

22. Natural Death Surge Planning Strategy

The city morgue had room for thirty-six bodies. Two hundred were there. Bodies lay in homes where they died ... Families closed off rooms where a body lay.

The Great Influenza, John M. Barry

This chapter is excerpted from the Ministry of Community Safety and Correctional Services Influenza Pandemic Plan (2008).

The intent of the Natural Death Surge Planning Strategy is to provide information that may assist influenza pandemic planning. The implementation of the strategies and tools are NOT mandated or directed for use in local influenza pandemic planning, and this does NOT replace existing influenza pandemic plans, procedures or guidelines.

Preamble

An increase in mortality is expected during an influenza pandemic, but accurate predictions of mortality cannot be made before the pandemic virus emerges. The World Health Organization advises that death rates are largely determined by four factors:

- the number of people who become infected;
- the virulence of the virus;
- the underlying characteristics and vulnerability of affected populations; and
- the effectiveness of preventive measures.

All estimates for anticipated number of deaths are purely speculative. The World Health Organization has estimated from 2 million to 7.4 million deaths worldwide¹ and, based on a 35% attack rate, Ontario public health officials estimate a minimum

¹ <http://www.who.int/csr/disease/influenza/pandemic10things/en/>

of 6,864 to a maximum of 20,072 deaths in Ontario over the course of the influenza pandemic. For planning purposes, Ontario estimates that the most likely number of fatal cases is 12,303.² Of those fatalities, 70% (8,612) will be in the hospital setting.

Preparedness planning is essential for all levels of government to ensure that systems and procedures are in place to manage a surge in natural deaths including the proper screening, recognition, reporting of, and disposition of human remains. A SARS Commission recommends a pre-planned response involving the funeral industry, the Ministry of Health and Long-Term Care, public health, the hospital community, Emergency Management Ontario, and the Office of the Chief Coroner, supported by agreed upon policies, procedures, protocols, memoranda of understanding, and tabletop drill exercises to prevent the problems that arose during the Severe Acute Respiratory Syndrome outbreak.³

Natural Death Surge vs. Multiple Fatality

An important concept for planning is the fact that an influenza pandemic would likely result in a “Natural Death Surge” rather than a “Multiple Fatality Event” and therefore would not likely lead to an

² Ontario Health Plan for an Influenza Pandemic, 2007, “Table 3.1: Estimated Impact on an Influenza Pandemic by Attack Rate”

³ The SARS Commission, Executive Summary, Spring of Fear, pg. 58

activation of the Provincial Multiple Fatality Plan, which is maintained by the Office of the Chief Coroner. A coroner's investigation would likely be required for a death resulting from a Multiple Fatality Event, but not necessarily from a Natural Death Surge.

A Multiple Fatality Event can be defined as an:

“Incident or event (usually a single event) where several persons die, and where the number of deaths exceeds the capabilities of the local resources (personnel, equipment, facilities) to respond with appropriate investigation, recovery of remains, examination of the bodies, identification of the decedents, reporting of findings, and ultimate disposition of the human remains (repatriation, burial, cremation).”

Natural Death Surge can be defined as:

“An increased number of deaths from natural causes that can occur over a period of time (weeks to months) rather than in one incident or event. The impact of an ongoing natural death surge may impact local systems and capabilities.”

Role of the Office of the Chief Coroner during an Influenza Pandemic

The Office of the Chief Coroner, through the Ministry of Community Safety and Correctional Services, will be actively involved provincially and regionally, along with other stakeholders, in providing input into the prevention, mitigation, preparedness, response and recovery to an influenza pandemic.

Coroners must have the appropriate jurisdiction to investigate deaths, and the involvement of the Office of the Chief Coroner in dealing with a pandemic will depend entirely on circumstances. In the

early stages of an influenza pandemic, involvement of the Office of the Chief Coroner may be quite significant, as there may be important public safety issues to consider. As the pandemic evolves, involvement of the Office of the Chief Coroner will likely diminish considerably.

