Subject: MASS FATALITY MANAGEMENT

Purpose: The purpose of the Marshalltown Medical & Surgical Center (MMSC) Plan is to provide guidelines for the appropriate care of the body, notification of next of kin, medical examiner notification as appropriate and disposition of a patient’s body and personal belongings. This policy will be activated by MMSC Incident Command (IC) when the facility has reached a point where day to day operations is not sufficient to manage the fatalities occurring in the facility.

Policy: It shall be the policy of the Marshalltown Medical & Surgical Center to appropriately prepare, store and arrange for the disposition of a patient’s body and belongings after a patient has expired and has been declared deceased by hospital policy. In all cases, the body of the deceased will be treated in a manner that maintains dignity and respect with every effort made to assist in the arrangement of disposition consistent with the cultural and religious wishes of the deceased and/or family.

PROCEDURE:
A. Personal Protection: It shall be the policy of MMSC to inform any persons handling human bodies (e.g. hospital staff, Medical Examiner, funeral home staff) if the patient died of or was recently exposed to an infectious disease. As a general rule, all personnel who handle bodies should take protective precautions. These precautions may include long-sleeved cuffed gown, non-sterile gloves covering the cuffs of the long-sleeve gown, respiratory protection device capable of filtering respiratory particulate as appropriate based on suspected cause of death, surgical cap and face shield, water-proof shoe covers and proper hand washing.

B. Internal Notification: When a patient expires on an in-patient unit or in an ancillary department, the Physician and the Department Director/Charge Nurse or Associate Director of Nursing should be immediately notified.

C. External Notification: Upon the pronouncement of a patient’s death, the appropriate staff will notify the patient’s family. Notification should be documented in the patient’s medical record, including who was notified and the time notification occurred. The medical examiner should be notified as appropriate.

D. Medical Examiner Case: Please refer to Administrative Policy #210, Medical Examiner Cases. Cases that should result in Medical Examiner notification are those that impact on the “public interest”. Such cases generally include:
Violent deaths, which include homicide, suicide, or accidental death resulting from physical, mechanical, thermal, electrical, or radiation injury;

Deaths related to disease thought to be virulent or contagious, which may constitute a public health hazard;

Persons who die suddenly when in apparent good health;

Suspicious circumstances;

Unknown or obscure causes; and,

Unclaimed/unidentified bodies.

The Medical Examiner may take jurisdiction over an apparent natural death if the death was unexpected and no medical cause can be determined; if the deceased was not under the care of a physician for any disease, which could reasonably be expected to cause death; and if death might be due to a public health hazard. In the event that the Medical Examiner retains custody of the case for further investigation and/or autopsy, the following should be noted:

1. Any material removed from the body (e.g. knives, bullets, and personal effects) should be considered as forensic evidence and preserved to maintain a chain of custody. Such items should be processed with the patient’s full name, address, telephone number and hospital record number and placed next to the body but NOT in the shroud;

2. The body should not be cleansed prior to transfer to the hospital morgue;

3. A hospital staff member must be present at all times when family/significant others view the body.

4. All indwelling tubes, needle, catheters, etc. are to be left in place. Exceptions may be made in neonatal and/or pediatric cases when tubes/lines are judged to be non-essential to the autopsy. For permission to remove non-disposable items or any other questionable tubes, lines or needles, the County Medical Examiner should be contacted.

E. **Documentation:** Nursing is responsible for completing all required nursing notes, patient charting and the Post Mortem Record #134. Included should be a note about the event(s) closely related in time to the death. Also to be recorded is the time expired and who pronounced the patient, disposition of the body and belongings. Physicians are responsible for completing all other documentation including death certificate. If the case is reportable to the Medical Examiner, the medical staff must obtain and document the Medical Examiner number for the body. All bodies, no matter their final disposition, must be accounted for while within the facility. Documentation will be kept to account for their disposition in the hospital to include where, when and to whom the body is released.
Every effort will be made by the hospital to positively identify individuals that have died. The hospital will work closely with law enforcement and other appropriate agencies to determine and document identity of the deceased.

F. **Personal Belongings**: Follow the directions of the Medical Examiner. Nursing personnel will:

1. Inventory, bag and document the patient’s personal belongings in the patient room by 2 people if possible. Valuables should be labeled with the patient’s full name, address, telephone number and hospital record number.
2. Valuables should be given to a spouse or next of kin and documented in the patient record, unless the death has been determined to be a Medical Examiner case.
3. If next of kin are not available, the inventoried items should be secured as appropriate to the case.
4. Consider sending the valuables with the body to the Morgue if appropriate.

G. **Body Preparation for Viewing**: Designated hospital staff should prepare the body for viewing by the family/significant others as appropriate or directed by the Medical Examiner. Every effort will be made to treat this patient and this process in a manner that maintains dignity and respect.

H. **Body Preparation and Transportation**: After viewing by family if at all possible, the body should be placed in a body bag and transported to the Morgue, or the area designated by MMSC IC, with their belongings (if appropriate) and the Post Mortem Record #134.

I. **Storage of the body**: Prior to transfer to the Medical Examiner or selected funeral home/mortuary, the body should be placed in secure storage. Special Note: Morgue facilities for storing human bodies should be capable of sustaining a temperature of 34-37 degrees F. If the proper temperature is not attainable, the County Medical Examiner should be promptly informed and an alternative storage venue should be identified and/or alternate temperature conditions determined.

J. **Security**: MMSC IC will determine the need for and the level of security.

K. **Hazardous Material Decontamination**: In the event that the deceased continues to be contaminated (either due to the inability to effectively decontaminate or as the result of a decision to preserve forensic evidence), careful attention to safety must be maintained. If decontamination is to be undertaken, the HAZ-MAT Decontamination procedures should be followed. In the event that successful decontamination is compromised (e.g. off-gassing of cyanide), further consultation from appropriate resources may be appropriate such as the State Medical Examiner, Des Moines Fire Department Hazardous Material Response Team, the Iowa Poison Control Center or with a consulting toxicologist.
L. **Mass Fatality Event:** As Marshalltown Medical & Surgical Center can adequately store and maintain four bodies, the possibility must be recognized that circumstances could result in a surge of hospital deaths that would exceed the hospital’s capacity to process, prepare and inventory human bodies. Such circumstances would transition the institutional post mortem care process into a community-based collaborative process. In the event that the MMSC exceeds its morgue capacity, the following steps will be initiated:

1. The Marshall County Medical Examiner and Emergency Management Coordinator will be contacted and informed of the situation, circumstances and need to activate the Marshall County Mass Fatality Plan;
2. Alternative human body storage facilities will be considered as outlined in the Marshall County Mass Fatality Plan;
3. Planned expansion of human body storage will be coordinated with local funeral homes/mortuaries to insure availability of transport resources and adequate access;
4. Planned expansion of human body storage will be coordinated with local law enforcement representatives to insure adequate security can be maintained;
5. All tracking and documentation of off-site storage of human bodies will be under the direction of the County Medical Examiner and pursuant with the Marshall County Mass Fatality Plan;
6. Final disposition of bodies may be delayed if volume exceeds the capacity of funeral homes. Pursuant with Marshall County Mass Fatality Plan, bodies may need be retained in inventory until capacity for disposition is able to ramp up to meet demand.

Effective date: 06/08

Authorized by: IC/EH/Emergency Prep. Director
Revision date: 07/10, 9/14
Review date: 07/10, 9/14

**References:**
1. Iowa Department of Public Health: Health Alert Network (HAN) resource library

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