

Annex 7: Lewis County Mass Fatalities Plan

Revised July 2013

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Table of Contents

- Record of Change 1
- I. Preface 3
 - A. Contributors: 3
 - B. The Planning Process: 3
- II. General Considerations and Planning Guidelines 3
 - A. Introduction 3
 - B. Purpose 3
 - C. Scope 4
 - D. Situation 4
 - E. Assumptions 4
 - F. Policy and Authorities 5
 - G. Concept of Operations 5
 - H. Plan Maintenance and Updating 6
- III. Response 6
 - A. SINGLE INCIDENT 6
 - B. Pandemic or Prolonged Incident 8
 - 1. Introduction 8
 - 2. Purpose 8
 - 3. Scope 8
 - 4. Situation 8
 - 5. Assumptions – Pandemic or Prolonged Incident 8
 - 6. Response – Concept of Operations 10
 - 7. Notification, Recognition and Activation 10
- Appendix A: Key Legal Authorities 13
- Appendix B: Lewis County General Hospital Disaster/Emergency Operations Plan 15

Appendix C: ICS Contacts 18

Appendix D: Facility Information.....20

Appendix E: Funeral Homes Serving Lewis County21

Appendix F: Memorandums of Understanding22

Attachment L: Notification of Mass Fatality Form23

Attachment M: Medical Examiner’s Office Transportation Log25

Plan Revised By:



Record of Change

| Date of Change | Updates | Responsible Party |
|----------------|---|-------------------------------|
| 08/27/2009 | Approval | LC Pan Flu Committee |
| 08/27/2009 | Consolidation of single incident and prolonged incident plans | LC Coroner/LC EMS Coordinator |
| 3/3/2010 | SEMO Recommendations | No change |
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I. Preface

A. Contributors:

This plan was developed in conjunction with the Lewis County Local Emergency Planning Committee (LEPC) and Lewis County Pandemic and Disaster Preparedness Coordinating Committee and will become an annex to the Lewis County Emergency Management Plan.

B. The Planning Process:

Pre-planning is critical for Emergency Responders to effectively respond to a Mass Fatalities Incident. This plan represents the efforts of the Lewis County Local Emergency Planning Committee, the Lewis County Department of Health Pandemic and Disaster Preparedness Coordinating Committee and the Lewis County Office of Emergency Management. This plan has been developed to provide guidance to the response to a Mass Fatality incident.

II. General Considerations and Planning Guidelines

A. Introduction

Lewis County is a quiet, rural-agricultural region within the portion of New York known as the North Country. The county is located within three major geographic regions: the Tug Hill Plateau, the Black River Valley, and the Adirondack Foothills. The county contains 26 separate municipalities of 17 towns and nine villages, spread across approximately 1,272 square miles of land dominated by woodlands and farmlands. Approximately 17,296 acres (27 square miles) of the 107,265-acre United States Army Fort Drum military installation are located in the extreme northern portions of Lewis County.

A majority of the county's sparse population is located along the Black River Valley. This was the primary transportation corridor along the Black River Canal system, connecting the river and the communities along it with the Erie Canal. In addition to commerce and transport, the Black River also provided opportunities for hydropower in certain locations, and the fertile floodplain offered prime agricultural lands. These historic and environmental factors have made the Black River Valley the most densely populated area of Lewis County, averaging 66 persons per square mile, which is triple the county average of 22 persons per square mile. With a population of just over 27,000, available resources, both public and private to respond to incidents causing mass fatalities are limited and may be delayed due to travel distances.

B. Purpose

This plan provides direction and guidance to Emergency Responders, supporting and assisting agencies in Lewis County for an organized inter-agency response to mass fatalities incident. In addition, it provides direction and guidance for those emergency responders and other service providers in Lewis County responding to a prolonged mass fatalities event impacting the residents of Lewis County.

C. Scope

There are many types of events which may cause a mass fatalities incident. This plan was developed within the framework of available resources and the need to coordinate the variety of organizations both public and private which would be needed to respond and manage mass fatalities. This plan provides the framework of response and coordination by those organizations identified in response to a single incident and for those circumstances requiring prolonged response. During a mass fatality event, county government, healthcare facilities and other partners will maintain their statutory authority, and be responsible for over-arching policies and authorities outlined in the county CEMP, and in this annex.

