

MORTUARY SERVICES SURGE CAPACITY PLAN



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ACRONYMS AND ABBREVIATIONS

CCF	Central Collection Facility
CME	Chief Medical Examiner
DDPH	Director of Department of Public Health
ICS	Incident Command System
MCDEM	Maricopa County Department of Emergency Management
MCDPH	Maricopa County Department of Public Health
MOU	Memorandum of Understanding
MRA	Minimum Reserve Analysis
OME	Office of the Medical Examiner
OVR	Office of Vital Records
Plan	Mortuary Services Surge Capacity Plan
PPE	Personal Protective Equipment

EXECUTIVE SUMMARY

A public health emergency, be it a pandemic or man made event, may occur at any time and necessitates planning for a surge demand on mortuary services. This Mortuary Services Surge Capacity Plan (Plan) has been developed using historical and theoretical events to formulate the baseline for mortuary surge needs and realistic worst case scenarios. This Plan is applicable across a wide range of public health emergencies resulting in substantially increased fatalities over an extended period of time. In general, the Plan provides for a worst case scenario.

Mortuary service surge capacity during a public health emergency will be led by the Maricopa County Office of the Medical Examiner (OME). The OME will work in conjunction with the Maricopa County Department of Public Health (MCDPH), the Office of Vital Records (OVR) and the Maricopa County Department of Emergency Management (MCDEM). The OME will support community partners in their efforts to provide critical mortuary services during a public health emergency.

The Plan is not intended to be a static document. It is intended to provide guidelines and actions to take both before and in the event of a public health emergency, and will require further definition and refinement on an annual basis. This document should be used to foster discussions and to improve the capabilities of all agencies to respond when called upon. This Plan should be regularly exercised.

1.0 INTRODUCTION

The Plan establishes policy and guidance to ensure the execution of the mission-essential functions in the event of a public health emergency. Specifically, this Plan is designed to:

- Help prepare a mortuary services response to a public health emergency.
- Help ensure the provision of critical services in a threatened, diminished, or incapacitated environment.

1.1 PURPOSE AND APPLICABILITY

This Plan provides guidance for the mortuary services response to a public health emergency. For the purpose of this Plan, a surge event constitutes a significant increase of deaths over an extended period of time. The purpose of the Plan is to lessen the impact of a public health emergency on the mortuary capacity of Maricopa County and to allow for the treatment of the dead in a dignified and respectful manner.

1.2 AUTHORITIES

This Plan has been created at the request of the MCDPH. It has been prepared as a response to the National Strategy for Pandemic Influenza, issued by President Bush in November 2005. The National Strategy for Pandemic Influenza guides our nation's preparedness and response to an influenza pandemic, with the intent of stopping, slowing or otherwise limiting the spread of a pandemic to the United States; limiting the domestic spread of a pandemic; mitigating disease, suffering and death; and sustaining infrastructure and mitigating impact to the economy and the functioning of society. In addition, the Plan has been created as a response to the Community Hazards Emergency Response-Capability Assurance Process and the National Incident Management System.

1.3 ASSUMPTIONS

The following broad assumptions have been made in drafting this plan:

- There will be limited to no mutual aid between communities, counties, States, or the Federal Disaster Mortuary Operational Response Team.
- An adequate supply of vaccine or post-infection treatments will not be widely available at the onset of a public health emergency.

- All medical systems will be overtaxed, and a worker shortage is expected due to infection or deaths.
- The presence of a public health emergency may only become apparent days after its arrival.
- A population estimate of 4,000,000 people is made for Maricopa County and surrounding localities.
- Currently, on average, Maricopa County and surrounding localities experience approximately 625 deaths per week from all causes.

1.4 MEMORANDA OF UNDERSTANDING

MCDPH has presented formal Memoranda of Understanding (MOU) to community partners to provide aid in the event of a public health emergency. These MOUs are non-binding agreements, designed to foster cooperation in the event of a public health emergency. MOUs are generally used for intergovernmental cooperation. Signatories of MOUs are not legally required to provide assistance, and may, at their convenience, terminate the agreement at any time. Contracts are used for private businesses and address compensation. The following table presents PROPOSED Maricopa County MOUs and contracts that are being considered for negotiation.

Table 1-1: PROPOSED Maricopa County MOUs and Contracts		
Maricopa County Agency	Agency/Entity for MOU Agreement or Contract	Services Anticipated (subject to negotiation)
MCDPH	Bank One Ballpark	Body storage (staging area for refrigerated trucks)
MCDPH	Red Cross	Various services, such as personnel support and shelter
MCDPH	Maricopa County Unified School Districts	Use of school buses for transportation of personnel, supplies, bodies

1.5 CURRENT CAPACITY

Inquiries into mortuary service providers indicate that they currently run at or near capacity on a weekly basis, with surge capability of three to five the typical capacity. Short term capacity of mortuary services depends on multiple factors including but

not limited to the availability of cemetery space and personnel, type of handling (cremation or embalming), and availability of staff at mortuary facilities. The following table indicates both current and maximum estimated capacity:

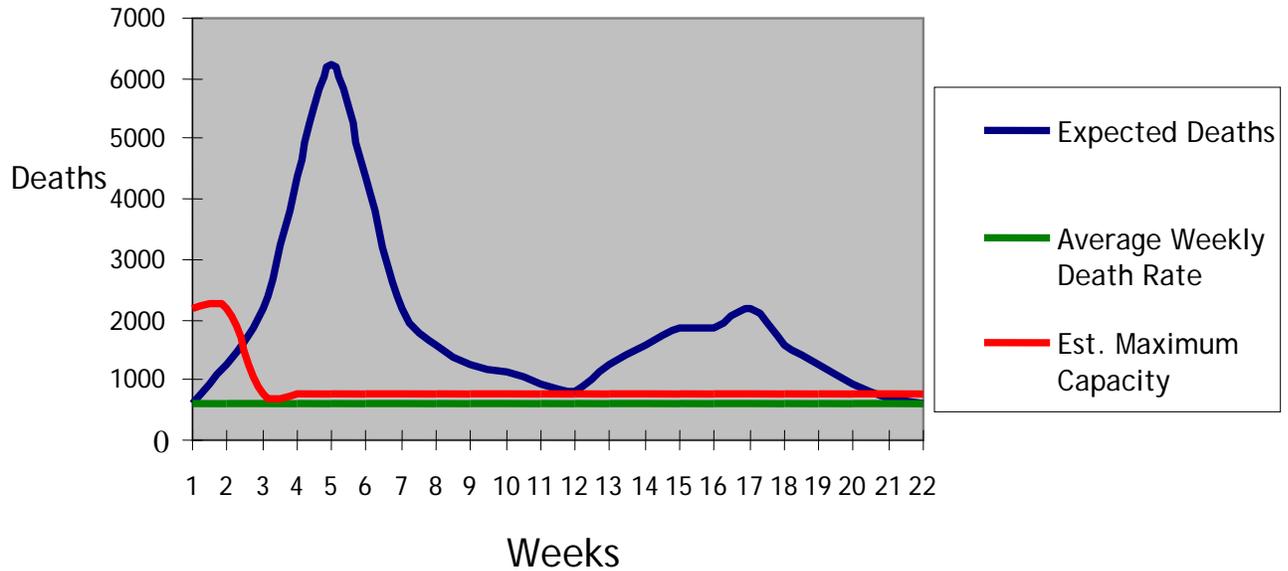
Table 1-2: Current Estimated Capacity		
Service	Current Weekly Capacity	Maximum Weekly Capacity
Transport	400	1,475
Body Storage	602	602
Embalming	375	1,425
Cremation	142	750
Examination/Autopsy	24	80

Current capacity indicates that, in aggregate, Maricopa County mortuary service providers have the ability to store 260 bodies in cold storage, plus an additional 142 storage racks with additional space for 200 bodies at the OME. Community partners have the capability to embalm 375 bodies per week, and cremate 142 bodies per week under normal circumstances. These numbers could increase to a maximum of 1,425 embalming per week and 750 cremations per week if operations were run on a round-the-clock basis. However, mortuaries have indicated that without constant replenishment of supplies they would likely only be able to operate at a maximum rate for two weeks. In order for crematoria to operate on a round-the-clock basis, the Governor would need to waive current legal requirements that restrict their hours of operation under a State of Emergency declaration. The State of Emergency Declaration is discussed in Section 2.5.

The OME has the capability of conducting 24 examinations/autopsies on a normal day, with the ability to increase to a maximum of 80 examinations/autopsies per day. This level of increased productivity is personnel limited.

During a public health emergency, the OME, MCDPH and community partners may not have enough personnel or equipment resources to respond to the increased death rate. Based on a worst case scenario affecting 30% of the population, with a mortality rate of 3.5%, an additional 42,000 deaths would be anticipated. Based on historical public health emergency and pandemic data, it is likely these deaths would present on a normal distribution curve as presented in the graph below.

Maricopa County Additional Deaths from High Mortality Pandemic Flu



Based on the data presented in the above graph, mortuary services providers within Maricopa County would likely be able to meet the initial increase in demand; however they would be quickly overwhelmed by rapidly increasing deaths. It is also unlikely that these facilities would remain fully operational as their staff would be prone to illness and death, absent because of illness or death within their family, or reluctant to work in a pandemic situation.

2.0 CONCEPT OF OPERATIONS

The objective of the Plan is to ensure a viable capability exists to continue essential mortuary service functions across a wide range of potential emergencies. The objectives of this Plan include:

- Ensure the continuous performance of essential functions and operations.
- Reduce or mitigate disruptions to operations.
- Facilitate decision-making for execution of the Plan.

2.1 DIRECTION AND CONTROL

The OME, MCDPH, and OVR will use the MCDEM Incident Command System (ICS) and communications protocol to work with other agencies and organizations in a coordinated manner.

2.2 ALTERNATE STAFF

If it becomes evident OME or MCDPH critical staff members cannot adequately ensure the continuation of mission-essential functions due to inaccessible personnel or magnitude of the event, additional personnel resources will be needed. As necessary, the Chief Medical Examiner (CME) and/or Maricopa County Director of the Department of Public Health (DDPH) will determine the additional positions necessary to maintain these functions. The CME and/or DDPH will identify individuals from internal staff who may be able to provide necessary services or expertise. The CME and/or DDPH will then ensure that the identified positions are staffed with individuals who have the requisite skills to perform the tasks.

During a public health emergency, it is likely the Governor will declare a State of Emergency, discussed in Section 2.5. During a declared State of Emergency, the Governor may direct all agencies of the state government to use and employ state personnel, equipment and facilities for the performance of any and all activities designed to prevent or alleviate actual and threatened damage due to the emergency. The Governor may direct agencies to provide supplemental services and equipment to restore any services in order to provide for the health and safety of the citizens. Under the State of Emergency declaration, the OME and MCDPH could request additional personnel from other agencies or departments to aid in the completion of services.

MCDPH departments that may be closed in the event of a public health emergency include:

- Sexually Transmitted Disease Clinic
- Office of Oral Health
- Well Women Healthcheck
- Immunization Clinic

Count agencies that may be able to provide support to the OVR include:

- County Courts
- Public Fiduciary

Additional personnel resources may be available from community partners and volunteers. The following community partners should be considered a personnel resource during a public health emergency:

- Mesa Mortuary College
- Local Pathologists
- Arizona Volunteer Organizations Active in Disasters
- Grand Canyon and Southern Arizona Chapters of the American Red Cross
- The Salvation Army
- Volunteer Center of Maricopa County
- Private Practitioners
- Medical Reserve Corps

MCDPH has a Volunteer Management Plan which should be used to coordinate the solicitation and credentialing of volunteers and community partners who would be able to provide assistance with mortuary services before the occurrence of a public health emergency.

2.3 MARICOPA COUNTY MORTUARY RESOURCE MANAGEMENT SYSTEM

In conjunction with this Plan, a website has been developed to track the available mortuary services within Maricopa County. The website is located at www.MaricopaMRMS.com. The Mortuary Resource Management System acts as the central repository for data, and can be continuously updated by community partners and the OME and MCDPH. The system includes information on:

- Facilities
- Human Resources
- Equipment and Supplies

2.4 MISSION ESSENTIAL FUNCTIONS

The following table represents the identified mission essential functions related to mortuary surge capacity during a public health emergency:

Table 2-1: Mortuary Services Mission Essential Functions	
Function	Agency
Examinations/Autopsies	Maricopa County Office of the Medical Examiner
Death Certificate Issuance	Maricopa County Office of Vital Records
Decedent Tracking	Maricopa County Office of Vital Records
Body Cremation	Community Partners
Body Burial	Community Partners

These mission essential functions will need to be in constant operation during a public health emergency, and, if necessary, will require resources from other agencies. During a public health emergency it is likely the Governor will declare a State of Emergency allowing for the appropriation of personnel and materials from other agencies to carry on mission essential functions. The State of Emergency Declaration is discussed the following section.