The *Coroners Act*, RSO, 1990, Ch C.37⁴ provides the legal framework under which coroners in the province conduct investigations into many deaths. Without appropriate jurisdiction, the coroner may not investigate a death. The circumstances where a coroner does have jurisdiction are outlined in Section 10 of the *Coroners Act* and include all non-natural deaths, as well as many natural deaths. The “normal” business of the coroner will continue during an influenza pandemic.

All non-natural deaths, including homicides, suicides, accidents, deaths in custody, and those of undetermined circumstance will require investigation, as will other deaths that fall under Section 10 of the *Coroners Act*. Included in the natural deaths are those that are sudden and unexpected. Deaths resulting from a declared influenza pandemic would be regarded as natural, but not necessarily sudden and unexpected; therefore, the coroner would not automatically have jurisdiction or have the requirement to become involved in any investigation.

Coroners may not be as readily available during a declared pandemic because they will likely be heavily involved in caring for patients within their own areas of medical practice. Should they contract influenza themselves, they may be

⁴ http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90c37_e.htm

medically unfit or prohibited from working.

It is anticipated that in the event of an influenza pandemic, communities may assume that they will be able to request coroners to respond to a death that would not ordinarily require a coroner's investigation. This may be for no other reason than to perform certain requisite tasks and complete documentation when there is no one else available to assume responsibility. The Office of the Chief Coroner has emphasized that this type of request must be reserved for exceptional circumstances, and cautions that it cannot guarantee that coroners will be available to respond.

The Office of the Chief Coroner will provide guidance and advice to communities on areas where it has expertise, or experience, to assist with local planning efforts to ensure that appropriate local strategies are in place for dealing with the expected surge in natural deaths. Local natural death surge strategies should be a component of local pandemic plans for implementation once a pandemic is declared. These strategies should be discussed with the Regional Supervising Coroner, local funeral service providers, cemeteries and crematoria, who will have key roles in the efficient short-term storage, handing, and ultimate disposition of remains. The Funeral Service Association of Canada and the Ontario Board of Funeral Services have published a Guide to Pandemic Planning⁵ for their licensees and staff.

⁵<http://www.funeralboard.com/PublicUploads/2234439103%20Pandemic.pdf>

Influenza Pandemic Screening Questionnaire

Local planners assigned to develop a pandemic plan for their organizations are faced with the perplexing challenge of managing potentially high numbers of deaths in a declared influenza pandemic. The Office of the Chief Coroner has developed and shared with local planners a questionnaire to assist local communities in dealing with the anticipated surge in natural deaths during an influenza pandemic.

Use of this questionnaire will apply primarily to deaths occurring in the community, rather than in a designated health care facility, and will be of value in circumstances where there may be a reasonable presumption that the death was due to influenza. It is assumed that health care facilities will have mechanisms and personnel in place to pronounce and certify deaths that occur within their premises, consistent with their current responsibilities.

The Office of the Chief Coroner has not mandated the use of the questionnaire, but the questionnaire can assist in distinguishing those deaths that must be referred to the coroner from those that can be assumed to be due to an influenza pandemic. It is provided as a guideline and can be amended to meet local needs to include such things as local procedures for the reporting of – and documenting requirements for – influenza pandemic deaths.

The use of an Influenza Pandemic Screening Questionnaire will require that local public health and response agencies work together to provide for the appropriate training in its use and application, as those who have been determined by the community to utilize

the screening questionnaire will find it different from normal protocols and procedures. The Ministry of Community Safety and Correctional Services and the Ministry of Health and Long-Term Care are jointly developing a training module to accompany the Screening Questionnaire. The training module, when available, will be distributed and should be customized for local use. Training should be implemented by the agencies who will use the questionnaire, and the Regional Supervising Coroners will be available in an advisory capacity to assist in developing the training, if required.