D. Situation

With a population of just over 27,000, resources both public and private to respond to incidents causing mass fatalities are limited and may be delayed due to travel distances. Pre-planning for response is critical for Emergency Responders, local government and partners to effectively respond to a Mass Fatalities Incident. Considering the resource and response limitations of our county, we have determined that a no notice single incident with six (6) or more fatalities will be an event that would exceed everyday capability. We also recognize the affect that responding to a prolonged and extended mass fatalities event impacting the residents of Lewis County (e.g. illness, pandemic) will have on our system. To address these two specific scenarios, we have undertaken planning to focus on a single incident and prolonged duration incident.

The first is a single incident which creates mass fatalities such as a transportation incident. The plan for response to this type incident is described in the "Single Incident" section. The second scenario is circumstances in which the number of fatalities continues grow, such as those from a communicable disease. This plan is described in the "Pandemic or Prolonged Incident" section.

E. Assumptions

The development of this plan included the following considerations and assumptions:

1. A mass fatality incident results when there is a surge of deaths above that which can be normally handled by the existing county system.
2. A variety of hazards resulting in mass fatalities may occur with little or no advanced warning.
3. Mass fatality events may be caused by a natural disease process occurring under unsuspecting circumstances, or may be human-caused and/or of a suspicious nature, creating a larger role for law enforcement.
4. The county's systems will continue to experience a "normal" case load, as well as the case load from the mass fatality incident.
5. Lewis County has limited resources, public and private, which could be called upon to support mass fatality management and may become quickly overwhelmed.
6. Fatality management is primarily a local responsibility. As such, State and Federal assistance is supplemental to local efforts.

7. Depending on the nature/complexity of the event, State and Federal mortuary assistance may be unavailable.
8. In some events, fatality management may include the removal of remains in harmful environments, including floods, hurricanes, and incidents involving CBRNE materials. In such cases, removal may need to be delayed to avoid placing emergency workers at unnecessary levels of risk.
9. In cases of CBRNE incidents, the nature of the event may put individuals that are called upon to support or implement mass fatality management activities at an increased level of risk. In addition, because of the nature of the materials, the processing of remains may be more complicated, possibly warranting different interment sites, handling procedures, and additional decontamination/storage safeguards.
10. Professionals managing the deceased will continue business as usual for as long as possible. In some mass fatality events, organizations typically responsible for processing human remains, such as funeral directors and cemeterians, may not have the capacity to process the deceased in a typical fashion, and may run out of capacity, temporarily or for the duration of the event.
11. The county will need to produce up-to-date information for official reporting purposes.
12. The death registration process will need to be streamlined to assure that paperwork does not limit surge capacity.
13. There will be a demand for information from the public.

F. Policy and Authorities

In Lewis County, the District Attorney serves as the Coroner with Deputies or Assistants at his/her designation and appointment. The Coroner's office will be the lead agent in directing the recovery, removal, and preservations of human remains in a mass fatality incident (County Law Article 17A). The Coroner is responsible for establishing the cause and manner of death of the deceased for appropriate record keeping and the issuance of death certificates

All personnel are reminded to respect the deceased and consideration for the families is imperative.

G. Concept of Operations

Mass Fatality in Lewis County is defined as the "number of deaths that exceed the ability of the local Coroner's office and morgue to manage without additional resources." It is estimated that 6 or more deaths would maximize our local resources.

Unified Command is to be utilized for any type of incident.

Lewis County's plan is divided into two sections:

- **Section A** is for a "Single" Incident where county and outside resources should be ready and available such as in response to a bus accident or plane crash.
- **Section B** is for a "prolonged" (extended duration) incident such as a Pandemic where county and outside resources may be limited and sparse at best and disposition of human remains may be difficult.

H. Plan Maintenance and Updating

This plan would be reviewed annually as part of the annual Lewis County Emergency Management Plan review.

III. Response

A. SINGLE INCIDENT

1. NOTIFICATION, RECOGNITION AND ACTIVATION

Identification, recognition and activation of the Lewis County Mass Fatality Annex will be initiated by the Lewis County 911 dispatch upon receiving information and situational awareness from the initial response agencies having reached the incident site.