2.5 DECLARATION OF A STATE OF EMERGENCY

During a public health emergency, it is likely the Governor will declare a State of Emergency. A State of Emergency is a governmental declaration that may suspend or augment certain normal functions of government. Typically, a State of Emergency empowers the Governor to suspend statutory and regulatory provisions that otherwise might hinder response, control ingress and egress into the emergency area, commandeer property, and direct the allocation of personnel.

Specifically, under Arizona Revised Statute (ARS) 26-303 the Governor:

- May suspend the provisions of any statute prescribing the procedure for conduct of state business, or the orders or rules of any state agency, if the governor determines and declares that strict compliance with the provisions of

any such statute, order or rule would in any way prevent, hinder or delay mitigation of the effects of the emergency.

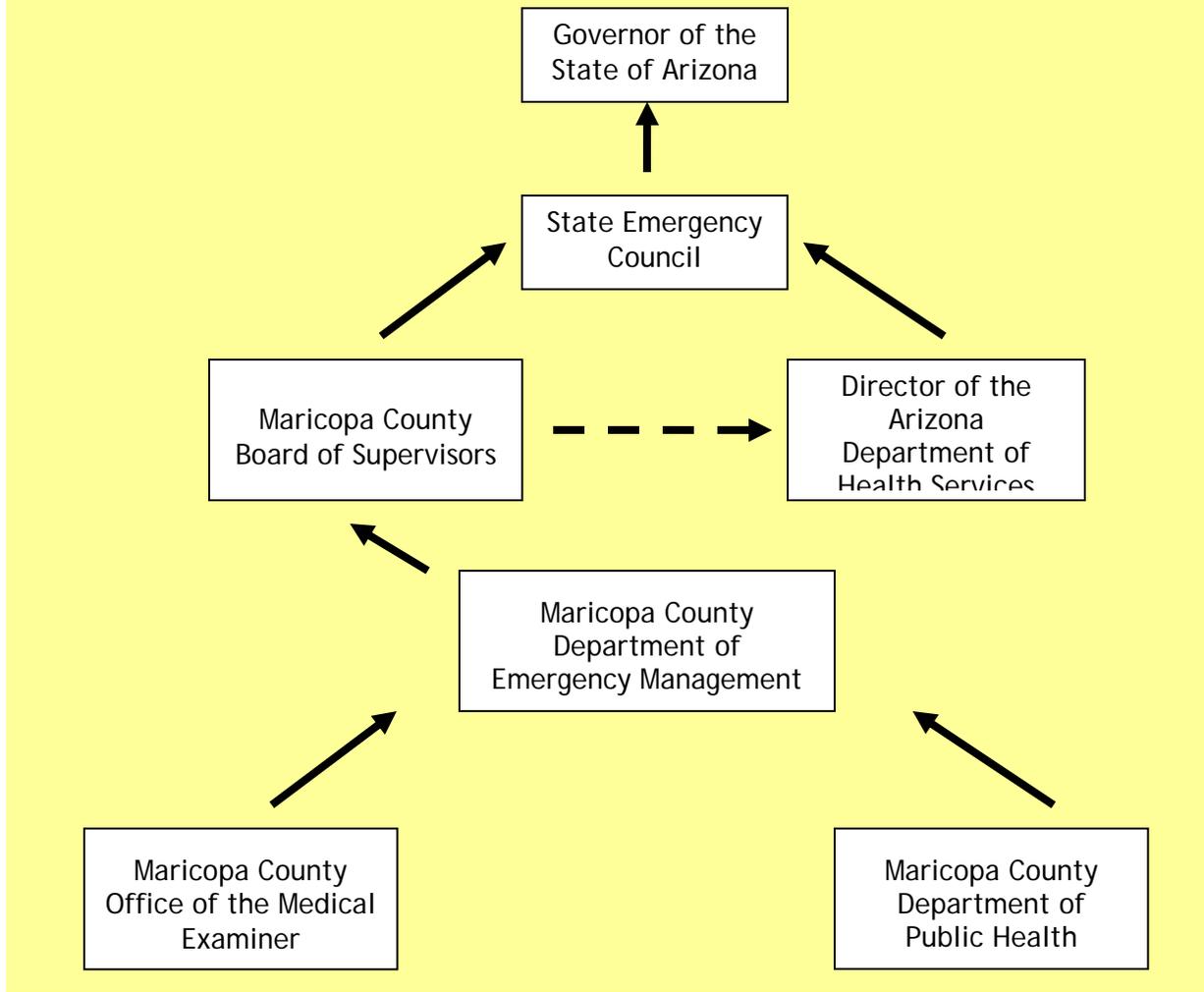
- May commandeer and utilize any property or personnel deemed necessary in carrying out the responsibilities vested in the office of the governor by this chapter as chief executive of the state and thereafter the state shall pay reasonable compensation.
- Will possess complete authority over all agencies of the state government and the right to exercise, within the area designated, all police power vested in the state by the constitution and laws of Arizona.
- May direct all agencies of the state government to utilize and employ state personnel, equipment and facilities for the performance of any and all activities designed to prevent or alleviate actual and threatened damage due to the emergency.

The Governor is advised by the State Emergency Council when considering a State of Emergency Declaration. The Purpose of the State Emergency Council is to monitor emergencies declared by the Governor, to make recommendations to the Governor, and to declare emergencies when the Governor is unavailable.

The State Emergency Council is comprised of the following members, or their designee; the Governor, the Secretary of State, the Attorney general, the Adjutant general, and the Directors of the division of emergency management, department of transportation, department of health services, department of environmental quality, department of public safety, department of agriculture, department of administration, department of water resources.

The Governor or the State Emergency Council may be petitioned directly to declare a State of Emergency. However, if there is warning of the approach of a public health emergency, it is recommended that the Arizona Department of Health Services, which is represented on the State Emergency Council, be forwarded requested provisions to be considered. The following flow diagram represents the path requested State of Emergency requests should follow.

State of Emergency Request Path



The following State of Emergency provisions relating to mortuary services should be suggested to the Maricopa Board of Supervisors who should forward the request to the State Emergency Council and/or the Governor. The provisions below are written in the suggested State of Emergency Declaration wording:

1) I hereby declare that all agencies of the state government utilize and employ state personnel, equipment and facilities for the performance of any and all activities designed to prevent or alleviate actual and threatened damage due to the emergency. I direct such agencies to provide supplemental services and equipment to restore any services in order to provide for the health and safety of the citizens.

2) I further direct that any provisions of any statute prescribing the procedure for conduct of funeral, crematoria or burial operations, or the orders or rules of any state agency, which would in any way prevent, hinder or delay mitigation of the effects of

the public health emergency be temporarily suspended until a time that the emergency is deemed passed. The following statutes relating to the provision of mortuary services and vital records are to be waived:

(a) ARS 32-2291 Licensure of animal crematoria, relating to the processing of human remains in animal crematoria.

(b) ARS 49-421 through ARS 49-467 State air pollution control, relating to the operation of crematoria.

(c) ARS 49-471 through ARS 49-561 County air pollution controls, relating to the operation of crematoria.

(d) ARS 39-101 Permanent public records; quality; storage; violation; classification, relating to the printing and storage of death certificates.

(e) ARS 36-321 Information required for a Certificate, relating solely to the completion of death certificates.

(f) ARS 36-325. Death certificate registration; Moving human remains, relating to the completion of death certificates and the requirements relating to the transportation of human remains

(g) ARS 36-326. Disposition-transit permits, relating to the requirement of a disposition-transit permit for the movement and disposition of human remains.

(h) ARS 36-331. Duties of persons in charge of place of disposition, related to the prevention of the final disposition of human remains without receiving a disposition-transit permit with the human remains.

(i) ARS 36-831. Duty to bury body of dead person; notification to Indian tribes; failure to perform duty, relating to the arrangement of final disposition

(j) ARS 11-599. Cremation, relating to the requirement that facilities conducting a cremation the request that the county medical examiner conduct an examination of the death certificate prior to the cremation

3) I further direct the Maricopa County Office of the Medical Examiner has the authority to commandeer and utilize any property or personnel deemed necessary in carrying out the responsibilities vested in said office and thereafter the state shall pay reasonable compensation therefore as follows:

(a) If property is taken for temporary use, the governor, within ten days after the taking, shall determine the amount of compensation to be paid therefore. If the property is returned in a damaged condition, the

governor shall, within ten days after its return, determine the amount of compensation to be paid for such damage.

(b) If it is deemed necessary for the state to take title to property under this section, the governor shall then cause the owner of the property to be notified thereof in writing by registered mail, postage prepaid, and then cause a copy of the notice to be filed with the secretary of state.

(c) If the owner refuses to accept the amount of compensation fixed by the governor for the property referred to in subdivisions (a) and (b) of this paragraph, the amount of compensation shall be determined by appropriate proceedings in the superior court in the county where the property was originally taken.

4) I further direct, at the discretion of the Adjutant General, in consultation with the Governor's Office, and in coordination with Arizona Emergency Management Division, specified units of the National Guard be placed on active duty to assist civil authorities and to take all reasonable precautions as is necessary for the preservation of life and property.

5) Further Proclamations and Orders deemed necessary to ensure the fullest possible protection of life and property during this state of emergency shall be issued verbally by me, and thereafter published for dissemination within the succeeding twenty-four hour period.

2.6 LIABILITY

Under ARS 26-314, the OME, OVR, MCDPH, MCDEM, or any other Maricopa County agency will not be liable for any claim based upon the exercise or performance, or the failure to exercise or perform a discretionary function or duty on the part of the County or its employees, excepting willful misconduct, gross negligence or bad faith.

2.7 PLAN ACTIVATION

The following scenarios would likely require the activation of the Plan:

- A public health emergency that results in increased deaths exceeding 2,175 deaths per week, the current maximum capacity of Maricopa County mortuary services providers, over a two week period.
- The identification of a pandemic in a foreign nation.
- The notification by the CDC or WHO of an imminent threat.

- If appropriate, concurrent activation with the activation of Maricopa County Emergency Response Plan or Influenza Pandemic Response Plan.

3.0 DISPOSITION OF REMAINS

This section describes the procedures for the care, handling, and disposition of human remains in an event that results in a substantially increased weekly death rate.

3.1 CALL CENTER

In the event of a public health emergency resulting in increased deaths there would be a very high demand for information relating to mortuary services, requiring the establishment of an information call center. Such a call center could be staffed by existing personnel, particularly those who answer phones for any Maricopa County agency or were involved in the creation of Maricopa County hotlines. Additional considerations will need to be given to Spanish speaking residents.

The following table represents the estimated call volume and necessary resources for a call center in the event of a public health emergency.

Table 3-1: Call Center Resource Estimates, 5% Public Call Rate	
Population	4,000,000
Estimated duration of event	60 days
Call Center hours of Operation	24 hours a day
Call Center days of Operation	7 days a week
Estimated number of received calls	140,000
Estimated Number of calls per day	2,333
Estimated number of calls per hour	97
Estimated length of call (seconds)	260
Full Time Staff Required	34
Number of Phone Trunks Required	47

These numbers were estimated using the Rocky Mountain Regional Health Emergency Assistance Line and Triage Hub Model Contact Center Assessment Tool Set for Bioterrorism and Other Public Health Emergencies. The percentage call rate indicates the expected number of Maricopa County residents who will call the number looking for assistance and information is 5% of the total population. A 5% call rate would be expected in a scenario resulting in an additional 42,000 deaths.

Hotline personnel would need to be provided training on the nature of public health emergency by MCDPH epidemiology staff. Additionally, a list of frequently asked questions with requisite answers should be prepared by MCDPH epidemiology staff for hotline personnel. The following table provides a list of possible questions and answers for a specific threat, a pandemic influenza:

Table 3-2: Example Questions and Answers, Pandemic Influenza	
Question	Answer
Where can I get help?	Advise that a First Responder has been dispatched. If a First Responder is unavailable, advise that they may either transport body to Central Collection Facility themselves or wait until First Responder is available. Advise that no funeral home or crematoria will accept the body for disposition without the body having been processed at the Central Collection Facility.
What do I do with the body?	Advise that they should wrap the body in a blanket, minimizing contact with mucous membranes, open sores or cuts, and any fluid discharge. Body should be placed in a cool, dry, shaded or dark area, away from human and animal contact. If available, air conditioning should be run in area where body is stored. If available, ice sealed in a double bag should be placed on body. All measures should be taken to prevent melted water from contacting body. If transporting body to CCF, body should be placed in automobile and secured to minimize movement.

How can I protect myself?	Provide advice on proper personal protective equipment as relative to the public health emergency. In general, rubber gloves, eye protection, and a mask should be worn when handling body. After touching body or area where body has occupied, hands should be washed and area disinfected with household detergent.
How long until help arrives?	Provide estimate of First Responder dispatch time based on current situation.
Where will bodies be taken?	Provide location of Central Collection Facility.
Can I go with the body?	Advise that they will not be able to accompany body if First Responder provides transport. Advise that they may transport the body to the CCF themselves.
I have religious considerations, can they be accommodated?	Advice will be based on current situation. Answer may be no. Tell them that community religious leaders have been consulted on the proper handling of the deceased and that all efforts are being made to accommodate religious considerations. If community religious leaders are present at the CCF, advise caller of their presence.
How long until a funeral can be arranged?	Advice will be based on current situation. Answer may be never. Decease may be held in cold storage until final disposition at a funeral home or crematoria can be arranged. Deceased may be temporarily interred.
What should I send with a body?	Only a form of photo identification. No personal effects will be returned.
When will things get back to normal?	Provide estimate based on current situation.