The questionnaire is broken into 3 sections:

- Section one determines the necessity to involve the coroner in circumstances that would fall under Section 10 of the *Coroners Act*.
- Section two elicits a medical history, including signs and symptoms, possible history of exposure, and vulnerability to succumbing to influenza infection. Its purpose is to allow the screener to come to a presumptive diagnosis that the person probably died from influenza in circumstances where an influenza pandemic has been declared.
- Section three provides for the documentation of date and time of pronouncement of the death. It also notes relevant contact information for the coroner (if contacted); the funeral home responsible for body removal from the scene; and the person responsible for completion of the form.

The concept of an “Influenza Pandemic Response Team” has evolved in local pandemic planning from the need to conserve utilization of other valuable first

responder resources. Communities may want to consider identifying and training in advance a team that will be trained on the Influenza Pandemic Screening Questionnaire. If appropriate, the team would be dispatched to a suspected influenza pandemic death to confirm that death has occurred; to determine whether the coroner should be called or not; to ascertain whether the death was likely due to influenza and to initiate the process of having the body removed from the scene for ultimate disposition (funeral, burial, cremation). See Appendix 1 for the *Influenza Pandemic Screening Questionnaire*.

Management of a Surge in Natural Deaths

With the anticipation of limited resources during an influenza pandemic, changes to the normal processing of human remains may be required, along with short-term adaptations to an organization’s day-to-day operating policies and procedures.

Local planners, with participation from the Regional Supervising Coroner, local public health officials, funeral boards,⁶ and other appropriate local authorities, should examine each step in the management and processing of human remains to determine what issues may arise during an influenza pandemic. Strategies should be developed to address those issues and ensure the continuity of the death management process.

This may include developing additional documentation to complement the initial screening questionnaire, described in the previous section, so that timely completion of required documentation can be accomplished. It may also include assigning and training appropriately

⁶ <http://www.funeralboard.com/PublicUploads/2234439103 Pandemic. PDF>

qualified individuals, such as paramedics or community nurses, as pandemic death screeners. In addition, and to ensure that no potential criminal matters are overlooked in the process, discussions should involve the local police service, who may want to assign experienced death investigators. Local planners are reminded that there is currently no statutory legal requirement concerning who can pronounce death. There may, however, be a societal expectation that individuals formally pronouncing death in the community setting during a pandemic have some form of medical training, or alternatively, be in a position of authority (police officer).

Under current legislation, physicians complete the majority of Medical Certificates of Death. Consideration is being given to modifying the regulations under the *Vital Statistics Act*⁷ to allow for a broader spectrum of health care professionals, including nurses and paramedics, to perform this function.

Communities may wish to arrange for a voluntary roster of physicians, through their local hospital medical staff organization, to be available to expedite the signing of Medical Certificates of Death. Community planners, with the assistance of local funeral directors, must determine where the body of a deceased person can be taken (funeral home, central body storage facility or morgue) in anticipation of completion of a Medical Certificate of Death by a legally qualified individual.

Where no other qualified individual is available to do so, the Regional Supervising Coroner and/or local

investigating coroners, as a last resort, will attempt to facilitate or expedite any requisite paperwork, such as completion of Medical Certificates of Death and cremation applications, so as to allow for death registration and disposition of the remains as quickly as possible. This may require the faxing of documentation to the office of the Regional Supervising Coroner, and temporary acceptance of such documentation by Division Registrars and other government officials.

Municipalities should also review their death registration procedures to ensure that they will be able to address increased requests in a timely fashion. Strategies to consider include increasing hours of operation for registrations, and appointing additional Deputy Division Registrars and Sub-Registrars, as permitted in the *Vital Statistics Act*, s.38.⁸

Natural Death Surge Planning Strategy Chart

Table 22.1 outlines the steps in the death management process including the proper screening, recognition, reporting of and disposition of human remains at the local level. It is not prescriptive, but suggests issues that may require strategies be developed at the local level in consultation with the Regional Supervising Coroner, local public health, first responders, and community emergency management coordinators and planners.