2. RESPONSIBILITIES BY RESPONDER TYPE

***NOTE: A unified command structure must be utilized!**

(See Attachment C: LC ICS Contacts)

a) Law Enforcement

- i) Initial response and scene preservation
- ii) Provide Security as needed: Scene, morgue, and Family Assistance Center
- iii) Provide investigation and reconstruction as necessary
- iv) Assist the coroner's office as requested with the recovery efforts

b) EMS/Fire Departments

- i) Those injured always take priority over the deceased as consistent with the SMART Triage system that is utilized by EMS responders in Lewis County
- ii) No body removals will be made until authorized by the Coroner or his/her designee
- iii) Fire Police will assist law enforcement as necessary and requested
- iv) Fire Suppression will be conducted as needed
- v) Search and Rescue will be conducted as needed
- vi) Extrication will be conducted as needed
- vii) Assist the coroner's office as requested with the recovery efforts as resources are available.

c) Coroner's Office

- i) The Coroner will provide oversight and coordination for three major areas:

3. Scene Management and Recovery

- a) Establish Scene perimeter and coordinate with law enforcement to establish a credentialing system to limit access to authorized individuals into the scene.
- b) Coordinate with Decon, Hazmat, and Public Health officials as necessary for any requirements of decontamination or threat to Public Health and Safety.
- c) Obtain an accurate number of the deceased.
- d) Document scene to include location of body and or body parts, numbering, gridding, photography, and videography.

- e) Secure personal effects not located on bodies
- f) Excavation and removal of the dead.
- g) Transportation of the deceased.

4. Morgue Operations

- a) Determination of a Morgue Site
- b) Secure Refrigerated Trucks for body storage
- c) Provide Victim Identification
- d) Conduct Post mortem examinations
- e) Determine Cause of death
- f) Issue Death Certificate
- g) Release of Human Remains

5. Family Assistance Center

- a) The Family assistance Center should be activated quickly in an area such as a hotel, school, or church that can be secured for respect and privacy of the families.
- b) Coordinate for the protection of family from the media and curiosity seekers.
- c) Allows access to families to obtain information to assist in identification.
- d) Conduct regular briefings.
- e) Coordinate available Counselors from Lewis County Mental Health and the American Red Cross.

6. County Emergency Manager and County Manager/Legislative Chair

- a) County Government will need to provide emergency funding for the Finance Section of the Emergency Operations Center.
- b) The magnitude of a mass fatality incident will vary but is most likely to exceed the resources of the Lewis County Coroner's office to handle multiple deaths at one time. County management must be notified for federal, state, and/or neighboring county resources in conjunction with the Emergency Manger.
- c) Specific resources may include but are not limited to:
 - i) State Office of Emergency Management (SOEM)
 - ii) New York State Department of Health (DOH)
 - iii) Local, State, and Federal Search & Rescue Teams (USAR)
 - iv) National Transportation Safety Board (NTSB)
 - v) Disaster Mortuary Operational Response Team (DMORT)

DMORT is a federally funded team of forensic and mortuary personnel experienced in disaster victim identification. DMORT provides a Mobil morgue, victim identification, tracking software, and other personnel to assist and augment local resources. It is part of the National Disaster Medical System (NDMS) and falls under the division of Health and Human Services. DMORT has to be requested by local Emergency Management to the State Office of Emergency Management and supports the Coroner's office. The NDMS DMORT Plan is available through the Coroner's Office.

B. Pandemic or Prolonged Incident

1. Introduction

This portion of the Lewis County Mass Fatalities Plan provides direction and guidance for those emergency responders and other service providers in Lewis County responding to a prolonged mass fatalities event impacting the residents of Lewis County.

The duties and responsibilities of the response agencies, as outlined in the Lewis County Mass Fatalities, Single Incident Plan, are generally the same as for an influenza pandemic. The duties and responsibilities of Lewis County Public Health are included with this section (Pandemic Influenza) of the Lewis County Mass Fatalities Plan.

2. Purpose

The Lewis County Mass Fatalities Plan recognizes that in a worse case pandemic influenza scenario similar to the 1918 Pandemic, the county will see a high number of fatalities that will overwhelm the current mortuary system.

3. Scope

The scope of a pandemic is unique in the spectrum of disasters. A single incident event (hurricane, tornado, airplane crash, etc.) is specific in terms of time and duration and geographic area or region. In these instances, the availability, quantity and variety of emergency response resources, from unaffected areas, exists.

4. Situation

All human remains, as well as family members and friends of those that die during a pandemic, must be treated with dignity and respect, and to the greatest extent possible, granted final disposition wishes.