Answers to caller’s questions will be dictated by the nature of the public health emergency. The following table presents general information that should be collected from call center personnel, as appropriate.

Table 3-3: Collected Information
Call Reference Number
Date of Call
Time of Call
Caller Name
Caller Address
Caller Phone Number
Caller Request
Name of Deceased
Time of Death
Relationship to Deceased
Time of Death
Cause of Death, Known or Suspected
Attending Physician, if Known
General Notes

Information obtained from the call center will need to be entered into a basic database, and distributed to relevant First Response agencies, including ambulance companies, police and sheriff departments, and fire departments and community partners. Information should be communicated using the MCDEM communication protocol and MCDEM ICS.

3.2 DETERMINATION OF CAUSE OF DEATH

Public Locations and Homes

Due to the fact medical care providers, including hospitals, outpatient care centers, and doctor's offices will be overwhelmed during a public health emergency; it is likely a majority of deaths will occur in the place of residence. Additionally, deaths will occur in public locations from non-public health emergency related causes such as accidents and foul play. These bodies will need to be processed, as well.

To expedite the processing of remains, individuals may be appointed as medical investigators to report on the probable cause of death. Under ARS 11-594, the CME may appoint qualified professional, technical and clerical personnel as necessary for the administration of the office, subject to approval of the board of supervisors. Appointed individuals would require basic skills in working with bodies and could be emergency medical technicians, fire department personnel, local police or sheriff deputies, or volunteer doctors. These appointed individuals would follow the following abbreviated procedures when processing a death at a home or public location:

- Determine and document the probable cause of death.
- Mark body bag with a color coded tag indicating likely cause of death.
- Gather appropriate vitae from the surviving next of kin or available Federal or State identification documents, if available.
- Remove and leave all personal effects from body if recovered from home, save for valid form if picture identification.
- If the death was caused by crime, conduct normal investigative procedures if possible.

Medical investigators should be issued three different colored tags to affix to the body bag. The following colors are recommended to aid in the sorting of bodies.

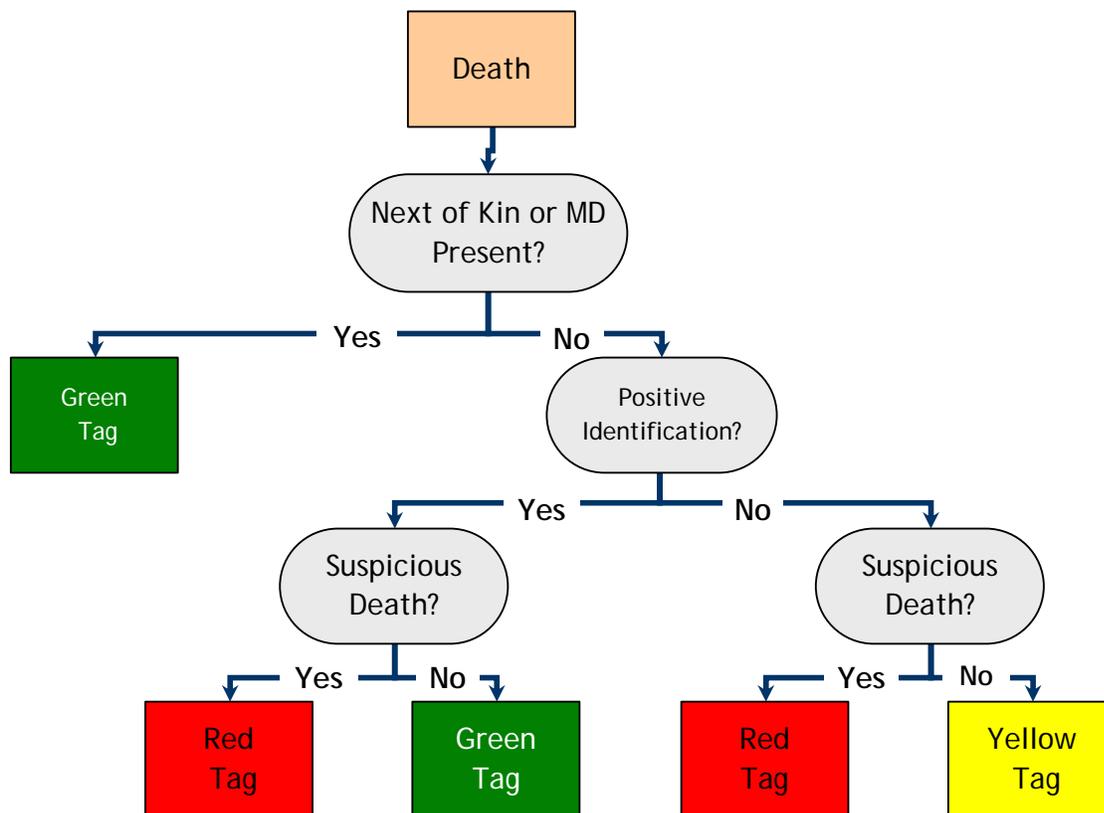
Color	Indicating
Green	Death related to public health emergency or other know/likely causes
Red	Death from suspicious causes requiring autopsy
Yellow	Unidentified remains

Current identification parameters, including visual identification by a family member or friend or a government issued identification card should be utilized to complete the information on the tags. The tags should, at a minimum, provide space for the following information:

- Name
- Probable Cause of Death
- Age
- Address
- Social Security Number or Resident Identification Number
- Date of Death
- Date of Birth
- Place of Birth
- Race
- Religious Affiliation
- Sex
- Mother's Maiden Name
- Next of Kin

Hospital and Care Facilities

Hospital and care facilities should provide a signed death certificate with the body indicating all known information and cause of death. Hospital personnel should then affix a color coded tag, as described above, to the body bag. The following decision tree provides guidance for the proper tagging of bodies.



3.3 TRANSPORTATION OF BODIES TO THE CENTRAL COLLECTION FACILITY

In the event of a public health emergency that necessitates the activation of this Plan; all bodies will be transported to a Central Collection Facility (CCF), discussed in Section 3.4. Bodies responded to and processed by First Responders will need to be transported by the First Responders. If transportation can't be done by the First Responder, then the First Responder needs to direct the family or friends to transport the body to the CCF. Hospitals will need to make arrangements for the transportation of bodies to the CCF, preferably after coordinating and scheduling with the CCF. All communications should use the MCDEM communication protocol and MCDEM ICS.

3.4 CENTRAL COLLECTION FACILITY

A CCF will be established by the OME and MCDPH to allow for body recovery services and processing. The CCF should be the focal point for all human remains recovery and, when required, death certificate issuance. During the public health emergency, no body should be sent directly to a funeral home, crematorium, or morgue without processing through the CCF. Both OME and Maricopa County Office of Vital Records (OVR) staff will be collocated at this facility to facilitate communication and speed the issuance of death certificates. For both agencies, not all staff will be located at the CCF. OME staff will be required at the permanent OME facility to conduct autopsies, and data entry OVR staff will be located at the current OVR facility to enter death certificate information into relevant State databases. Both OME and OVR functions are discussed in subsequent sections.

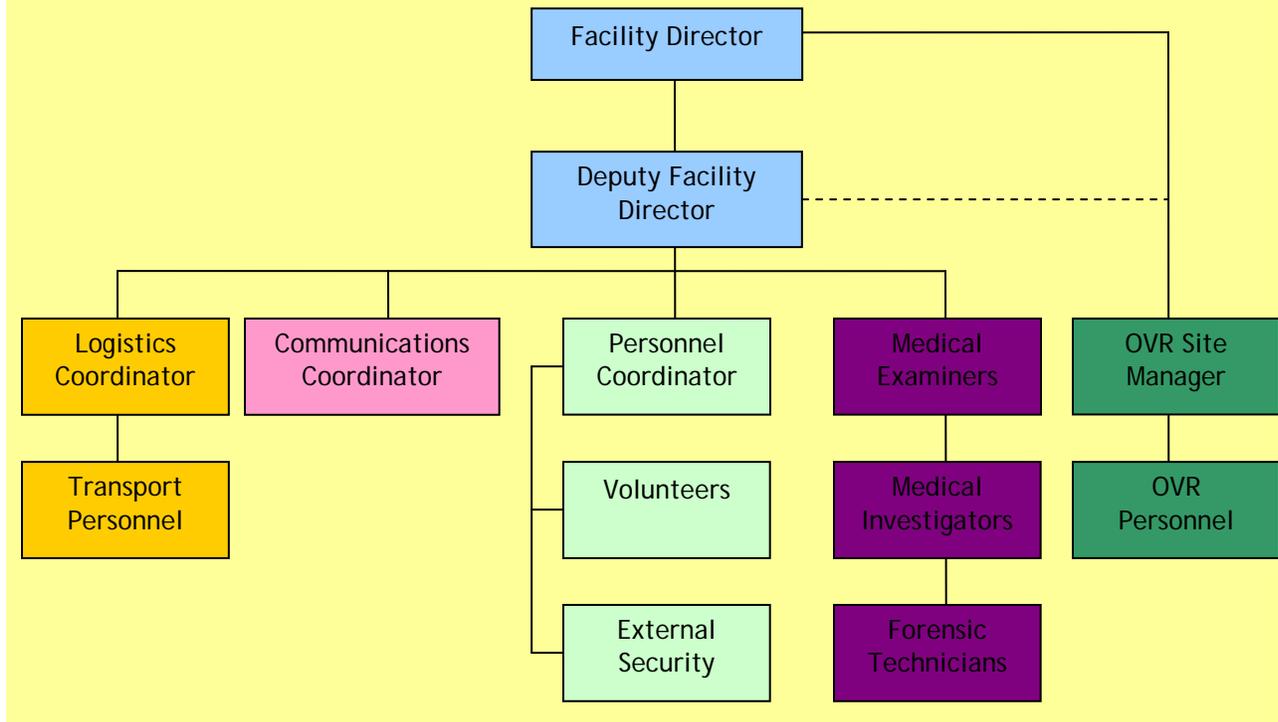
CCF workers, drawn from OME, MCDPH, and the alternate staffing pools suggested in Section 2.2, should receive training on human remains handling from OME personnel prior to working at the collection facility and should be supervised by OME personnel when conducting work. Handling the remains with dignity and respect, while protecting the safety of the CCF workers, is paramount. The following positions and required number of personnel (1) are recommended for the CCF:

- Facility Director (1): The Facility Director should be a senior level OME staff member. The Facility Director will have control over all personnel and operations at the CCF
- Deputy Facility Director (1): The Deputy Facility Director should be a senior level OME staff member. The Deputy Facility Director will provide support functions to the Facility Director and will have control over all personnel and operations at the CCF in the absence of the Facility Director.
- Office of Vital Records Site Manager (1): The Office of Vital Records Site Manager will control all CCF Vital Records personnel, and will report directly to the Facility Director.

- Logistics Coordinator (2): The Logistics Coordinator should be a senior OME staff member with experience in supply chain logistics. The Logistic Coordinator will organize the appropriation of all necessary supplies to ensure continued CCF operation and will direct all transportation operations.
- Communications Coordinator (2): A Communications Coordinator experienced in MCDEM communications protocol should be present at the CCF. The communications coordinator will incorporate MCDEM communication protocol in all communications between the CCF, cold storage facility, OME office, OVR office, and transportation personnel.
- Personnel Coordinator (2): The Personnel Coordinator will roster all facility staff and will update the facility access list. The Personnel Coordinator will also provide oversight and direction for all volunteer personnel and will organize the appropriation of all necessary personnel. The Personnel Coordinator will provide security personnel interface and management.
- OME Medical Examiners (10): Medical Examiners will conduct examinations of bodies entering the CCF.
- OME Investigators (12): OME Investigators will conduct examinations of bodies entering the CCF. Additionally OME Investigators will aid in the sorting and movement of bodies.
- OME Forensic Technicians (25): Forensic Technicians will provide assistance to Medical Examiners and Investigators in the conducting of examinations. Forensic Technicians will also aid in the movement, loading and unloading of bodies.
- OME Transporters (20): Transporters will oversee all aspects of transportation, including the movement of bodies to and from the CCF. Transport personnel will report to the Logistics Coordinator.
- Vital Records Personnel (10): Vital Records Personnel will hand write death certificates with available information, will assign OVR tracking numbers to the bodies, and will organize death certificates for future storage.

The following chart suggests an organizational structure for the CCF.