⁷ http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90v04_e.htm

⁸ http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90v04_e.htm

Table 22.1: Natural Death Surge Planning Strategy Chart

Step 1 – Death in Community Setting (outside health care facility)

A key concept of planning for a significant increase in the number of natural deaths in the community setting (i.e., outside of health care institutions) is the recognition by caregivers or acquaintances that death has occurred. Community planners may wish to consider obtaining information from the caregiver’s initial call to determine the appropriate response.

It is important to consider that a tiered emergency response (EMS, Fire, Police) not be activated for every influenza pandemic death, if not required. These resources will be struggling to maintain other emergency service calls that require their expertise.

Considerations can be given to setting up a designated phone number, other than the normal emergency number (911), that is answered by trained calltakers when screening calls from caregivers who may be reporting a suspected influenza pandemic death. The number would need to be publicized through local media and educational campaigns, and special training for the calltakers would be required.

Alternatively, the existing emergency number system (911) may be utilized. With appropriate modifications to ambulance algorithms and training of the calltakers, a preliminary intake may distinguish if the patient has likely expired from the influenza pandemic, or from some other reason, to determine the appropriate response.

Requirements	Factors to Consider	Planning Strategies
<ul style="list-style-type: none"> Family/caregiver believes person has died Calls influenza pandemic designated number or emergency number 	<ul style="list-style-type: none"> May not recognize that death has occurred Unaware of public education issues Burden to emergency response system (i.e., 911) 	<ul style="list-style-type: none"> Provide education regarding signs, symptoms of death through pamphlets, TV infomercials, website Provide education on proper steps to take, designated number to call (avoid 911) Set up designated phone number with trained personnel or utilize existing 911 operator system

Step 2 – Dispatch of Appropriate Resources

The concept of an “Influenza Pandemic Response Team” (PRT) has evolved from the need to conserve utilization of other valuable first responder resources. Communities may want to consider identifying and training in advance PRT that will be dispatched to a suspected influenza pandemic death to confirm that death has occurred (Pronounce Death); to determine whether the coroner should be called or not; to ascertain whether the death was likely due to an influenza pandemic; and to initiate the process of having the body removed from the scene for ultimate disposition (funeral, burial, cremation).

Discussions in several communities have determined that the most logical members of a PRT would include a police officer with death investigation experience and a medically trained individual (EMS or nurse).

Community planners and the involved agencies would need to determine criteria for having PRT members on standby and when to actively deploy them. Decisions regarding equipment (PPE, basic resuscitation kit) and types of vehicles would be left to the individual community.

Requirements	Factors to Consider	Planning Strategies
<ul style="list-style-type: none"> Calltaker confident from information provided that victim is deceased No need for full tiered response Trained influenza pandemic responders on standby for deployment to scene 	<ul style="list-style-type: none"> Calltaker has appropriate training and algorithm to follow to verify that death has occurred Trained “Pandemic Response Teams” (PRTs) of skilled individuals with sufficient experience, equipment and personal protection Consider legal liability issues 	<ul style="list-style-type: none"> Develop appropriate algorithm and train calltakers in its application Identify members of PRTs in advance – police with death investigation experience, EMS, RN Monitoring mechanism to determine when to activate PRTs Consider planning an on-call system, 24/7, specifically for this task

Step 3 – Pronouncement of Death

The Vital Statistics Act legislates who is qualified to certify death, but there is no specific requirement concerning who can pronounce death. It may be necessary during an influenza pandemic for communities to consider other alternatives for death pronouncement. Those with experience in witnessing death (EMS, nurses, police officers) could perform this task, if required. There may be a need to modify existing policies and protocols, as well as existing regulations, to allow for wider latitude of practice of such individuals in an emergency situation of a declared influenza pandemic.