5. Assumptions – Pandemic or Prolonged Incident

1. Outbreaks can be expected to occur simultaneously throughout much of the U.S., preventing sharing of human and material resources that usually occurs in response to other disasters. Lewis County may need to prepare to rely on our own resources to respond. The effects of pandemic influenza on individual communities will be relatively prolonged (weeks to months) in comparison to disasters of a shorter duration.
2. Because of widespread susceptibility to a pandemic influenza strain, the number of persons affected will be high.
3. Healthcare workers and other first responders will be at higher risk of exposure and illness than the general population, further straining the health care and response system.
4. Effective preventive and therapeutic measures, including vaccine and antiviral agents, are likely to be delayed and in short supply.
5. Widespread illness in the community could result in sudden and potentially significant shortages of personnel in other sectors that provide critical public safety services.
6. Deaths will be occurring at multiple locations, e.g. at hospitals, other treatment facilities and at home. Processes and procedures will be significantly different from a single site mass fatality event.

7. To reduce influenza transmission and respond to the large number of deaths occurring over a short period of time, county and/or State authorities will likely mandate social distancing and usual funeral/memorial practices will likely need to be modified.
8. Pandemic influenza presents the real probability that the area affected would likely be measured in the number of countries impacted, worldwide. In fact, the size of the pandemic would be unknown, as would an accurate count of the sick and dead. In such a situation all available resources would be depleted with little chance of re-supply. Reliance on “outside” manpower, and critical supplies would not be a reasonable strategy for community survival and eventual recovery.
9. At the peak of a moderately severe pandemic influenza outbreak, with a 35% attack rate and 6 to 8 week duration, Lewis County would have over 8000 resident’s ill and at least 145 needing hospitalization.
10. Considering a 2 – 10% death rate would result in over 20 people dying per week. Lewis County normally averages 5 deaths per week.
11. Human remains that are refrigerated can be kept for one month.
12. Funeral home directors in Lewis County will consolidate and coordinate resources under a single unified mortuary command structure at a single facility known as the “Holding Morgue”.
13. Disposition of the large number of human remains would present local officials with a variety of problems.
14. Funeral firms would be overwhelmed and traditional burial services of human remains would need to be modified.
15. Planning for the mass burial of human remains is imperative.
16. The need for trained and capable volunteers in the recovery of human remains, the staffing of morgue operations, family assistance centers, call centers, and security needs would far exceed the human resources available.
17. Funeral Home Directors serving Lewis County have signed a MOU and agree to the components of this plan to the best of their capacity.
18. Vaccine will likely not be available for 6 – 8 months after the pandemic begins.
19. In response to the declaration of a Public Health emergency, traditional funeral services for all deaths may be suspended to minimize public gatherings and increased transmission of the virus.
20. The most current vaccination and post exposure treatment recommendations (CDC, ACIP, NYSDOH) will be followed. Mortuary staff and family will be added to the vaccine and/or post exposure treatment prioritization list as vaccine and post exposure treatment becomes available.
21. Upon suspension of normal funeral services, all human remains, influenza related or not, will be handled by the Lewis County Coroner.
22. A Family Assistance Center (FAC) will be established. The FAC will be the responsibility of Lewis County Mental Health Services.(see FAC Plan, Attachment I)
23. The organizing structure will be the Incident Command System (ICS).
24. Lewis County General Hospital (LCGH) has limited morgue space (2) and is primarily focused on healthcare. (See Attachment B: Lewis County General Hospital, Disaster/Emergency Operations Plan: Part 2, Annex “D”: LCGH Mass Fatality Procedures)

25. There are between 5 and 8 funeral directors providing funeral services to Lewis County residents.
26. Under normal operating conditions, maximum burial processing capacity is 25 per week.

6. Response – Concept of Operations

This part of the Lewis County Mass Fatalities Plan addresses the disposition of the overwhelming number of human remains that would be anticipated as a result of a projected influenza pandemic impacting the population of Lewis County for an extended period of time.

7. Notification, Recognition and Activation

1. Plan Activation/Thresholds

- a) Consideration of activating this plan will begin with the first confirmed case of a pandemic influenza in New York State or a surrounding state.
- b) The Director of Lewis County Public Health, is responsible for activating the Pandemic or Prolonged Incident (Section B) portion of the Mass Fatalities Plan and will consult with the Chairman of the Lewis County Board of Legislators, the Lewis County Manager, the Director of the Lewis County Office of Emergency Management, the Lewis County Attorney, Lewis County General Hospital Representative, New York State Department of Health Representatives, and other emergency response partners to formally declare a local public health emergency.
- c) Following the declaration of a local, state or national, state of emergency and when non-pharmaceutical interventions (NPI) are activated, (i.e. no mass gatherings, canceling of church services, etc.) public funerals will be discontinued, in an effort to further minimize contact and the potential for spreading the disease. All deaths occurring in Lewis County, regardless of cause, will subsequently be processed through the Lewis County Coroner's Office.