CCF Organizational Chart



Bodies delivered to the CCF will be met by OME Forensic Technicians. Bodies delivered without body bags will be placed in body bags and an appropriate colored tag will be filled out with all known information. OVR personnel will then transcribe the known information from the tag to a pre-printed death certificate or acquire the accompanying death certificate. Forensic technicians will then move the bodies to a holding area until OVR personnel assign an OVR tracking number to the bodies and attach a death certificate to the body bag. OME Forensic Technicians will then move the bodies to the examination area where Medical Investigators and Medical Examiners will conduct brief examinations of each body.

Bodies with green tags will undergo a brief examination and the attached death certificates signed. The signed death certificate will be returned to OVR personnel for additional processing. The bodies will be moved to the holding area until transported to final disposition or the temporary cold storage facility. If warranted, bodies may be retagged to indicate suspicious cause of death of unknown remains.

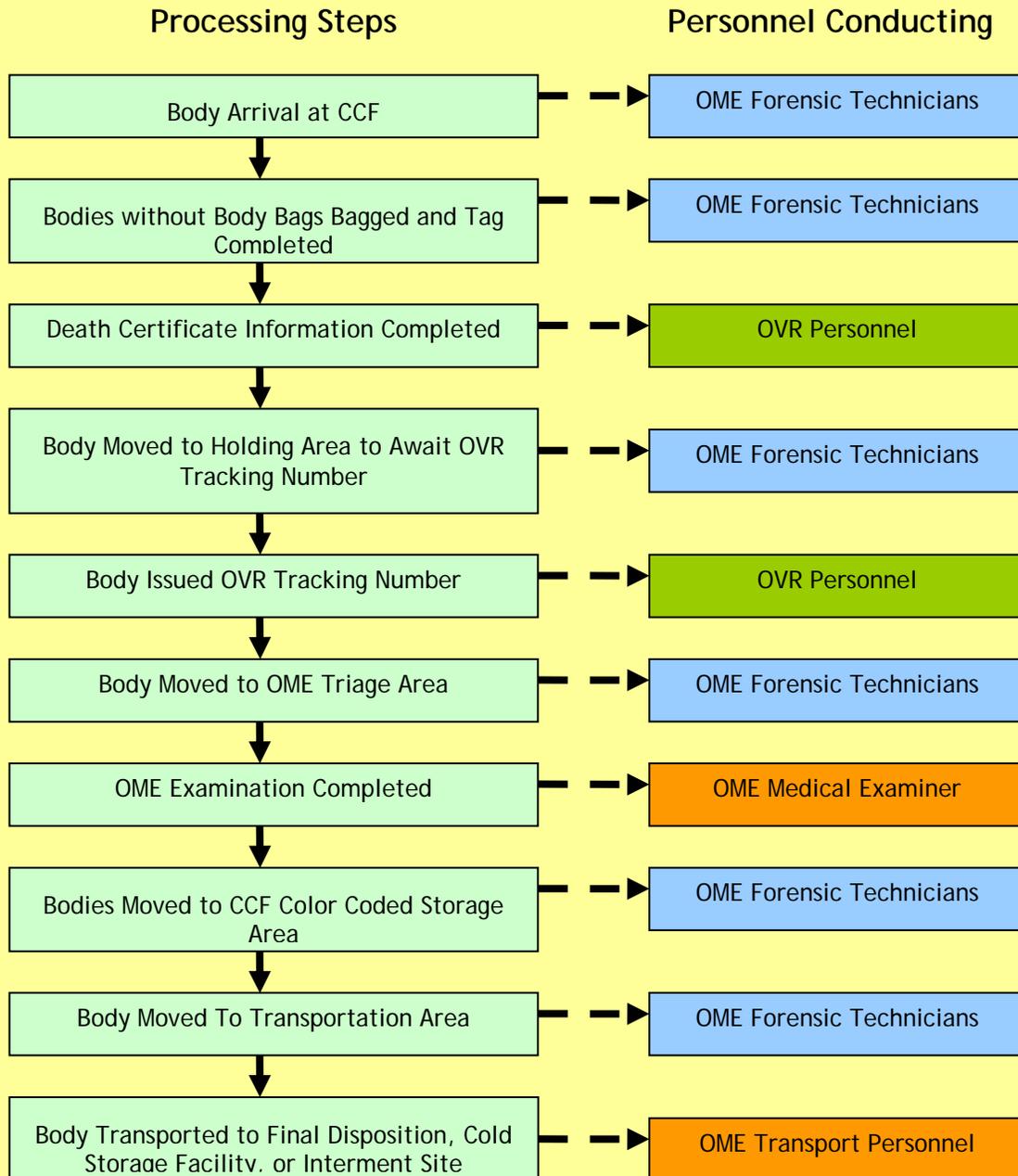
Bodies with red tags will be examined, and a determination will be made if an autopsy is required. If no autopsy is required, the tag on the body bag will be changed to green and a death certificate will be signed and returned to OVR personnel. If an autopsy is required, the death certificate will remain unsigned and the body, with the unsigned death certificate, will be moved to the holding area until transported to the morgue or the temporary cold storage facility.

Bodies with yellow tags will be examined, and a determination made if an autopsy is required. A DNA sample, fingerprint and photograph will be collected and archived for possible future identification. If an autopsy is required, the death certificate will remain unsigned and the body, and unsigned death certificate, will be moved to the holding area until transported to the morgue or the temporary cold storage facility. If no autopsy is required, the body and attached death certificate will be moved to the holding area until transported to the temporary cold storage facility awaiting possible identification.

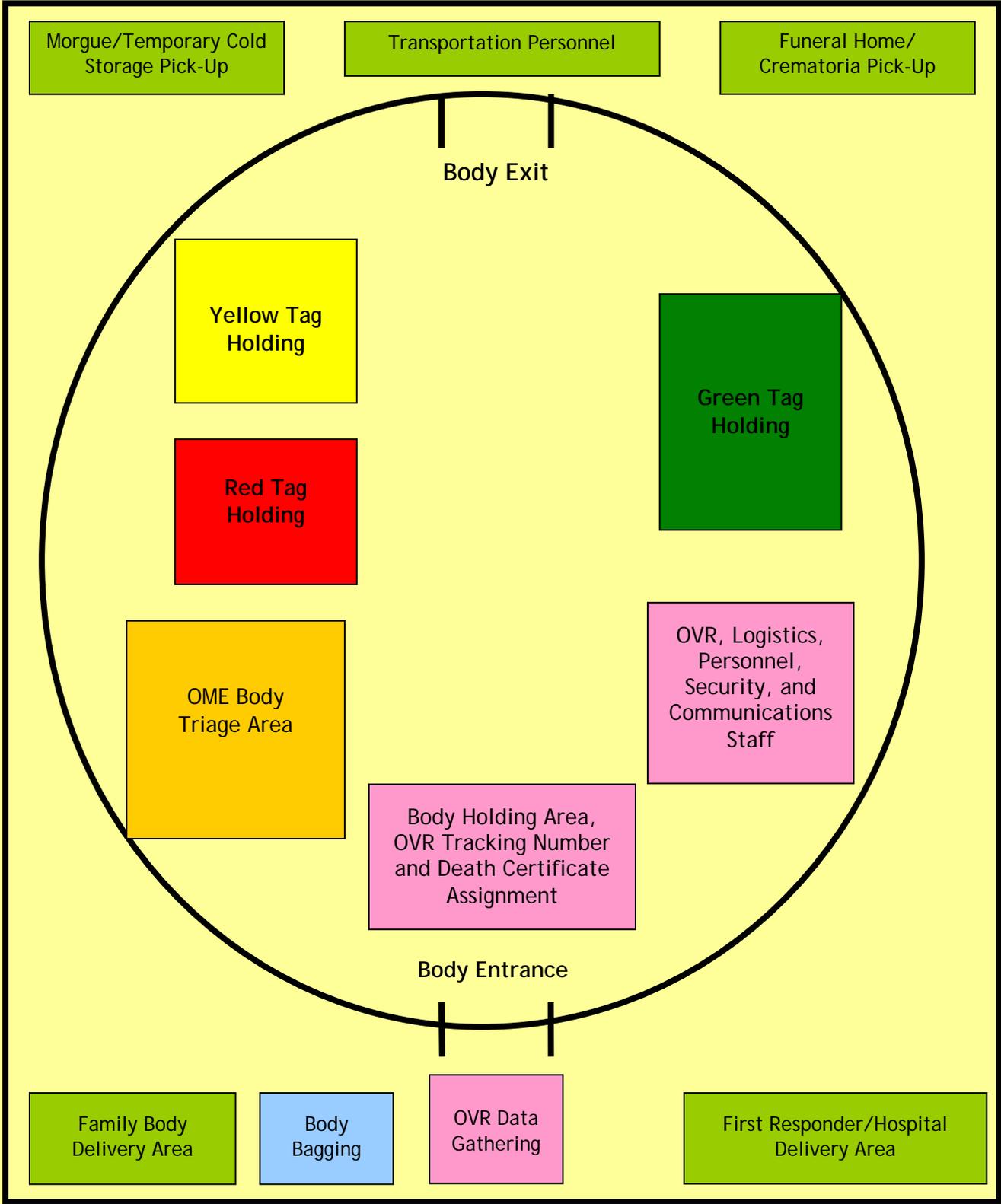
The flow chart on the following page presents how bodies are to be moved through the CCF.

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Body Movement through CCF



CCF General Layout



Security at the CCF should include armed personnel and methods to prevent photographing remains handling procedures. Armed personnel should be requested from the Sheriff's Office under a State of Emergency Declaration as detailed in Section 2.5 or as part of the agreement for the supply of armed sheriff's deputies under Cities Readiness Initiative Security Plan. If these personnel are not available, armed National Guard personnel should be requested from the Governor's Office. One access area should be provided for family members or friends to drop off bodies and one access area for First Responders, hospitals, and care facilities. All other areas will need to be restricted access, controlled through the usage of a master personnel list provided to security personnel. The list should include all personnel who are allowed access to the CCF, and should be updated by the Personnel Coordinator on a daily basis.

Communications equipment should be available to allow for communication between the CCF, OME, OVR, their respective offices, transportation personnel, and hospitals or other locations likely to have a large number of bodies. Suggested communication equipment includes two-way radios with pre-programmed channels, cell phones, and email. All communications should go through the MCDem protocol and MCDem ICS and should be directed by the Communications Coordinator.

Office equipment should be made available at the CCF to allow for the uninterrupted continuation of functions. The CCF will need photocopiers, laptop computers with internet access, paper supplies, writing supplies, chairs, desks, and large whiteboards. These supplies will need to be appropriated from other Maricopa County Agencies under a State of Emergency Declaration. All supply requests and appropriations should go through the Logistics Coordinator.

In reviewing a facilities ability to act as a CCF, the following should be considered:

- The facility has sufficient space to maintain and support both personnel and large number of bodies.
- The facility is capable of sustaining operations for performing mission-essential functions.
- The facility has reliable infrastructure systems, including water, electrical power, heating/ventilation/air conditioning.
- Facilities for personnel (toilet, rest areas, seating, sleeping areas).

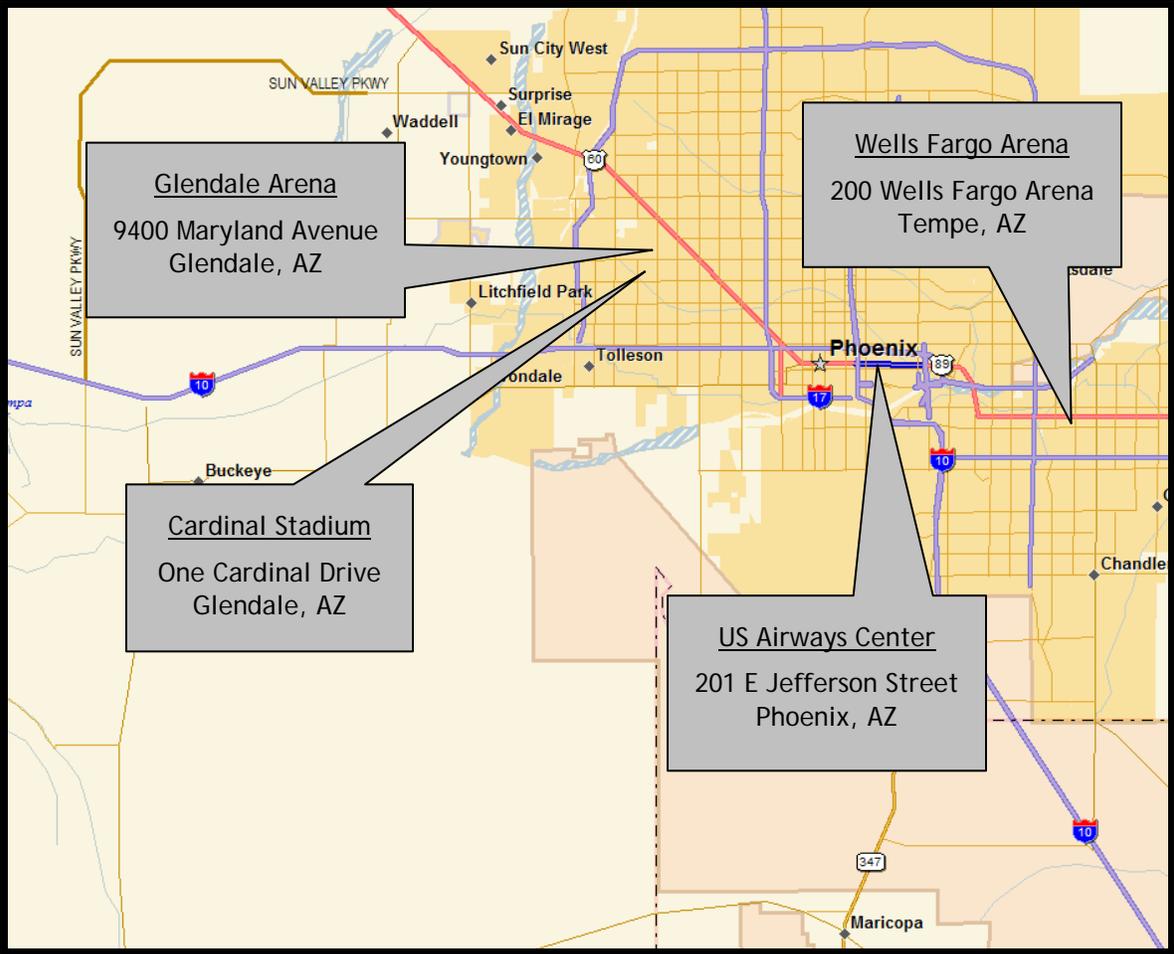
Based on the above criteria, the following facilities should be considered:

Table 3-5: Suggested CCF Locations		
Facility	Address	Approximate Size
Chase Field	401 E Jefferson Street Phoenix, Arizona 85004	91,254 square feet of field area

Glendale Arena	9400 Maryland Avenue Glendale, Arizona 85305	17,000 sqf of main floor area
US Airways Center	201 E Jefferson Street Phoenix, Arizona 85003	12,000 sqf of main floor area
Cardinals Stadium	One Cardinal Drive Glendale, Arizona 85305	10,000 sqf of main field surface
Wells Fargo Dome	200 Wells Fargo Arena Tempe, AZ 90401	8,000 sqf of main floor area

To ensure the adequacy of assigned space and other resources, these locations should be annually reviewed to ensure future usability.

The following map details the locations of each of these facilities.



3.5 DEATH CERTIFICATE ISSUANCE AND DECEDENT TRACKING

If a death certificate does not accompany the body arriving at the CCF, pre-printed death certificates will be filled out by hand by OVR personnel with all available information for the incoming body. Under normal circumstances a disposition-transit permit is required, however, since the information on the disposition-transit permit is duplicated on the death certificate, it is suggested only death certificate paperwork be completed unless personnel are available to complete disposition-transit permits on a timely basis. It is anticipated that many fields on the death certificate will be unknown, and the fields will be left blank. State issued death certificates will be used until supplies are exhausted, at which point photo copied blank death certificates will be used. Death certificate information will be entered into the OVR database and an OVR identification number will be assigned to each body and written on the tag. Bodies will then be released to the OME personnel for examination.

For bodies with green tags, indicating known cause of death, the death certificates will have been signed by OME personnel or primary care providers and will have been returned to OVR personnel for registration with medical certification. These signed death certificates will then be transported to the permanent OVR office for entry into the current OVR database to allow for the generation of a State File Number. The original hand-written copy will be stored in a locked, fire-proof cabinet.

For bodies with red tags, indicating suspicious cause of death, the death certificate will be signed by OME Medical Examiner with the cause of death listed as Pending and returned to OVR personnel for registration. A copy of the Pending death certificate will be attached to the body bag for transport with the body to either temporary cold storage or the morgue. After the cause of death has been determined, a supplementary death certificate will be signed by the OME Medical Examiner and returned to OVR personnel for registration. The signed death certificate will then be transported to the permanent OVR office for entry into the current OVR database to allow for the generation of a State File Number. If at a later date, the cause of death information changes, a supplementary death certificate will need to be completed and registered. The original hand-written copy will be stored in a locked, fire-proof cabinet.

For bodies with yellow tags, indicating unknown remains, the death certificate will be signed by the OME Medical Examiner and returned to OVR personnel for registration. The death certificate will be attached to the body bag for transport with the body to either temporary cold storage or the morgue. After the identity and cause of death have been determined, the completed and signed death certificate will be returned to OVR personnel and will then be transported to the permanent OVR office for entry into the current OVR database to allow for the generation of a State File Number. The original hand-written copy will be stored in a locked, fire-proof cabinet. If no identity is determined, the death certificate will be completed to indicate an unknown decedent.

No official copies of death certificates will be issued on banknote paper until the public health emergency has ended. When the public health emergency has passed, normal OVR death certificate procedures will resume, and family members will be able to apply for certified copies of the death certificate from the OVR office following normal procedures.

3.6 TRANSPORTATION OF BODIES FROM CCF

Transportation coordination and oversight will be directed by the Logistics Coordinator and OME transportation personnel. OME transportation personnel will either release bodies to funeral homes and crematoria for final disposition, or will organize the transportation of remains to the temporary cold storage facility or the temporary interment facility.

For transportation to the temporary cold storage facility or the temporary interment facility refrigerated transportation vehicles are preferred choice. The following community partners can be considered a source of refrigerated vehicles, which may be appropriated under a State of Emergency declaration:

- Pacific Refrigerated Service Inc
- Stewart Transport
- RoadsWest Transportation
- Swift Transportation Company

The following protocol, where appropriate, should be instituted for the refrigerated transportation vehicles:

- Exterior markings should be obscured or covered.
- All bodies should be transported in body bags.
- Bodies should not be stacked or haphazardly loaded.
- Bodies may be transported on metal or plastic shelving systems, if properly secured. Use of wood shelving should not be allowed.
- Loading and unloading of the vehicle should be done in a secure, private area.

In Arizona, there are no licensing requirements for the transportation of bodies. As such, vehicles used for the transportation of bodies to the temporary cold storage facility or the temporary interment facility should be operated by OME transportation personnel, assisted by drivers from the pool of volunteers suggested in Section 2.2. Additionally, drivers may be provided and/or appropriated from public transportation and public school districts.

Funeral homes and crematoria have their own transportation assets and will not require OME personnel to affect transportation of bodies from the CCF for final disposition.

Bodies leaving the CCF will need to be tracked by OME transportation personnel. The following simple format is suggested to allow for tracking.

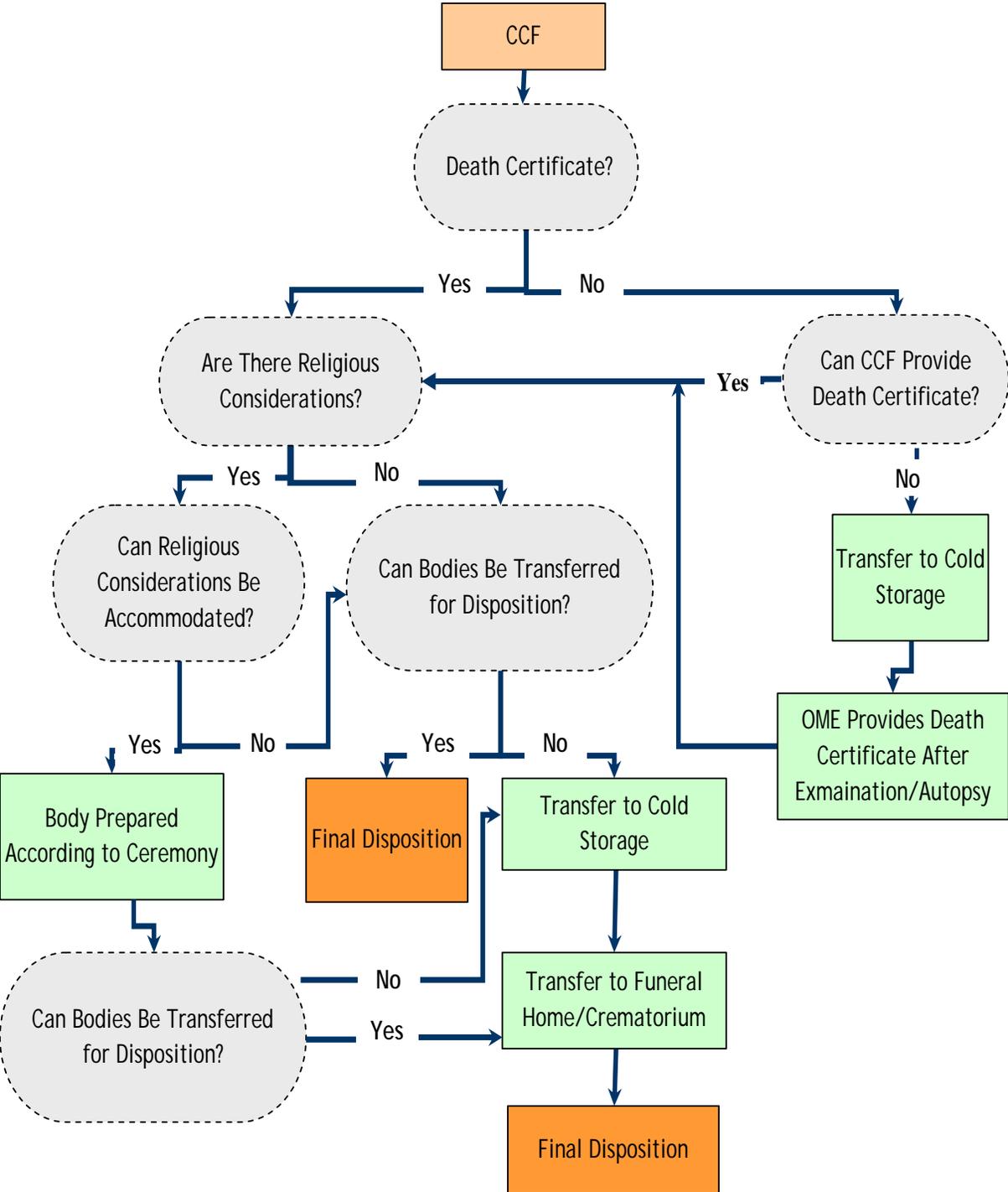
Table 3-6: Tacking Log						
OVR Tracking Number	Funeral Home Released	Crematorium Released	Cold Storage Facility	Storage Location Identification	Interment Facility	Date
12345	Davis Home	-	-	-	-	01/01 /08

When bodies are transported to a temporary cold storage a storage location should be assigned by the OME transportation personnel. The storage location should be clearly marked on the body bag by OME transportation personnel. A copy of the tracking log would need to accompany each movement of bodies to the temporary cold facility. Additionally, a copy of the tracking log would need to accompany each movement of bodies to an interment site.

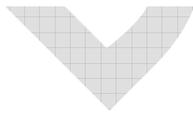
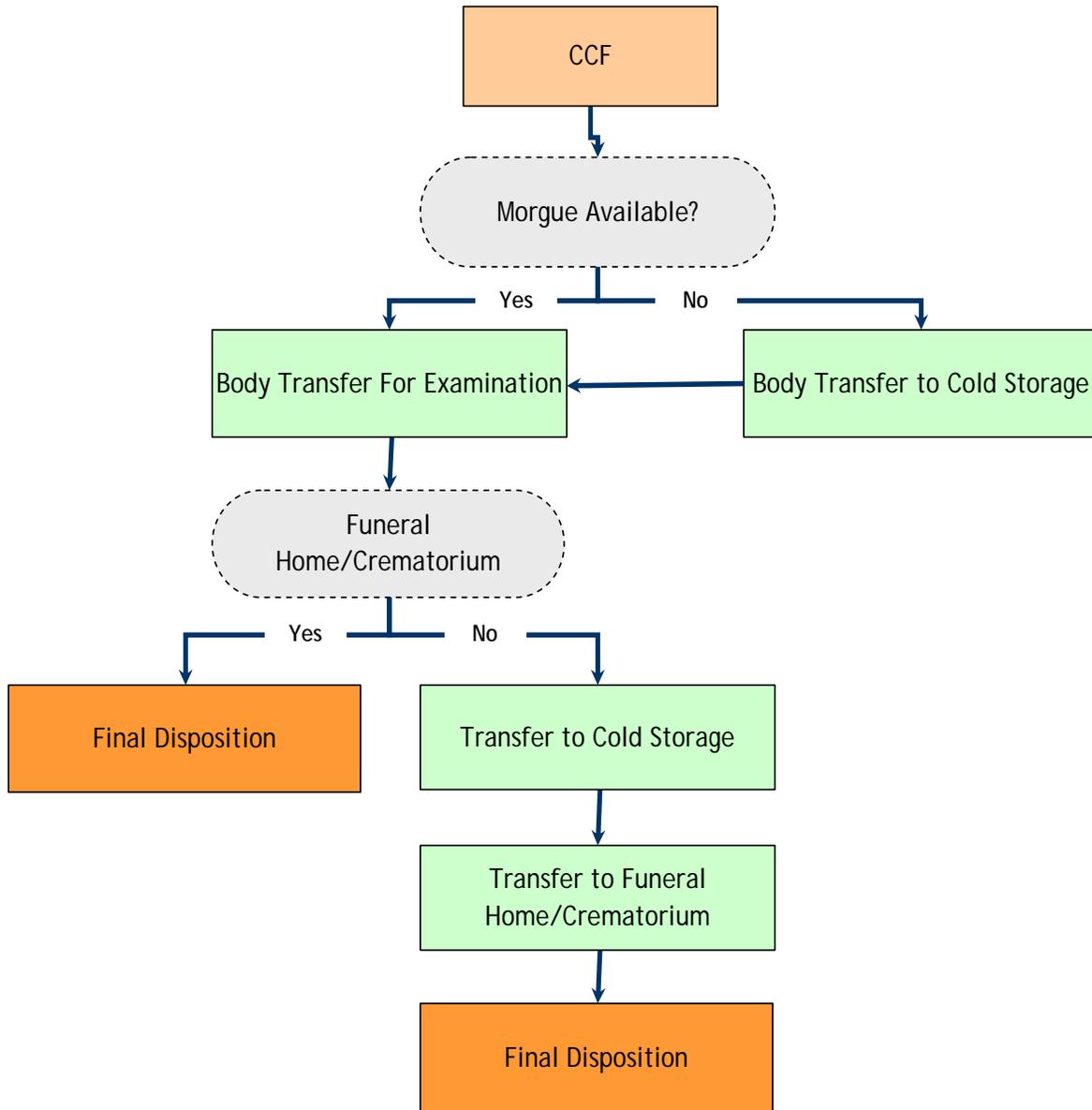
The decision trees on the following pages provide guidance on body flow from the CCF to final disposition.