Requirements	Factors to Consider	Planning Strategies
<ul style="list-style-type: none"> No statutory legal requirements in place Medical training is desirable Alternatively, a position of authority (police officer) 	<ul style="list-style-type: none"> If death occurs in the home then one of these authorized persons will need to be contacted Availability of people able to do this task Consider legal liability issues 	<ul style="list-style-type: none"> Provide public education on how to access an authorized person Modify existing policies and procedures, or protocols to allow this (i.e., work outside normal parameters of Ambulance Act, police procedures)

Step 4 – Screening Questionnaire – Possible Death from Influenza

A questionnaire has been developed by the Ontario Office of the Chief Coroner to assist PRT members with determining whether the death requires a coroner's investigation. If it does not, further questions are designed to elicit whether a reasonable presumption can be made that the death was due to an influenza pandemic. If this is the case, the forms are completed and suitable arrangements are then made for the body to be removed from the site to a designated location (funeral home or temporary morgue). Reporting of these deaths must also be made to the Medical Officer of Health.

Requirements	Factors to Consider	Planning Strategies
<ul style="list-style-type: none"> Screening questionnaire PRT members trained in its use and interpretation Community strategy for transportation of bodies 	<ul style="list-style-type: none"> Number of PRTs available to respond to death scenes Training and familiarization with process of screening Body removal services educated in process and willing to remove body to designated site (funeral home or morgue) without a Death Certificate 	<ul style="list-style-type: none"> Questionnaire made available to all communities for their consideration Develop and outfit PRTs within communities in consultation with involved stakeholders (EMS, police, etc.) Involve funeral service sector, body removal services in planning

Step 5 – Certificate of Death

Under current legislation, physicians complete the majority of Medical Certificates of Death. Consideration is being given to modifying the regulations under the Vital Statistics Act to allow for a broader spectrum of health care professions to perform this function.

Communities may wish to arrange for a voluntary roster of physicians, through their local hospital medical staff organization, to be available to expedite the signing of death certificates. Community planners would also need to determine whether bodies would be transported to local funeral homes or to a central body storage facility (morgue), with the understanding that death certificates would be completed at one of those locations.

Appropriate documentation should accompany the body to the designated site for review by the death certifier.

Requirements	Factors to Consider	Planning Strategies
<ul style="list-style-type: none"> Person legally authorized to perform this task 	<ul style="list-style-type: none"> Not necessarily the same person who pronounced death Availability of volunteers, designated persons legally qualified Define location where certificate to be signed Provide appropriate documentation to satisfy certifier 	<ul style="list-style-type: none"> Volunteer/rotating schedule of physicians willing to be available Changes to existing legislation, regulations to allow broader range of certifiers within health professionals sector (RNs, EMS) Corpse, all documentation located at funeral home for review Consider collecting corpses and having one authorized person perform this task <i>en masse</i> to improve efficiency

Step 6 – Wrapping of Body for Transportation

In consultation with the Chief MOH and local MOHs, it should be determined what steps, if any, are required prior to the transport of bodies from a death scene.

Requirements	Factors to Consider	Planning Strategies
<ul style="list-style-type: none"> • Determine necessity with MOH • Plastic sheeting (shroud) may suffice • Person(s) trained to perform this task 	<ul style="list-style-type: none"> • Body bags/plastic shrouds • Supply of human and physical (body bags) resources 	<ul style="list-style-type: none"> • Consider developing a rotating six month inventory of body bags, given their shelf life • Consider training or expanding the role of current funeral home staff to include this task • Provide this service in the home in conjunction with pronouncement and transportation to morgue.

Step 7 – Transportation to the Morgue

Bodies must be treated with respect and dignity. Depending on the number of deaths and the community decision for where bodies will be taken following death pronouncement, transportation may be handled entirely by professional removal services, or may also be done by family members. Education of the public may be required if the latter is anticipated with any significant frequency.

