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| Organization’s Logo | **Mass Fatality Incident Management Plan****Effective Date: XXXXXX** **Business Confidential** |
| **Appendix Number:**  | **Issuing Department:****CLINICAL LABORATORY SERVICESEmergency Preparedness**  | **Supersedes:****New** |
| **Submitted by:****SONJA KNUDSEN**  | **Approved By:****Betty Pakzad, MD**  | **Date:****04/2010** |
| **Reviewed by: Date:** **|**  **|**  **|**  |  **|**  **|**  **|**  **|**  |

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**I. PURPOSE:**

A mass fatality incident is any situation in which there are more fatalities – from single or multiple incidents – that can be handled in a timely and professional manner using available local resources.

Mass fatalities may occur as the result of a variety of events, including natural disasters or disease outbreaks, or large accidental or intentional incidents. The purpose of the Mass Fatality Management Plan is to have all the appropriate information in one location. This plan would be used in response to a mass-casualty event, pandemic outbreak, terrorist attack or large natural disaster.

The goal of these guidelines is to enhance the ability of the *(ENTER FACILITY NAME)*  staff to respond to and manage a surge in the number of decedents as a result of any emergency or disaster.

Plan functions include:

* Key Contacts
* Activation Triggers
* Morgue capacity and surge plans
* Decedent Identification, tracking and death certificates
* Family Support/custody of personal property
* Safety and Security

**Aim:**

We will work to respond to a mass fatality event while preserving victim and family dignity.

**Planning Assumptions:**

* (ENTER FACILITY NAME) will work collaboratively with the local, county, and/or state Mass Fatality plan.
* Victims could be from an incident involving a natural disaster, industrial accident, mass transit accident, pandemic or infectious disease, or a terrorist attack. We must be prepared for any type of scenario.
* Secure decedents and their belongings.
* Expect delays in the natural order and process of handling decedents.
* The event may be acute or long-term and spread over an small or very large geographical area.
* Operational resources may be compromised (i.e. staff, equipment, PPE).

**II. KEY CONTACTS:**

Internal

Chief of Laboratory Medicine & Pathology -

Pathologist on call – extension

Administrative Director Laboratory Services –

Medical Director of Clinical Laboratories –

Emergency Preparedness –

Clinical Laboratory Charge Technologist - extension XXXX

Security Department – extension

Hospital Incident Commander (see the event Organizational Chart, HICS Form 207)

Other -

External:

**Regional Medical Examiner Office**

**State Duty Officer**

**III. ACTIVATION TRIGGERS:**

A Mass Fatality Incident (MFI) results in a surge of deaths above which is normally managed by this facility.

* Activate plan when maximum capacity of morgue is exceeded
* Staff authorized to activate plan:
	+ (ENTER FACILITY NAME) Incident Commander
	+ Emergency Management Program Manager
	+ Any position listed under ‘Key Contacts, Internal’ (see above).

**IV. HUMAN REMAINS MANAGEMENT:**

A) Immediate Action:

Clinical Support Services Unit Leader will:

* Speak to staff regarding nature of deaths and morgue capacity
* Assign Morgue Unit Leader (on-duty or on-call pathologist)
* Contact Public Information Office (PIO) in Incident Command for all internal and external communications. This includes staff and any media related communications (radio, television, written).
* Notify Security, extension

Morgue Unit Leader will:

* Read entire Morgue Unit Leader Job Action Sheet
* Assign additional Morgue Unit members (i.e. Morgue Assistant) as needed.
* Direct management of human remains and decedent tracking.
* Contact local Medical Examiners office for additional information and any legal protocols to be considered.
* Collaborate with Safety and Security to ensure body storage area is secured.
* Collaborate with Pastoral Care to assist as needed in family notification.

B) (ENTER FACILITY NAME) Morgue:

Location :

 Morgue Capacity

* Normal capacity:
* Maximum capacity:

C) Equipment and Supplies:

Examples:

 Body Bags

Toe Tags

*Any additional anticipated equipment and supplies should be requested from the Hospital Command Center (Logistics Chief)*

1. Patient Belongings:
	* Follow chain of custody procedures if requested
	* Catalogue, bag, and label decedents belongings

**V. MORGUE SURGE PLAN**:

Alternate off-site space management

**A) Off-site Storage**

1. Private Mortuary:

Memoranda of understanding (MOUs) on file in Pathology Laboratory.

* Mortuary name:
* Mortuary authorized representative name and phone number:
* Capacity and manner of storage
	+ As needed, at the mortuary
* Response time:
* Park Vehicles/Unit(s):

2. Refrigeration Container Company:

* Refrigeration company name:
* Authorized representative name and phone number:
* Capacity and manner of storage:
* Response time:
* Park refrigeration unit(s) at:

3. State of Minnesota Mobile Morgue Unit (DPMU).

* Contact Liaison Officer in Incident Command, he/she will contact the State Duty Officer to request the mobile morgue unit.
* State Duty Officers phone is 651.649.5451, 24 hours a day.