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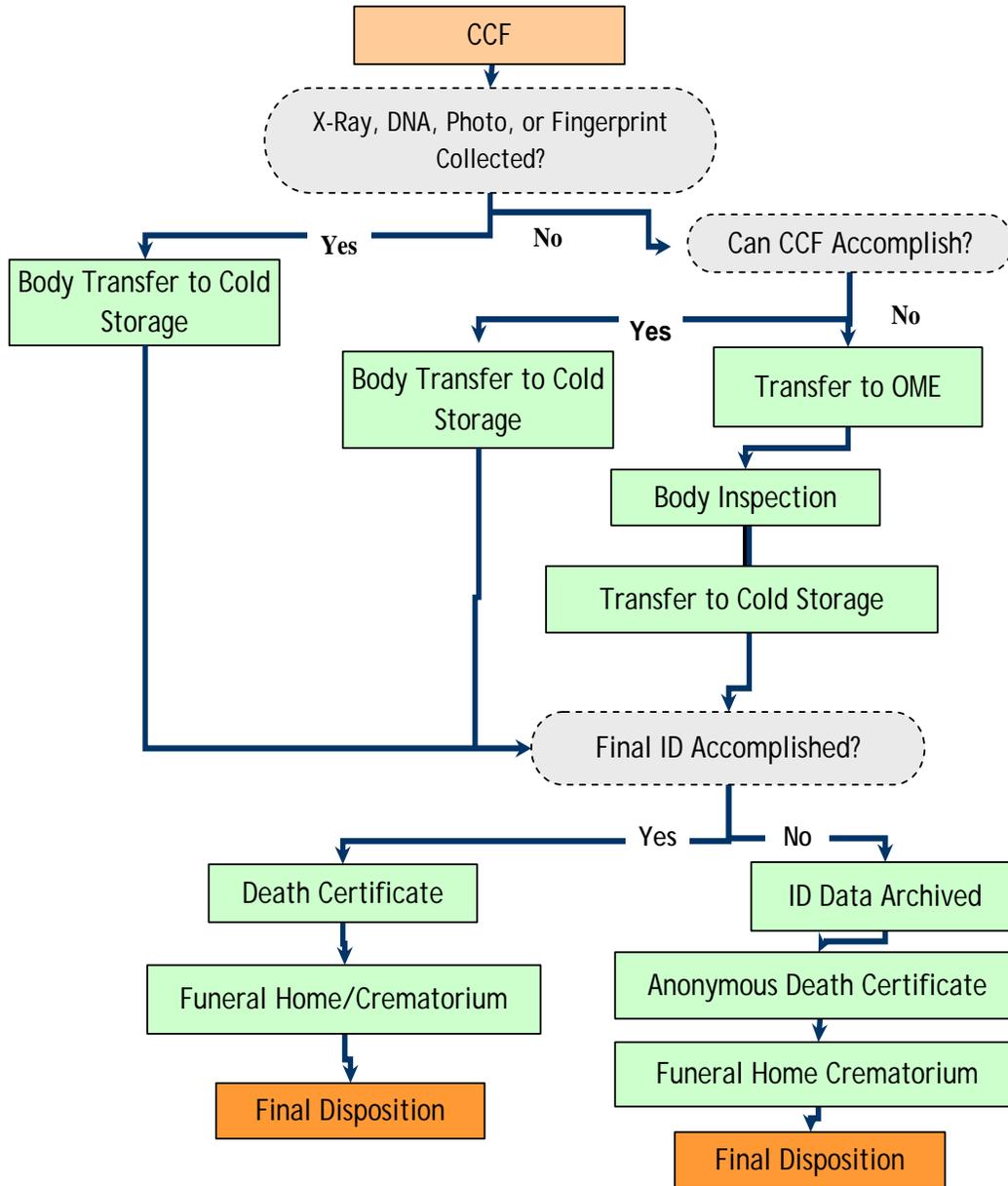
Transfer of Bodies with GREEN Tag to Final Disposition



Transfer of Bodies with RED Tag to Final Disposition



Transfer of Bodies with YELLOW Tag to Final Disposition



3.7 EXAMINATIONS/AUTOPSIES

After initial processing, bodies with a red tag, indicating suspicious cause of death, or a yellow tag, indicating unknown identity, will undergo an examination by the OME, after which a death certificate will be issued. The examination will include an x-ray, if possible. Bodies with a yellow tag, indicating unidentified remains, will have a photograph, fingerprint and DNA sample taken by OME personnel, and then will be placed in temporary cold storage for possible later identification. Autopsies will only be performed on a required basis, and will be conducted at the current OME facilities. Under Arizona law, an autopsy is not required unless the county medical examiner, the county attorney, or a superior court judge orders it to be performed. Additionally, under Arizona law an autopsy may be required when a person dies who was not under the current care of a physician for a potentially fatal illness, and/or the physician is unavailable or unwilling to sign a death certificate. This might happen if a person dies at home. However, if the person's doctor is willing to sign a death certificate or if the person is under the care of a hospice and its physician will sign the death certificate, an autopsy will probably not be required.

Standard procedures for autopsy requirements include autopsying any person who has died within 24 hours of entering a hospital or who has died outside of managed care (at home or elsewhere). However, in the event of a public health emergency, considering the estimates of the number of deaths that will occur at homes, standard autopsy procedures would be impractical.

Universal precautions should be used when conducting an examination. Universal precautions are the combination of personal protective equipment (PPE) and procedures used to reduce transmission of all pathogens from moist body substances to personnel or patients. These precautions are driven by the nature of an interaction rather than the nature of a pathogen. In addition, transmission-based precautions are applied for known or suspected pathogens. Precautions include the following:

- Airborne precautions for pathogens that remain suspended in the air in that can transmit infection if inhaled.
- Droplet precautions for pathogens that are transmitted by large droplets generated from sneezes or coughs.
- Contact precautions for pathogens that might be transmitted by contamination of surfaces and equipment.

For examinations, universal precautions can be summarized as using a surgical scrub suit, surgical cap, impervious gown or apron with full sleeve coverage, a form of eye protection, shoe covers, and double surgical gloves. Surgical masks protect the nose and mouth from splashes of body fluids. They do not provide protection from airborne pathogens. Because of the fine aerosols generated at autopsy, autopsy workers should wear N-95 respirators, at a minimum, for all autopsies, regardless of

suspected or known pathogens. However, because of the efficient generation of high concentration aerosols by mechanical devices in the autopsy setting, powered air-purifying respirators equipped with N-95 high-efficiency particulate air filters should be considered.

3.8 INFECTION CONTROL

Special infection control measures may be required for the handling of persons who died as a result of a public health emergency. Funeral homes should use the standard precautions when handling deaths unless directed by the OME. In general, CDC standard precautions call for hand hygiene before and after all contact with bodies or items potentially contaminated with secretions. The use of gloves and gowns are recommended, as is eye protection. Use of a fit-tested respirator, at least as protective as a National Institute of Occupational Safety and Health approved N-95 filtering respirator, is recommended for personnel removing body from storage bags or conduction examinations. Additionally, family members viewing bodies should be issued disposable gloves and gowns during the viewing.

Funeral services should be restricted due to concerns of illness transmission among attendees. It is the responsibility of the OME and MCDPH to place restrictions on the type and size of public gatherings if this seems necessary to reduce the spread of disease.

3.9 TEMPORARY COLD STORAGE FACILITY

Additional temporary cold storage will be required during a public health emergency for the temporary storage of bodies prior to their final disposition. The types of temporary cold storage to be considered include refrigerated trucks and refrigerated warehouses.

Refrigerated trucks can generally hold 25-30 bodies without additional shelving. To increase storage capacity, temporary metal or plastic 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). This would increase storage capacity to approximately 60 bodies. 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 covered over. If refrigerated trucks are used for body storage, they should be parked at the CCF facility and kept under armed guard. All efforts should be made to obscure the trucks from view, including exterior solid fencing or erected cloth barriers. The refrigerated trucks should have an exterior identification number, predetermined by OME

transportation personnel, to allow for the tracking of stored bodies. Bodies will be stored in the truck identified on the body bag.

Using local businesses for the storage of human remains should be considered as an additional possibility. Large cold storage facilities could be commandeered if a State of Emergency is declared by the Governor. The facilities should be broken up into easily identifiable areas with a simple numbering system predetermined by OME transportation personnel. Bodies would arrive at the facility with the tracking log and a pre-identified storage area printed on the body bag.

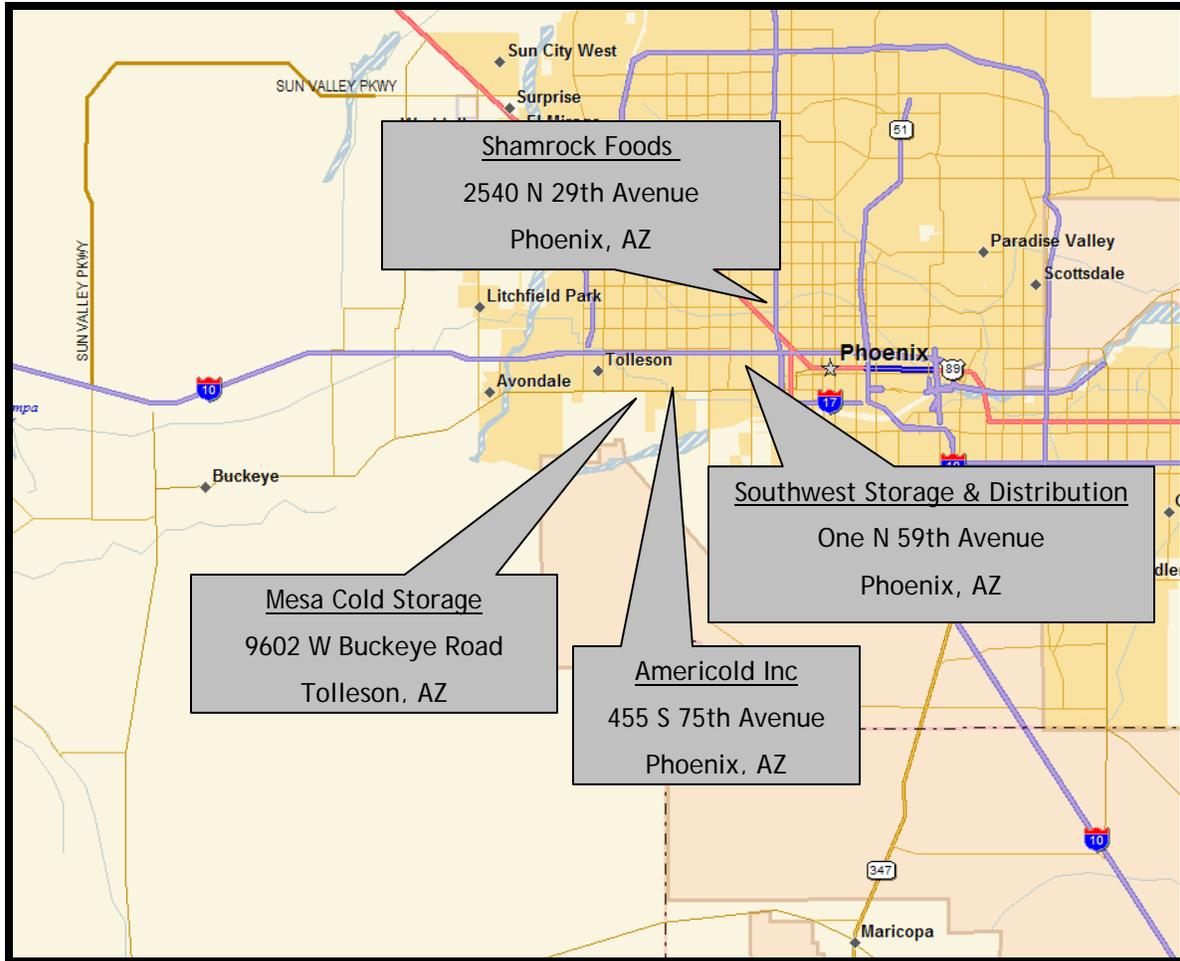
Bodies would be stored until released for final disposition or interment. At that time, the tracking log would be filled in to indicate the new information. A copy of the tracking log would accompany any body shipment to an interment site, and transportation to the interment site would be conducted or directed by OME transportation personnel.