Families devastated by influenza pandemic deaths may require intervention by Social Services to assist with funeral arrangements and even basic issues of food and shelter. In situations where the responsible adult caregivers have succumbed, the local Children’s Aid Society may need to become immediately involved. Similarly other agencies such as Animal Control may need to be alerted to circumstances that require their involvement.

Requirements	Factors to Consider	Planning Strategies
<ul style="list-style-type: none"> • Suitably trained personnel, stretcher and vehicle suitable for this purpose • Transport by family, if done with respect and appropriate dignity 	<ul style="list-style-type: none"> • Availability of human and physical resources (including vehicles) 	<ul style="list-style-type: none"> • Consider keeping old stretchers in storage instead of discarding • Look for alternate suppliers of equipment that could be used as stretchers in an emergency (e.g., trolley manufacturers) • Consider transport vehicles capable of handling more than one corpse per trip • Provide public education or specific instructions re: where to take corpses, whether the family must transport; how to do so appropriately • Assistance of Social Services, CAS, Animal Control, for cases where family may lack resources to react

Step 8 – Registration of Death

Local municipalities may have to examine their current staffing levels and hours of operation for death registration. Appointments by Order in Council of additional Assistant Deputy Registrars needs to be contemplated well in advance of a declared influenza pandemic. Contingency plans should be considered for extended hours of operation, or after-hours availability to expedite death registration.

Requirements	Factors to Consider	Planning Strategies
<ul style="list-style-type: none"> • Deputy Registrar or Assistant DR at municipal offices 	<ul style="list-style-type: none"> • Sufficient persons appointed and trained to fulfill task • Hours of operation to accommodate increased demand 	<ul style="list-style-type: none"> • Municipalities to review current complement of registrar positions • Expand hours of service, or provide on-call availability outside regular hours

Step 9 – Storage of the Body

Assuming that local funeral homes may have very limited surge capacity for body storage, and that existing morgue facilities (hospitals, Coroner’s Office, removal services) will likely be overwhelmed during an influenza pandemic, alternate solutions for temporary body storage must be made.

Community planners must be sensitive to the potential repercussions of the general public associating temporary body storage with certain locations (ice rinks) or specific companies (cold storage facilities, refrigerated trucking companies). Local communities should dialogue with their funeral service providers and hospitals in determining an appropriate temporary body storage facility and its location.

Storage may be required after death is pronounced, while the funeral arrangements or disposition decisions are being made. Following the funeral, there may be backlogs at cemeteries and crematoria that necessitate further short-term storage of bodies.

Requirements	Factors to Consider	Planning Strategies
<ul style="list-style-type: none"> • A suitable facility that can be maintained at +4 to +8° Celsius 	<ul style="list-style-type: none"> • Capacity of existing facilities in hospitals, funeral homes, removal services likely to be overwhelmed • “Traditional” alternatives may not be realistic or palatable to community (e.g. hockey rinks, refrigerated trucks) • Availability of refrigerated containers/trucks, or storage facilities • Placement of temporary body storage facility (ie. close to hospital morgue or funeral home) 	<ul style="list-style-type: none"> • Identify and plan for possible temporary morgue sites • A contract or Memorandum of Understanding with appropriate suppliers • Funeral sector to explore options for temporary increase in capacity (pooling of resources, refrigerated units on site, etc.) • By-law revisions as required

Step 10 – Autopsy Examinations

Autopsies will most likely not be required to confirm an influenza pandemic death. The OCC may have some initial involvement with surveillance and diagnosis confirmation to assist Public Health in the early stages of an influenza pandemic.

Requirements	Factors to Consider	Planning Strategies
<ul style="list-style-type: none"> • Most deaths due to influenza pandemic will not need autopsy • Public health surveillance/confirming diagnosis • Consent of family, if not a coroner’s autopsy 	<ul style="list-style-type: none"> • Availability of human and physical resources • May be legally required in some circumstances (coroner’s cases) 	<ul style="list-style-type: none"> • Ensure that physicians and families are aware that an autopsy is not required for confirmation of an influenza pandemic death

Step 11 – Cremation

Community planners should consult with local crematoria to ascertain current volumes of cremations and surge capacity, along with any limitations that extended hours of operation might pose.