**B) Decedent Identification and Tracking**

Identification

Current identification procedures will be used to identify the deceased. If current practice cannot be followed, decedent identification will occur by:

* ID found on body (name will be written on Toe Tag) with visual confirmation
* Three (3) will be completed for each body (toe, body bag, belongings bag)
* Sequential numbering (numbers written on toe tags, 1001, 1002, 1003, etc.)
* Hennepin County Medical Examiner’s Body Identification Guidelines. These guidelines list several methods for body identification if visual ID cannot be made due to injury:

1. Fingerprints
2. X-rays
3. Dental x-rays or records
4. DNA
5. Distinctive physical characteristics
6. Serial numbers on permanently installed medical devices
7. Driver’s License or ID card
8. Visual ID
9. Photograph of deceased provided by family

Tracking

* Complete the *Mass Fatality Incident Patient Tracking Log*
* Tracking Log will correlate with toe tag information/patient belonging tags

**C) Special notes:**

* Stacking of bodies is not allowed. It demonstrates a lack of respect for the decedents and can distort the body which can impede visual identification.
* Floor storage is acceptable with plastic floor sheeting, a body bag and appropriate identification. Floor storage could make moving bodies more difficult.

**VI. FAMILY SUPPORT**

Contact Behavioral Health Branch Director for family support needs. The Family Assistance Center will be located on-site or at a site designated by the city or county agency that has jurisdiction of the event.

The Behavioral Health Team will act upon recommendations from the Hospital Command Center and will coordinate matching family with deceased individuals.

* Refer to HICS Family Assistance Center Tracking Log
* Refer to HICS Family Assistance Center Sticker

**VII. INFECTION CONTROL POLICY**

* Adhere to Universal Infection Control practices.
* Refer to *Infection Control Guideline – Isolation Precautions* policy (number IC7), including addendums A-H, for proper Personal Protective Equipment (PPE).
* For Radiological events, refer to laboratory policy ‘Radioactively Contaminated Patients’ SA:18 01 or the CDC ‘Guidelines for Handling Decedents Contaminated with Radioactive Materials’ – located in the HICS manual or on the internet at:

or

<http://www.bt.cdc.gov/radiation/pdf/radiation-decedent-guidelines.pdf>

**VIII. INCIDENT FORMS**

**HICS Forms**

* HICS 207 –Organization Chart
* HICS 214 – Operational Log
* Job Action Sheets (see list below)
* HICS 259 – Hospital Casualty/Fatality Report (completed by unit or ED)

**Patient Records**

* Mass Fatality Incident Tracking Log (located in morgue)
* Toe tags
* EPIC if in the electronic medical record system

**Job Action Sheet Index**

* Clinical Services Support Unit Leader
* Laboratory Unit Leader
* Morgue Unit Leader

**IX. PLAN DEMOBILIZATION**

As the situation begins to return to normal operations, the MFI Management plan will be demobilized the in phases. See illustration below.

1st to demobilize Morgue Assistant

 Morgue Unit Leader

 Clinical Support Services Unit Leader

 Medical Branch Director

 Operations Chief

Last to demobilize Incident Commander

**X. STAFF TRAINING**

New

All new Clinical and Pathology Laboratory staff, in lead positions and above, will read this policy during their orientation process (see department’s new hire orientation checklist).

Existing

Existing Clinical and Pathology Laboratory staff in lead positions, including Pathologists and key contacts listed on page 3 of this document, will review this policy and their role in a mass fatality incident on an annual basis.

**XI. PLAN REVIEW**

The Mass Fatality Incident Management Plan will be brought forward a Laboratory Manager for annual review to by the Emergency Preparedness Committee. This document will be added to the Laboratory’s “document control” system to ensure timely review.

This plan will also be reviewed as part of the After Action Report process for any real or unplanned event.

**Laboratory Leadership Staff**

|  |  |
| --- | --- |
| Chief of Laboratory Medicine & Pathology |  |
| Medical Director of Clinical Laboratories |  |
| Medical Director of Anatomic Pathology |  |
| AdministrativeDirector of Laboratories |  |

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| --- | --- |
| **Division** | **Medical Staff/Pathologist** |
| Autopsy Pathology |  |
| Chemistry/Toxicology |  |
| Cytogenetics |  |
| Cytology |  |
| Electron Microscopy |  |
| Flow Cytometry |  |
| Hematologic Pathology |  |
| Informatics |  |
| Microbiology |  |
| Molecular Diagnostics |  |
| Neuromuscular Pathology |  |
| Point-of-Care Testing |  |
| Renal Pathology |  |
| Surgical Pathology |  |
| Transfusion Medicine |  |