DEPARTMENT: Environment of Care **PROCEDURE: EOC-260**

SUBJECT: Fatality Management

PURPOSE: The purpose of the procedure is to enhance the ability of hospital personnel and their healthcare partners to manage a surge in the number of decedents from a mass fatality incident. The procedure provides the guidance, concepts, organization, and information needed to help ensure coordinated and expeditious support to the hospital and its colleagues.

RESPONSIBILITY:

- All Frances Mahon Deaconess Hospital (FMDH) staff

SITUATION:

1. A number of occurrences could result in multiple fatalities that could overwhelm the hospital's resources. The FMDH Fatality Management Procedure is applicable to deaths that occur on the hospital premises.
2. Montana law places authority for the collection, identification, storage, and release of remains clearly in the purview of the local jurisdiction Coroner *(MCA 7-4-2911 & 46-4-122)*.

ASSUMPTIONS:

1. A mass fatality incident results in a surge of deaths that overwhelms the usual routine capability of the hospital.
2. State, Military, or Federal assistance in fatality management may not be available for at least 96 hours in widespread incidents such as earthquakes or a pandemic.

PROCEDURE ACTIVATION TRIGGERS AND PROCEDURES:

1. It is possible that hospital personnel would experience a mass fatality incident from a number of emergent situations, both occurring naturally or as a result of human or mechanical causality and epidemic.
2. The Incident Commander, in consultation with the Incident Command Staff, makes the decision to activate the procedure.
3. When this procedure is activated, all or parts of the procedure may be implemented.
4. Implementation of other sections of the hospital's emergency operations procedure may also be required in conjunction with this procedure.

MASS FATALITY INCIDENT MANAGEMENT (CONCEPT OF OPERATIONS)

1. Incident Command staff will determine the scope of the incident, to include what happened, where it happened, how many possible fatalities are involved, the potential hazards (contamination, epidemiology, etc.), and what other agencies are or could become involved.
2. Once the Incident Commander has determined that activation of the Fatality Management procedure is necessary, the Incident Commander and Operation Section Chief will determine the activation directive. Specific details of the process will be determined based on the situation.
3. The tracking of decedents will be handled in the same manner as tracking patients during a mass casualty incident.
4. Morgue
    a. The Coroner is responsible for the storage of human remains and will make the appropriate arrangements.
    b. No human remains will be removed from the main hospital building until the Coroner, or his delegate, is on site.

5. Decedent Management
    a. Hospital staff will not be responsible for transporting decedents from the hospital to the temporary morgue.
    b. Removal of any human remains, the decedent, and/or belongings from the main hospital building will be done at the directive of the Coroner. The evidence chain of possession form will be signed at the time of removal, documenting disposition and accepting person.
    c. Body bags will be provided by the Coroner's Office.
    d. Personal Protective Equipment (PPE) (minimum standard precautions) will be worn by all personnel working with or transporting human remains. The level of PPE necessary will be determined by Incident Command, in collaboration with Public Health.
    e. Medical devices in place at the time of death (IVs, endotracheal tubes, urinary catheters, etc.) will be left in place until their removal is directed by the Coroner.
    f. The hospital patient ID wristband will be left in place and will serve as a source of decedent identification.
    g. Information regarding the decedent's identification will be provided to the Coroner's Office as allowed by regulatory agencies.
    h. The decedent's personal property will be placed in personal belongings bags, sealed, labeled with the appropriate identification information, and stored with the body. Personal property will be handled as evidence and an evidence chain of possession form will be utilized.
6. Equipment & Supplies
    a. Personal Protective Equipment (minimum standard precautions)
    b. FMDH patient ID wristbands
    c. Personal belongings bags, tape, evidence chain of possession forms, sheets, body bags.
    d. Mutual aid agreement(s)-MHMAS
    e. Additional resources may be requested/obtained through local emergency operations center(s).
7. FMDH Infection control policies will be adhered to.
8. Security
    a. The hospital will make every attempt to preserve the security of decedents as well as their personal property.
9. Attention to the welfare needs of family & friends
    a. Family assistance center(s) will be established as defined in the Emergency Operations Plan (EOP)
    b. Human remains will be considered evidence, and viewing/identification by family will be managed by the Coroner.
    c. Utilizing the resources available locally, psycho-social support will be provided for family and friends as defined in the EOP.
10. The Public Information Officer will work collaboratively with the county Emergency Operations Center (EOC) and public health to release information about the incident and the deceased.

PREPAREDNESS:

1. Specific training relevant to fatality management will be conducted from time to time during the All Staff Meetings. Training on this Fatality Management Procedure will be coordinated with training on other Emergency Response plans per training schedules established by the Environment of Care Committee.
2. This Fatality Management Procedure will be exercised from time to time during planned emergency management exercises as determined necessary by the Environment of Care Committee.

REVIEW PROCESS: This procedure should be reviewed and revised every three years unless significant changes warrant earlier revision.