Requirements	Factors to Consider	Planning Strategies
<ul style="list-style-type: none"> • Transportation to crematorium • Availability of crematoria • A cremation certificate signed by coroner 	<ul style="list-style-type: none"> • Capacity of crematorium/speed of process • Availability of coroner to review and issue certificate • Public Health requirements • May be advised as desirable alternative to burial 	<ul style="list-style-type: none"> • Identify alternate vehicles that could be used for mass transport • Examine the capacity and surge capacity of crematoria within the jurisdiction • Discuss and plan appropriate storage options, if the crematoria become backlogged • Discuss and plan expedited cremation certificate completion processes through Regional Supervising Coroner’s Office

Step 12 – Embalming

Funeral service sector should review their needs for supplies and trained embalmers in the event of an influenza pandemic where deaths from natural causes might surpass in 6-8 weeks the normal volume normally encountered in 6 months.

Requirements	Factors to Consider	Planning Strategies
<ul style="list-style-type: none"> • Vehicle for transportation from morgue • Trained persons • Embalming equipment • Suitable location • May not be necessary for cremation 	<ul style="list-style-type: none"> • Availability of human and physical resources • Capacity of facility and speed of process 	<ul style="list-style-type: none"> • Consult with service providers regarding the availability of supplies and potential need to stockpile or develop a rotating 6 month inventory of essential equipment/supplies • Discuss capacity and potential alternate sources of human resources to perform this task (e.g., retired workers or students in training programs) • Consider “recruiting” workers who would be willing to provide this service in an emergency

Step 13 – Funeral Service

Normal funerary practices may be significantly altered by a surge in natural deaths. Supplies may be limited; visitations may, of necessity, be shortened dramatically or curtailed by the MOH to prevent the spread of disease.

Requirements	Factors to Consider	Planning Strategies
<ul style="list-style-type: none"> • Knowledge of available resources (location, caskets) • Timing • Visitations, service • Infection control measures to reduce risk of disease transmission in large gatherings 	<ul style="list-style-type: none"> • Availability of caskets • Availability of location for service and visitation • Limitations on public gatherings • Need to expedite or accelerate the process • Competing public expectations (for specific day, number of guests, etc.) 	<ul style="list-style-type: none"> • Shorten lead time for casket manufacture/delivery • Consult with the Funeral Services Association of Canada (FSAC) • Training, public education in infection control measures from Public Health • Alternative of a memorial service at some time after the cremation/burial

Step 14 – Temporary Storage After Funeral

See: Step 9 – Storage of the Body

Requirements	Factors to Consider	Planning Strategies
<ul style="list-style-type: none"> • Suitable facility at +4 to +8° C 	<ul style="list-style-type: none"> • Embalmed bodies, or bodies in caskets may be more acceptably stored in some facilities (e.g., cold storage) 	<ul style="list-style-type: none"> • Expand capacity by increasing temporary storage sites

Step 15 – Burial

Contingencies need to be considered to cope with extremes of weather, reduced manpower, shortage of equipment, cultural and religious requirements, etc. Bodies may require short-term storage following funeral services.

Requirements	Factors to Consider	Planning Strategies
<ul style="list-style-type: none"> • Grave digger, space at cemetery 	<ul style="list-style-type: none"> • Availability of grave diggers and cemetery space • Extreme cold and heavy snow fall 	<ul style="list-style-type: none"> • Identify sources of supplementary workers

Appendix 1: Influenza Pandemic Screening Questionnaire

The following questionnaire, developed by the Office of the Chief Coroner, is designed to help the appropriate health care professionals exclude cases that require a coroner's investigation and/or to make a presumptive diagnosis of influenza as the medical cause of death during an influenza pandemic.