2. Removal/Recovery

- a) **Human Remains Removal and Transport:** Lewis County residents will use the Call Center to report a death. The County will provide the necessary vehicles and Removal Team to pick up human remains and transport them to the Holding Morgue. The Removal Team will begin the identification and tracking process of the human remains at collection. Volunteer ambulances and EMS will not be dispatched to collect human remains.
- b) **Special Consideration for Infectious Disease:** The current NYSDOH recommendation is the use of universal/standard precautions.
- c) **Human Remains Processing:** All human remains will be processed at the Holding Morgue: identification verified, personal effects inventoried and stored, and next of kin notified if necessary.

3. Morgue Processing of Remains

- a) With traditional funeral services suspended, all funeral homes in Lewis County will only be embalming. Lewis County will stockpile embalming fluid as necessary and feasible.
- b) Upon direction by the Lewis County Coroner, all human remains will be brought to the Iseneker Funeral Home for identification, embalming and temporary storage. The Lewis County Coroner's Office will be responsible for tracking human remains. The Iseneker Funeral Home will be designated the "Holding Morgue" in Lewis County. Refrigerated trucks will serve as temporary morgue facilities (See attached MOUs).
- c) Dependent upon the number of human remains, other Lewis County funeral homes will receive bodies for embalming following processing at the Holding Morgue.

4. Death Registration
 - a) **Records Management:** The Lewis County Coroner is responsible for maintaining all human remains tracking records and death certificates.
5. Reporting
 - a) The Lewis County Coroner is responsible for filing death certificates and reporting all deaths to the New York State Department of Health.
 - b) The Incident Commander (IC) shall appoint a Public Information Officer (PIO) and establishment of the **Joint Information Center (JIC)**. (See Attachment C)
6. Temporary Interment
 - a) **Mass Burial:** If the number of human remains completely overwhelms the mortuary capacity, the Director of Public Health, in consultation with the County Coroner, and the other members of the Unified Command, may order the immediate burial of all human remains regardless of final disposition.
 - b) The burials will be at the Lewis County Cemetery located on Outer Stowe St. The cemetery is to be prepared so that the identification and location of each set of human remains will be recorded to accommodate the future exhumation of each individual set of human remains should the next of kin choose to rebury, with a funeral, when allowed.
 - c) The Director of Public Health will determine when all human remains and personal property can be released.
 - d) If the Unified Command determines from a current situation assessment, that the burial of the stored human remains is necessary, such burial will take place at the Lewis County Cemetery located on Outer Stowe St. All stored human remains will be temporarily buried without a funeral. Each set of human remains will be identified consistent with the identification procedure described in Attachment B. All remains will be interred in the Lewis County Cemetery. The cemetery gridding, plot and human remains identification and interment will be designed to accommodate future, individual, exhumation.
 - e) Memorandums of Understanding (MOUs) will be agreed upon and signed by the funeral homes and Lewis County (See attached MOUs).
7. Family Assistance and Religious & Cultural Considerations
 - a) **Communication with the Public:** The residents of Lewis County, their friends and relatives, will utilize a Call Center, with a dedicated telephone number, for information. This is the responsibility of the Lewis County Information Technology Department to establish, activate and maintain.
 - b) **Media:** All media representatives will communicate with and receive information from the Public Information Officer (PIO) at the EOC. To insure the distribution of current, accurate and timely information, the input of all participating agencies, and uniformity of message, the JIC will establish and direct all contact with the media.

8. Post Event Recovery

- a) **Deactivation:** To be determined by the Unified Command. The PIO will inform the media and the public by employing a variety of methods that ensures the most effective and complete notification of deactivation and pertinent associated information.
- b) **Employee Health and Wellness:** Mental health services will be made available to all Lewis County employees and incident volunteers. Lewis County Mental Health (LCMH) and the Lewis County Critical Incident Stress Management Team (CISM) are under the direction of the Logistics Officer.
- c) **Family Costs:** Family Assistance Plan: Families of the deceased will be responsible for costs incurred with mortuary services, guidance and assistance will be available through the Family Assistance Center.
- d) **Operational Costs:** It is important that the County track all costs incurred for providing mortuary services including staff time, transportation costs, equipment and supply use, telephone, copies, personal protective equipment, food, etc. Tracked costs incurred can be submitted through the EOC for consideration of reimbursement under a Federal Declaration of Emergency.