Under a State of Emergency the following facilities may be considered for appropriation.

Table 3-7: Temporary Cold Storage Facilities		
Facility	Address	Approximate Square Footage
Mesa Cold Storage	9602 West Buckeye Road Tolleson, Arizona 85353	5,900,000 cubic feet
Southwest Storage and Distribution Company	One North 59 th Avenue Phoenix, Arizona 85043	5,500,000 cubic feet
Americold	455 South 75 th Avenue Phoenix, Arizona 85043	1,750,000 cubic feet
United Food Service/Shamrock	2540 North 29 th Avenue Phoenix, Arizona 85009	150,000 square feet

The temporary cold storage facility would need to be under armed guard and have access control procedures similar to that of the CCF.

The following map represents the location of each of these facilities.



3.10 INTERMENT FACILITIES

Interments are a last resort, and should only be used if the system is completely overwhelmed and all alternative disposition methods have been exhausted.

OME personnel should oversee the interment facility. Volunteers from the pool suggested in Section 2.2 should be used as site workers. The interment burial site should be constructed of parallel rows, with each row holding no more than 20 bodies. The rows should be dug to a depth of three feet, with a width of six feet between rows. Earth-moving equipment should be for the digging of rows; however, if possible, rows should be filled after interment by hand. A global positioning system should be used to mark the exact location of interment rows, along with a database correlating the global positioning location and identification of the interred body. The global positioning unit can be a hand held device which can be purchased at any local athletics or outdoor store, and laptop computers with a simple database can be used for interment location tracking. The following simple format is suggested:

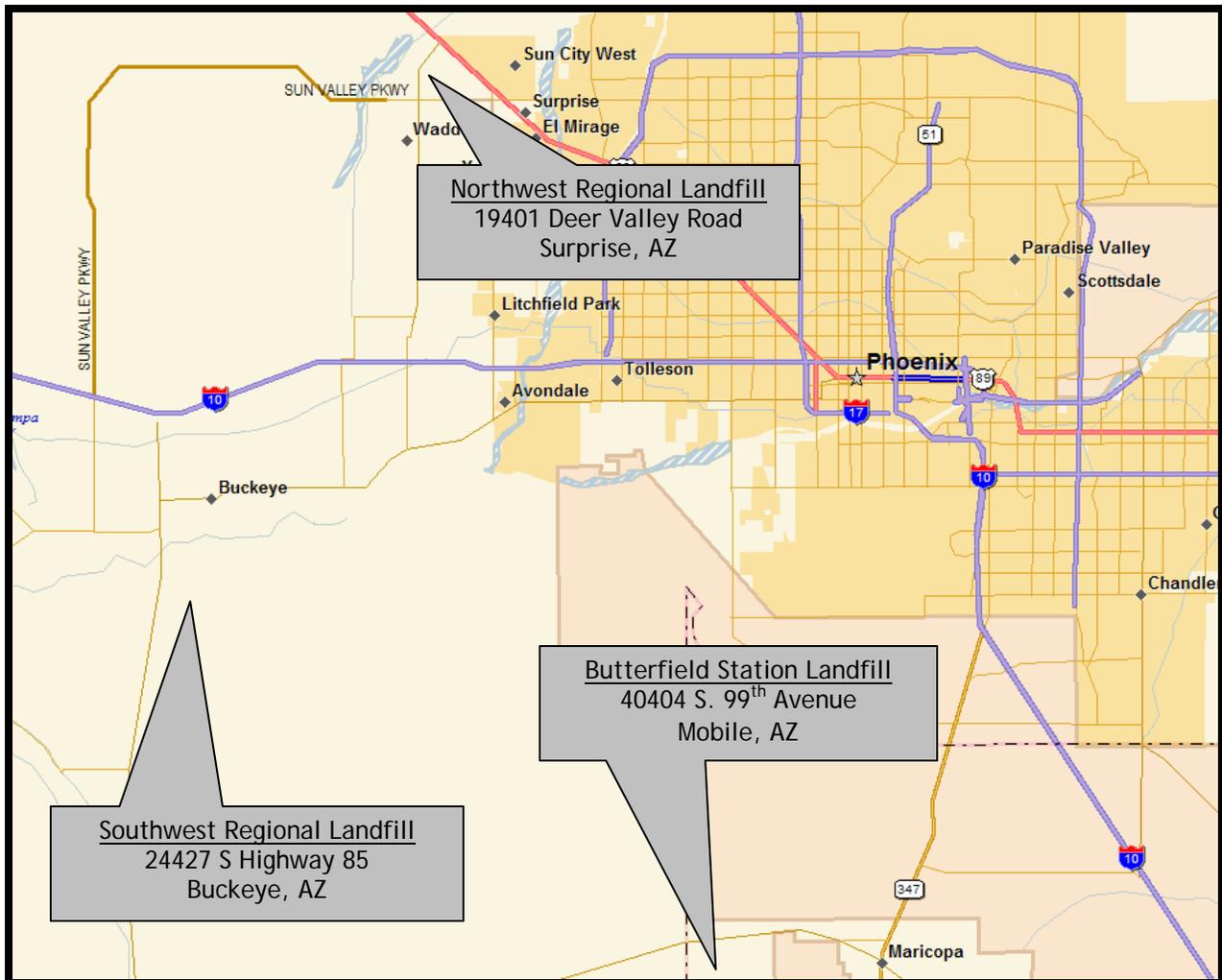
Table 3-8: Interment Tracking		
OVR Tracking Number	Interment Row GPS Coordinates	Date of Interment
12345	N 33 39.678 W 112 06.963	01/01/07

Religious leaders should be used to conduct committal services at interment sites.

The following locations are suggested for consideration for interment sites. These locations were suggested due to their close proximity to county landfills and their earth moving equipment, relative inaccessibility, and ability to control access.

Table 3-9: Interment Facilities	
Facility	Address
Southwest Regional Landfill - Allied Waste	24427 S. Highway 85, Buckeye, Arizona
Northwest Regional Landfill - Waste Management	19401 W. Deer Valley Road, Surprise, Arizona
Butterfield Station Landfill - Waste Management	40404 S. 99 th Avenue, Mobile, Arizona

The following map represents these facilities locations.



3.11 FUNERAL HOMES AND CREMATORIA

In a worst case scenario public health emergency, individual funeral homes could expect a surge of approximately six months work within a six to eight week period. Individual funeral homes should be encouraged to make specific plans regarding the need for additional human and equipment resources. For example, volunteers from local service clubs or churches or even contractors with heavy equipment may be able to take on tasks such as digging graves, under the direction of current staff. The current weekly capacity for burials is estimated to be 375 bodies per week, with an increase to 1,425 bodies per week if 24 hour operation is instituted.

Cremations have fewer resource requirements than burials and, where acceptable, this may be an expedient and efficient way of managing large numbers of bodies during a public health emergency. However, cultural and religious requirements may prohibit cremation.

The current weekly capacity for crematoria is estimated to be 142 bodies per week, working only daylight hours. This capacity could increase to 750 bodies per week if 24 hour operation is permitted. Additional bodies could be cremated using a communal cremation process, currently forbidden. In communal cremation, multiple remains are disposed in one cremation session and the remains can not be segregated after the cremation. This would allow for approximately 3,750 bodies per week, assuming five bodies cremated at a time, on 24 hours per day operation schedule.

In addition, there are currently six pet crematoria in Arizona. They use the same type of cremation equipment and some or all could potentially handle human remains. Pet crematoria are legally prohibited from handling human remains in the same facility as pets. In the event of a worst case scenario public health emergency, it is recommended the Governor be petitioned to lift the restriction on pet crematoria during the emergency time period.

It is recommended the dialogue between OME, MCDPH, MCDEM and funeral and crematoria directors continue after the creation of this plan. Funeral and crematoria directors should consider it a part of their professional standards to make contingency plans if they were incapacitated or overwhelmed.

It is recommended that funeral homes and crematoria begin thinking about their responses to a pandemic. Specifically, these facilities are urged to:

- Keep all vaccinations for staff up to date.
- Keep adequate supplies on hand to deal with an unexpected influx of bodies.
- Stay in contact with the OME to keep communications viable and current.

3.12 REPATRIATION OF REMAINS

During a public health emergency, it is possible quarantine measures will restrict or prevent the movement of human remains across both state and national borders. The transportation of human remains will likely require approval from the receiving destination and, in the cases of foreign repatriation, the United States Department of State. If quarantine prevents the repatriation or cross border movement of human remains, temporary storage may be provided until quarantine measures are rescinded.

Airlines serving Maricopa County through Sky Harbor International Airport have indicated they have the following capacity to transport remains under normal circumstances and the noted restrictions.

Table 3-10: Airline Capacity and Restrictions		
Airline	Restrictions	Total Number of Bodies per Flight
US Airways	None	1
Southwest	Only remains of company employees.	N/A
United Airlines	Requires known cause of death to be indicated. May refuse remains that died from contagious disease.	2-3

However, during a public health emergency it is likely the airlines will not be in operation on a full scale basis, and will likely refuse the transportation of remains.

Each nation has its own repatriation procedures, which are generally summarized below. It is important to note that many nations require a certificate detailing the body has no contagious disease. Depending on the nature of the public health emergency, this may be impossible

Mexico

The following documentation and requirements apply to returning a body to Mexico:

- A burial/transit permit.
- A death certificate.
- A notarized embalmer's affidavit.
- All documents translated into Spanish.

Bosnia

The following documentation and requirements apply to returning a body to Bosnia:

- Two pictures of the deceased.
- A copy of the deceased's passport.
- A death certificate.
- A letter on funeral home letterhead requesting shipment of remains.

- The family must contact the funeral home in the USA stating the destination (name and address of the funeral home in Bosnia, with a phone number, for the Consulate to make the flight).
- Must also go through the Croatia Consulate in order for the body to enter the country.

Canada

The following documentation and requirements apply to returning a body to Canada:

- A burial/transit certificate.
- A death certificate.
- An air tray or Ziegler in a combo.
- There is no requirement on the type of casket.
- One copy of the death certificate showing cause of death is attached to the air tray.
- There are no Consul fees.

China

The following documentation and requirements apply to returning a body to China:

- A burial/transit permit.
- Two death certificates.
- A letter of no contagious disease.
- A notarized embalmer's affidavit.
- The deceased's passport.
- All documents must be verified in the US State Department.
- A sealer casket or a zinc-lined casket.
- A wooden shipping box.
- The Consul fee is \$17.00.

Colombia

The following documentation and requirements apply to returning a body to Colombia:

- A burial/transit permit.
- Two death certificates.
- A letter of no contagious disease.
- An embalmer's affidavit.
- The deceased's passport or alien card.
- A sealer casket.
- An air tray.
- The Consul fee is \$88.00.

Costa Rica

The following documentation and requirements apply to returning a body to Costa Rica:

- A burial/transit permit.
- A death certificate.
- A notarized letter of no contagious disease.
- A notarized embalmer's affidavit.
- A certificate of notary.
- A sealer casket.
- An air tray.
- The Consul fee is \$160.00 per document.

Croatia

The following documentation and requirements apply to returning a body to Croatia:

- A completed and signed application form for Laissez-Passer for a body (the form must be submitted by an immediate family member).
- A picture ID and proof of Croatian citizenship status of the deceased.
- A death certificate.
- A transit permit.
- A certificate that the deceased did not die from contagious disease.
- An embalmer's affidavit from the funeral home that the body of the deceased was properly encased and that the casket contains only human remains.
- An outside wooden shipping crate.
- The Consul fee is \$52.00.

El Salvador

The following documentation and requirements apply to returning a body to El Salvador:

- A burial/transit permit.
- A death certificate.
- A letter of no contagious disease, with the health department seal.
- A notarized embalmer's affidavit and county clerk seal.
- The deceased's passport and/or birth certificate.
- A certificate of notary.
- A sealer casket.
- An air tray.
- The Consul fee is \$80.00.