As noted under "Purpose," the questionnaire is intended primarily for deaths occurring in a community setting rather than in health care facilities. Although it is not prescriptive for communities to use, it offers a means to assist communities to deal with the anticipated surge in natural deaths, and to expedite removal of decedents' remains to a suitable site for ultimate disposition. If not utilized, a comparable approach should be considered by local community planners.

The use of an Influenza Pandemic Screening Questionnaire will require that local public health and response agencies work together to provide for the

appropriate training in its use and application, as those who have been determined by the community to utilize the screening questionnaire will find it different from normal protocols and procedures. The Ministry of Community Safety and Correctional Services and the Ministry of Health and Long-Term Care are jointly developing a training module to accompany the Screening Questionnaire. The training module, when available, will be distributed and should be customized for local use. Training should be implemented by the agencies who will use the questionnaire, and the Regional Supervising Coroners will be available in an advisory capacity to assist in developing the training, if required.

The Office of the Chief Coroner cannot guarantee that the services of a coroner will be available during a declared pandemic for deaths not requiring an investigation under the Coroners Act.

Screening Questionnaire for Possible Death from Influenza Pandemic Outside of a Health Care Setting

(Note: the screening referenced here is limited to identifying cause of death not the broader screening of live individuals.)

Purpose

This questionnaire has been designed to be utilized by appropriate health care professionals to exclude cases that require a coroner's investigation and/or to make a presumptive diagnosis of Influenza as the medical cause of death.

It will apply primarily to deaths occurring in the community, rather than in a designated health care facility. It is assumed that, as is currently the case, health care facilities will have mechanisms and personnel in place to pronounce and certify the deaths, and will also be familiar with referrals to the Coroner's Office.

This document is subject to revision and finalization at the time of a declared influenza pandemic so as to ensure relevancy to the specific attributes of the particular virus strain involved.

Date: _____ Time: _____

Name of Deceased Person: _____

Location: _____

Person Interviewed: _____

Relationship to Deceased Person: _____

Contact Information: Address: _____

Phone: _____

Interviewed by: (name and designation): _____

Screening Questionnaire - Section One:

Preliminary Questions to determine NECESSITY TO INVOLVE CORONER:

Does the MANNER of death appear to be other than Natural Causes?
("Other" would include apparent Accident, Suicide, Homicide, or Suspicious
Circumstances) Y N

By history from caregivers, is the death both Sudden and Unexpected?
(Assessor is to use his/her impression, not the caregiver's view that the death
was both sudden and unexpected) Y N

Has anyone expressed concerns regarding medical care?
(Including caregivers, other relatives, health care professionals, etc.) Y N

Is it impossible to establish firm identification of the deceased?
(No responsible person in attendance, or decompositional changes prevent
visual identification) Y N

A "YES" RESPONSE to any of the above questions requires IMMEDIATE NOTIFICATION
OF A CORONER and preservation of the scene.

If ALL RESPONSES are "NO", proceed to section two.

Note: If there are no relatives, friends or acquaintances readily available who appear willing
to assist with funeral arrangements and disposition of the body (burial or cremation), please
contact the office of the Regional Supervising Coroner for your area to seek direction. There
is provision under the Anatomy Act for the coroner to request assistance of the municipality
in disposition of unclaimed bodies.

Screening Questionnaire - Section Three:

Note: There is no statutory requirement for who can be designated to pronounce death. It will be assumed that suitably trained screeners utilizing this form will have sufficient experience to recognize death, and by completing this section will merely be documenting a date and time for official purposes.

Pronouncement of Death for: (name) _____

Address: _____

Date: _____ Time: _____

By: (Screener's name) _____

Signature: _____

Coroner called: Y N

If yes, who was contacted? _____ Time: _____

Local funeral home contacted: Y N Time: _____

Name of funeral home: _____

Location: _____

Contact person: _____

Phone Number: _____

Name of person completing this form: _____

Signature: _____

Telephone Number at which you can be reached: _____