9. Resources/Appendices/Attachments

- a) Key Legal Authorities: Appendix A
- b) LCGH MF PLAN: Appendix B
- c) ICS Contacts: Appendix C
- d) Facility Information: Appendix D:
- e) List of Funeral Homes /Firms serving Lewis County: Appendix E
- f) Memorandum of Understanding: Appendix F
- g) Family Assistance Plan: (In Progress {3/1/2010}) Appendix G
- h) Notification of Mass Fatality Form: Attachment L
- i) Medical Examiners Office Transport Log: Attachment M
- j) Refrigerated trucks: Available through agreement with Ryder Transportation Services, Liverpool, NY. Contact the Director of LCOEM or Director of LCEMS.

Appendix A: Key Legal Authorities

| <i>Declaring an Emergency</i> | |
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| <p><i>Declaring a State Disaster Emergency-Governor</i> NYS Executive Law 2-B Para. 20, 28,29</p> | <p><i>Permits the Governor to declare an affected area a disaster emergency. After such a declaration, the Governor has the authority to suspend state and local laws, request federal assistance, direct state agencies to provide assistance.</i></p> |
| <p><i>Declaring a County State of Emergency</i> NYS Executive Law 2-B Para. 24-26</p> | <p><i>Gives the Chairperson of the Lewis County Board of Legislators the authority to proclaim a state of emergency within the County.</i></p> |
| <i>Public Health Response Measures and Closing</i> | |
| <p><i>Determining Nuisances to Security and Health</i> <i>Public Health Law 1301</i></p> | <p><i>Permits the prohibition of any behavior that is deemed by the State Commissioner of Health as a nuisance to security or health.</i></p> |
| <p><i>Enforcement Authorities</i> <i>Public Health Law 206, 201</i></p> | <p><i>Determines that the State Health Commissioner shall enforce all laws, rules and regulations that serve in the best interest of the public health.</i></p> |
| <p><i>Reporting Incidents of Disease</i> <i>Public Health Law 2104 Para. 1</i></p> | <p><i>Mandates all municipalities to report any cases of communicable diseases within their jurisdiction to the County Director of Public Health.</i></p> |
| <p><i>Involuntary Detentions and Mandated Examinations</i> <i>NYS Public Health Law 2100 (1)</i></p> | <p><i>Allows the Director of Lewis County Public Health to initiate involuntary detention for isolation and quarantine of individuals or groups if necessary. The Director may also carry out steps needed to verify the diagnosis reported by a health provider, and require any person suspected of having a reportable disease or condition to submit to examinations to determine the presence of the disease.</i></p> |

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| <p><i>Closing Schools and Day Care Facilities</i> NYS Public Health Law 13</p> | <p><i>Permits the Director of Lewis County Public Health to close schools and day care centers, order cessation of certain activities, and exclude persons who are infected with the disease from the aforementioned venues. Prior to taking action, the Director shall consult with the NYS Health Commissioner, Chair of the LC Board of Legislators, school superintendents and day care administrators.</i></p> |
| <p><i>Law Enforcement</i></p> <p><i>Street Closing and Redirection of Traffic</i> NYS Vehicle and Traffic Law Para. 1602,1683</p> | <p><i>Permits closure of streets or parts of streets to vehicular traffic and re-direction of traffic during special emergencies.</i></p> |

Appendix B: Lewis County General Hospital Disaster/Emergency Operations Plan

Lewis County General Hospital, Disaster/Emergency Operations Plan:

Part 2, Annex “D”: LCGH Mass Fatalities Procedures

1. **PURPOSE:** This annex provides operational guidance for the LCGH Incident Commander (IC) and Emergency Preparedness Committee (EPC) in the event that the hospital is involved in an Emergency-Disaster response involving the death of extremely high numbers of hospital patients.
2. **SCOPE:** This annex is applicable to all main campus and off-campus units and divisions tasked by the IC to assist the EPC in the hospital response.
3. **ASSUMPTIONS:** Mass Fatality, for hospital purposes, is defined as a mortality rate, within all local health care facilities, that significantly exceeds the normal daily mortality rate for Lewis County General Hospital and other health care facilities. The event would evolve over a sustained period of time generating an event where county funeral homes could not provide their normal level of service.
 - a) Should a Mass Fatality event occur, the Chair of the Lewis County Board of Legislators, or his or her representative, would declare the local state of emergency, activate the Lewis County Emergency Operations Center, the Lewis County Mass Fatality Plan and would exercise Command and Control of the local response.
 - b) The Lewis County Medical Examiners Office would be the lead agency responsible for issuing guidance and directions in such an event.
 - c) The most likely event creating a mass fatality event within the county and LCGH would be due to either a Pandemic or infectious disease outbreak for which there are no existing effective prophylactic protocols in place. Although all hazards must be considered.
 - d) It is further assumed that the LCGH Disaster/Emergency Operations Plan would most likely have been activated by the incident or event, precipitated by the high mortality rate and that the Hospital Command Center and Emergency Preparedness Committee were managing the event.
 - e) The hospital’s morgue normal capacity would quickly be exceeded, internal emergency procedures would need to be placed in effect and simultaneously assistance from the LC EOC would be needed to effectively provide for deceased patients.
4. **PREPAREDNESS:**
 - a) Lewis County General Hospital has coordinated and collaborated with the Lewis County Medical Examiners Office and the others hospitals in the Lewis, Jefferson, St. Lawrence, Tri-County Area in the development of a Mass Fatality Plan for Lewis and Jefferson County.
 - b) Key clinical and medical staff have been briefed on the contents of this annex Lewis County Medical Examiners Office (MEO) requirements.

5. MITIGATION:

- a) The following supplies have been accumulated and stored in the Emergency Management Storage Area for dealing with mass fatality requirements during an emergency-disaster response: Surgical Masks, Gowns & Gloves, and Body Bags and Seals.
- b) Body Bag Specifications: Standard duty, 8 - 10 mil, vinyl, scrim reinforced for puncture and tear resistance with envelope style with two zippers. Lewis County MEO obtains their Body Bags from: LDI Corporation, www.LDIolutions.com.
- c) Recommended Body Bag Seals with numbers may be procured from:
 - i) Stoffel Seals - <http://www.stoffel.com>
 - ii) Secure Edge Technologies - <http://www.securedge.com.au>
 - iii) EJ Brooks - <http://www.brookseals.com>
 - iv) Examples of Body Bag Seals:
- d) Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) related equipment and supplies are also maintained in the Emergency Management Storage Area and would be utilized in the event the event is as a result of terrorist activities.

6. RESPONSE:

- a) Annex Activation Triggers:
 - i) Trigger One: The EOC is working a medical event where the expected death rate may exceed the normal daily death census for the hospital.
 - ii) Trigger Two: The hospital morgue has reached its normal maximum capacity of 2 and emergency procedures have been put into effect to accommodate additional deceased patients.
 - iii) Trigger Three: Local Funeral Homes are no longer capable of accepting remains.
- b) The IC directs the Hospital Liaison Officer to notify the Lewis County Emergency Operations Center and/or the Medical Examiners office that the hospital morgue has reached maximum capacity; that local funeral homes are no longer accepting remains and that LCGH requires assistance from the MEO.
- c) Removal/Recovery of Remains:
 - i) Prompt removal of remains is necessary to insure that the hospital can focus on its primary mission, healthcare.
 - ii) The hospital Chief Medical Officer is responsible to insure that a physician is always assigned to medically certify death certificates during a declared emergency.
 - iii) The assigned physician will medically certify the death certificate before the remains are removed from the hospital.
 - iv) The Lewis County Coroner will appoint a vital records assistant to insure that death certificates are registered before the remains are released.
 - v) If local funeral home transport is unavailable contact the LC-EOC for assistance. The LC Medical Examiner is responsible for emergency transport of the deceased.
- d) Morgue Processing of Remains:
 - i) The LCGH IC will designate a Chief Morgue Operations Officer for the duration of the emergency-disaster operations.
 - ii) The Morgue Officer is responsible for coordinating with the OC Medical Examiners Office for the identification of surge morgue sites.