Germany

The following documentation and requirements apply to returning a body to Germany:

- Two death certificates.
- A burial/transit permit.
- A letter of no contagious disease.
- The deceased's passport.
- A letter from the funeral home stating the consignee and the flight itinerary.
- There are no requirements on the type of casket; however, some cemeteries will not take metal caskets.
- The Consul fee is \$26.70.

Guatemala

The following documentation and requirements apply to returning a body to Guatemala:

- A burial/transit permit.
- A death certificate.
- A letter of no contagious disease.
- An embalmer's affidavit.
- The deceased's passport or birth certificate.
- A sealer casket.
- An air tray.
- The Consul fee is \$40.00.
- All documents are notarized and have a county seal.

Honduras

The following documentation and requirements apply to returning a body to Honduras:

- A burial/transit permit.
- A death certificate.
- A letter of no contagious disease with the health department seal.
- A letter from the funeral home stating the flight schedule.
- A notarized embalmer's affidavit.
- Three photocopies of all the above paperwork must be attached.
- A certificate of notary.
- A sealer casket.
- An air tray.
- The Consul fee is \$170.00.

Israel

The following documentation and requirements apply to returning a body to Israel:

- A document from OME indicating no contagious disease.
- A death certificate.
- A certified Tahara (the ritual purification procedure).
- A transit permit.
- A letter from a doctor listing the cause of death.
- Approval from Israel to who is receiving the remains.
- The consular fee is \$26.00.

Japan

The following documentation and requirements apply to returning a body to Japan:

- The death certificate.
- A burial/transit permit.
- An embalmer's affidavit.
- A letter of no contagious disease.
- The deceased's passport.
- A letter from the funeral home stating that only the remains are in the casket.
- A sealer casket.
- An air tray.
- The Consul fee is \$26.00.

Nicaragua

The following documentation and requirements apply to returning a body to Nicaragua:

- A burial/transit permit.
- A death certificate.
- A notarized letter of no contagious disease.
- The deceased's passport.
- A notarized embalmer's affidavit.
- A certificate of notary.
- All documents must be notarized and have county seals.
- A sealer casket.
- An air tray.
- The Consul fee is \$35.00; there is an additional fee of \$25.00 for waiting.

Panama

The following documentation and requirements apply to returning a body to Panama:

- A death certificate.
- A letter of no contagious disease.
- The deceased's passport.
- A sealed casket.
- An air tray.
- The Consul fee is \$30.00 per document for a citizen, \$40.00 per document for a non-citizen.

United Kingdom

The following documentation and requirements apply to returning a body to the United Kingdom (including England, Northern Ireland, Scotland, and Wales):

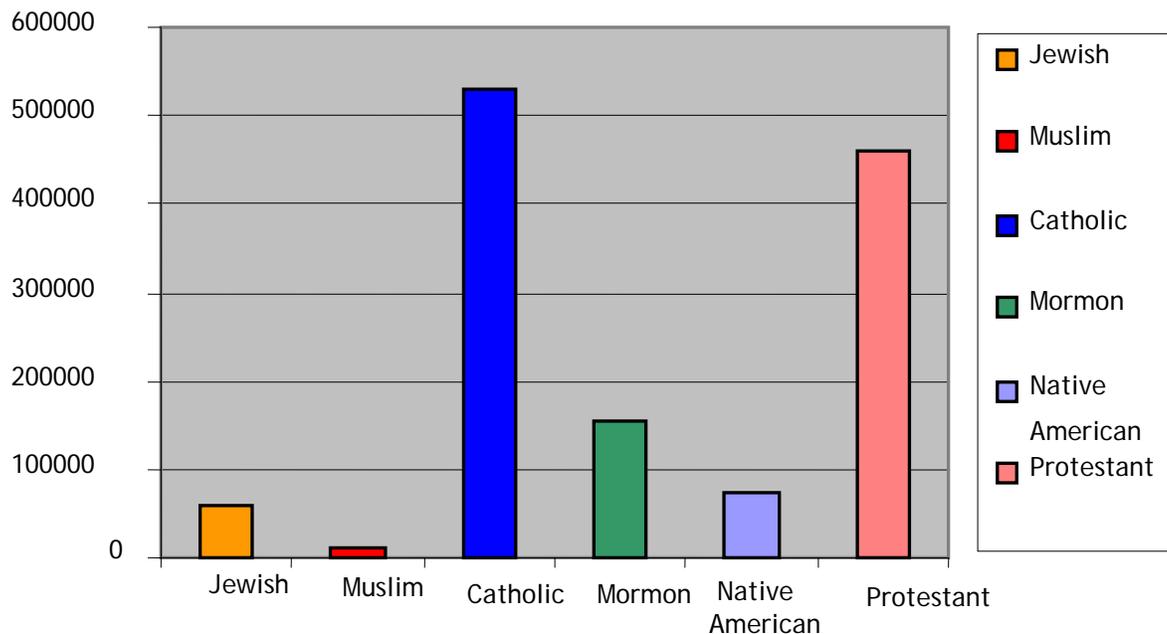
- A burial/transit permit.
- A death certificate.
- A letter of no contagious disease.
- An embalmer's affidavit.
- A letter from the funeral home stating the casket contains only the remains.
- The flight is booked as if shipping domestically.
- There is no Consul fee or inspection.

3.13 RELIGIOUS CONSIDERATIONS

Many religious groups have specific rituals dictating the proper procedures for the handling and burial of the dead. As a result of these rituals, it is recommended representatives of these groups be invited to help staff the CCF to assure their congregations of the proper and dignified treatment of the deceased. Additionally, if temporary internment is used, religious leaders should be present at the internment site to conduct proper ceremonies and provide congregation assurance of dignified treatment. Religious leaders should also be informed if religious considerations cannot be accommodated to allow for the provision of information to their congregations and input on final disposition methods. The following table presents estimated religious and cultural populations.

Maricopa County Religious and Cultural Populations

Population



* 2000 Association of Religion Data Archives

** 2005 Federal Statistics

The following religious denominations have been contacted concerning appropriate rituals, and have indicated the following general procedures.

Orthodox Jewish Burial Traditions

Orthodox Jewish tradition requires burial take place as soon as possible after death. In extreme situations, such as a pandemic, burial may be delayed. Tradition dictates that the body of the deceased not be moved from sundown Friday to sundown Saturday, unless the non-removal interferes with public health and safety. Orthodox Jewish tradition dictates the deceased be attended by a guardian from time of death until burial, and the body be ritually cleansed by specially trained individuals. Conducting autopsies and embalming, unless legally required, is contrary to Orthodox Jewish tradition. If an autopsy is required, it should be conducted under the supervision of a Rabbi. Orthodox Jewish tradition requires burial caskets be constructed entirely of wood and does not permit cremation.

Conservative and Reform Jewish Burial Traditions

In Conservative and Reform Jewish burial traditions there are usually no restrictions placed on time of day or day of removal. Embalming is usually accepted and allowed. There are no special restrictions or requirements as to clothing and or the type of casket that may be used. Funerals are not held on the Sabbath (Saturday). Cremation is permitted.

Muslim Burial Traditions

Muslim tradition requires burial take place as soon as possible after death, and the body should be constantly attended. In extreme situations, such as a pandemic, burial may be delayed. Ideally, the face of the person who has died should be turned towards Mecca, but turning the face towards the right in a morgue setting is appropriate. All handling of the body should be conducted by a person of the same sex. It is a religious requirement that the body be ritually washed and draped before burial by community elders. Muslim tradition does not allow for the conducting of an autopsy after death. Muslims are always buried in simple wooden coffins with no decorations, never cremated.

American Indian Burial Traditions

In general, Native American burial traditions call for the burial of a body as soon as possible after death. Tradition dictates no autopsy, nor does it allow cremation.

Catholic Burial Traditions

In the event of a mass burial, there may be a group blessing. Cremation is allowed in the Catholic Church, however it is still preferable to embalm and bury the remains. If there is cremation, there is a memorial mass that is performed. The Church traditionally does not permit commingling of remains, but in an emergency situation exceptions might be made. Scattering of remains is not allowed.

Mormon Burial Traditions

In general, there are no restrictions on burial or cremation, but cremation is discouraged.

Protestant Burial Traditions

In general, there are no restrictions on the burial or cremation of Protestants.

Unclaimed

Approximately two million residents of Maricopa Count claim no religious preference.

4.0 RESOURCES

This section provides recommendations on resources and materials that should be stockpiled before the occurrence of a public health emergency, and gives guidance on storage and shelf life policy. It should be recommended to community partners that they have available adequate supplies to maintain operations through a public health emergency.

4.1 MINIMUM RESERVE AUTHORIZATIONS

Minimum Reserve Authorizations (MRAs) are the minimum levels of supplies to be maintained to supply the CCF OME staff during a public health emergency. During a public health emergency there will likely be no reliable sources of supply due to the failure of critical infrastructure. Given that assumption, it is recommended agencies plan on being self sufficient for the first 90 days after the advent of a public health emergency.

4.2 PERSONAL PROTECTIVE EQUIPMENT

The following table itemizes PPE items currently available for use by the OME during body examination. The current available amount would sustain normal operations for approximately one month, and maximum capacity operations for approximately two weeks. The table provides an estimated MRA based on a conservative operation time of 20 weeks, and provides the gap analysis.

PPE Item	Number of Cases	Number per Case	MRA in Cases	Gap
Ultra Surgical Gowns	4	32	40	36
Impervious Comfort Gowns	4	100	40	36
Gloves Small/Latex	2	100	20	18
Gloves Medium/Latex	2	100	20	18
Gloves Large/Latex	3	300	30	27
Shoe Covers	2	270	20	18
Bouffant Caps	2	210	20	18
N-95 Masks	2	120	20	18
Plastic Apron	2	100	20	18
Face Shields	4	50	40	36
P2 Gloves/Small	1	500	10	9
P2 Gloves/Medium	1	500	10	9
P2 Gloves/Large	1	500	10	9
P2 Gloves/XLarge	1	500	10	9

This field should be updated on a regular basis to reflect current conditions.

4.3 BODY BAGS

A body bag is a non-porous bag designed to contain a human body, used for the storage and transport of bodies. Body bags are also sometimes used for the storage of bodies within morgues. It is recommended agencies stockpile body bags in numbers to match the expected number of deceased. In general, when stored under the proper conditions, body bags can be expected to have a ten year shelf life. Because the bodies would likely be moved several times before final disposition, body bags that could withstand rough handling should be used, at least 12 mil thick.

The following table itemizes available body bags, provides an estimated number of body bags likely to be required during a public health emergency, and provides the gap analysis.

Table 4-2: Available Body Bags			
Agency	Bags Available	MRA	Gap
OME	750	42,000	41,250

This field should be updated on a regular basis to reflect current conditions.

4.4 OFFICE EQUIPMENT

In the advent of a public health emergency, and under a State of Emergency declaration, the OME will likely have the ability to appropriate all necessary office equipment and supplies. The following is a list of equipment that will be necessary.

- Laptop Computers
- Desktop Computers
- Mobile White Boards
- Hand-Held Death Certificate Embossers
- Electronic Death Certificate Embossers
- Photocopy Machines
- Plain White Paper
- Pre-printed Death Certificates
- Electric Generators

4.5 STOCK ROTATION

Many of the recommended items to be stockpiled are subject to deterioration. Correct storage conditions are therefore of vital importance to ensure the efficacy of the stockpiled materials.

In general, stockpiled materials should be stored in areas that protect them from the following conditions:

- moisture
- heat
- direct sunlight

To prevent stockpiled items from deteriorating past usability, the following general stock rotation method is recommended:

- Stock items should be stored in identified rows.
- Stock items in the front of the storage facility should be used first, i.e. Row A.
- Stock items should be removed from right to left until row is completely emptied.
- Stock should be removed from the next row, i.e. Row B.
- New stock should be placed in the empty row, and that row identified with the word NEW, to indicate that stock should not be used.
- When all rows in the original numbering system have been emptied of stock, the process of identifying and using rows from the front of the facility should begin again.

4.7 STOCKPILE SECURITY

It is recommended items to be stockpiled be stored at the current OME facility. Stockpiled items will need to be stored under the following security considerations:

- No exterior descriptive signage on the exterior of the storage area.
- Locked storage closet.
- A well defined entry access procedure for personnel.

5.0 RECOMMENDATIONS

The following recommendations are made in relation to this Plan.

1. Exercise the Plan one a regular basis.
2. Engage community partners to ensure they update the Maricopa County Mortuary Resource Management System on a regular basis.
3. Conduct a training course on Plan and Maricopa County Mortuary Resource Management System for new hires.
4. Continue to engage community partners to ensure preparedness in the vent of Plan activation.
5. Update the plan to reflect new information on a regular basis.
6. Discuss Plan with other adjacent Counties and with Arizona State Agencies.
7. Determine budget source for recommended stockpiled materials.
8. Periodic training needs to be conducted to train first responders, CCF personnel, and community partners.

6.0 AUTHORSHIP AND REFERENCES

6.1 AUTHORSHIP

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Association of Religion Data Archives