI- Pandemic Influenza

PIO- Public Information Office

PPE- Personal Protective Equipment

WHO- World Health Organization

Comments suggestions and corrections may be submitted to the Medical Examiners Commission via:

Larry R. Bedore, Commander, FEMORS
Director of Investigations
District 8 Medical Examiner Office
606 SW 3rd Ave
Gainesville, FL 32601

(www.FEMORS.org)
Cellular 727-560-3276
Office 352-733-0340
Fax 352-371-3291
Bedore@pathology.ufl.edu