- iii) The vital records sub-registrar will work for the Chief Morgue Operations Officer and will further insure that death certificates are registered before remains are released for transport.
 - iv) Anticipated county response? Where would LCGH store the deceased?
- e) Reporting: The Chief Morgue Operations Officer will:
- i) Serve as the point of contact for civil authorities requesting information on event related deaths.
 - ii) Use a unique Decedent Identification Number System for the Identification of the deceased directly associated with the specific emergency-disaster event.
 - iii) Lewis County may provide guidance for the use of a Decedent Identification Number System which overrides paragraph ii above. For example the current LCMEO Disaster Manual states, "There will be a unique assigned case number to differentiate these deaths from the daily medical examiner's cases. The numbers will be the two-digit year designation followed by a four-digit number beginning with 3, e.g.04-3000." These directions apply to the ME's Office and need to be clarified for each hospital.
- f) Temporary Interment: Is the responsibility of the Lewis County MEO during and emergency-disaster events.
- g) Family Assistance, Religious and Cultural Considerations: The IC will determine what other portions of the E/DOP are activated in support of a Mass Fatality event. Areas for consideration include but are not limited to:
- i) Public Affairs Officer
 - ii) Behavioral Services
 - iii) Pastoral Services
 - iv) Establish a system of support for families informational and bereavement needs
 - v) If Social Distancing is invoked in a Pandemic influenza emergency remote forms of family assistance must be established.
 - vi) Religious and cultural leaders function as third party verifiers of information and help reduce community disruption and individual trauma
7. **RECOVERY:** The LCGH IC will determine when recovery and return to normal day-to-day operations for Lewis County General Hospital may be commenced. It is expected that the decision to move in this direction will be predicated on status of the event and decisions potentially made by federal, state and county authorities.
8. **PLANS & PROTOCOL ASSOCIATIONS:** (List and hyperlink)
- a) Lewis County Medical Examiners Office Disaster Plan
 - i) Annex Form 1: Notification Of Mass Fatality Form
 - ii) Annex Form 2: Medical Examiners Office Transportation Log
 - b) LCGH Pandemic Influenza Plan

Note: Form modified from LC Medical Examiners Office Disaster Manual

Appendix C: ICS Contacts
To Be Completed by the Incident Commander

| Functions | Name / Title | Agency | Telephone/Cell Phones/Pagers |
|--|---------------------|---------------|-------------------------------------|
| County EOC | James Martin, IC | LCOEM | 376-5305 |
| Mortuary Preparation Facility Coordinator | | | |
| Deputy Coordinator | | | |
| County EOC Mortuary Liaison | | | |
| Deputy County EOC Mortuary Liaison | | | |
| Public Information Officer | | | |
| Family Assistance Center Coordinator | | | |
| Security | | | |
| Holding Morgue / Embalmer | | | |
| Data Entry | | | |
| Public Health | | | |

| | | | |
|-----------------------------|--|--|--|
| Emergency Management | | | |
| LCGH Representative | | | |
| Removal Team Leader | | | |

Appendix D: Facility Information

| Mortuary Preparation Facility Sites | | | |
|-------------------------------------|---------|--------------------|-----------------------------|
| Facility Name | Address | Contact | Telephone/Cell Phones/Pager |
| Primary | | | |
| Isenecker Funeral Home | | Jennifer Isenecker | |
| Alternate | | | |

| Family Assistance Center | | | |
|--------------------------|---------|---------|-----------|
| Facility Name | Address | Contact | Telephone |
| To Be Determined | | | |

Appendix F: Memorandums of Understanding

| VENDOR | ADDRESS | CONTACT/ INFORMATION | SERVICE |
|-------------------------------|---|------------------------------|---------------------|
| Ryder Transportation Services | 310 Commerce Blvd. Liverpool, NY 13088 | Bob McKenzie 315-457-4611 | Refrigerated trucks |
| Teals | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attachment L: Notification of Mass Fatality Form

Notification of Mass Fatality Form

Medical Examiner's Office Notified by: _____ LCGH Liaison Officer

From: Lewis County General Hospital Date: _____ Time: _____

Call back number(s): _____

Type of Incident: Mass Fatality at Hospital caused by: _____

Approximate Number of Fatalities: _____

Date and Time of Occurrence: _____

Exact Location of the Incident: _____

Exact Location of Command Center: _____

Telephone #

Exact Location of Staging Area: _____

Need a Representative Now? _____

When do you anticipate needing a disaster response? _____

Medical Examiners Office Information

Chief Medical Examiner notified: _____

Date/Time: _____ By: _____

Comments: _____

Pathologist on duty notified: _____

Date/Time: _____ By: _____

Comments: _____

Director of Operations notified: _____

Date/Time: _____ By: _____

Comments: _____

Note: Form modified from LC Medical Examiners Office Disaster Manual

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