

**CT Funeral Directors Association
 Pandemic Plan FINAL - Statements of Purpose (SOP's)**

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Purpose To prepare for anticipated funeral home staff reduction of 40% by conducting a meeting to educate community Funeral Directors and create three specific Lists:

1. A written Funeral Director (FD) List of all local Funeral Directors, Embalmers and registered apprentices, to include their names, funeral home, business address, phone, e-mail and if they would like to participate in a rotation schedule, share resources, etc., within the community during Phases 4-6. From this list are there FD's who would be willing to be a spokesperson(s) to the media if a pandemic occurred?
2. A written list of each participating Funeral Home's non-licensed staff currently assisting their respective funeral homes, and who may be called upon to assist during a mass fatality event. (Each individual FH to create this list)
3. A written Volunteer list of non-licensed volunteers (students) who may be called upon during Phases 4-6 to assist the licensed staff in their tasks.

How to Accomplish Book a date and location for the meeting; mail invitations to licensed funeral directors, embalmers, and apprentices, with date, time, place and agenda of meeting.

For Non-licensed Staff of Volunteering Funeral Homes: each funeral home to create an emergency list of their contacts that may assist during a mass fatality event, to include part-time staff and how they can be contacted, what are their skills, etc.

For non-licensed volunteers: place posters (see attached page 3) at local community colleges (Briarwood College, etc.) and other sites to ask for volunteers to assist during a mass fatality event. Provide a name and phone number for volunteers to call in order to be placed on the volunteer list and ask what skills/talents they have. Record their names, town, phone numbers, etc. on the list to be maintained, and updated as necessary.

Personnel Involved Local Funeral Directors/Embalmers/Other Staff/Student Volunteers

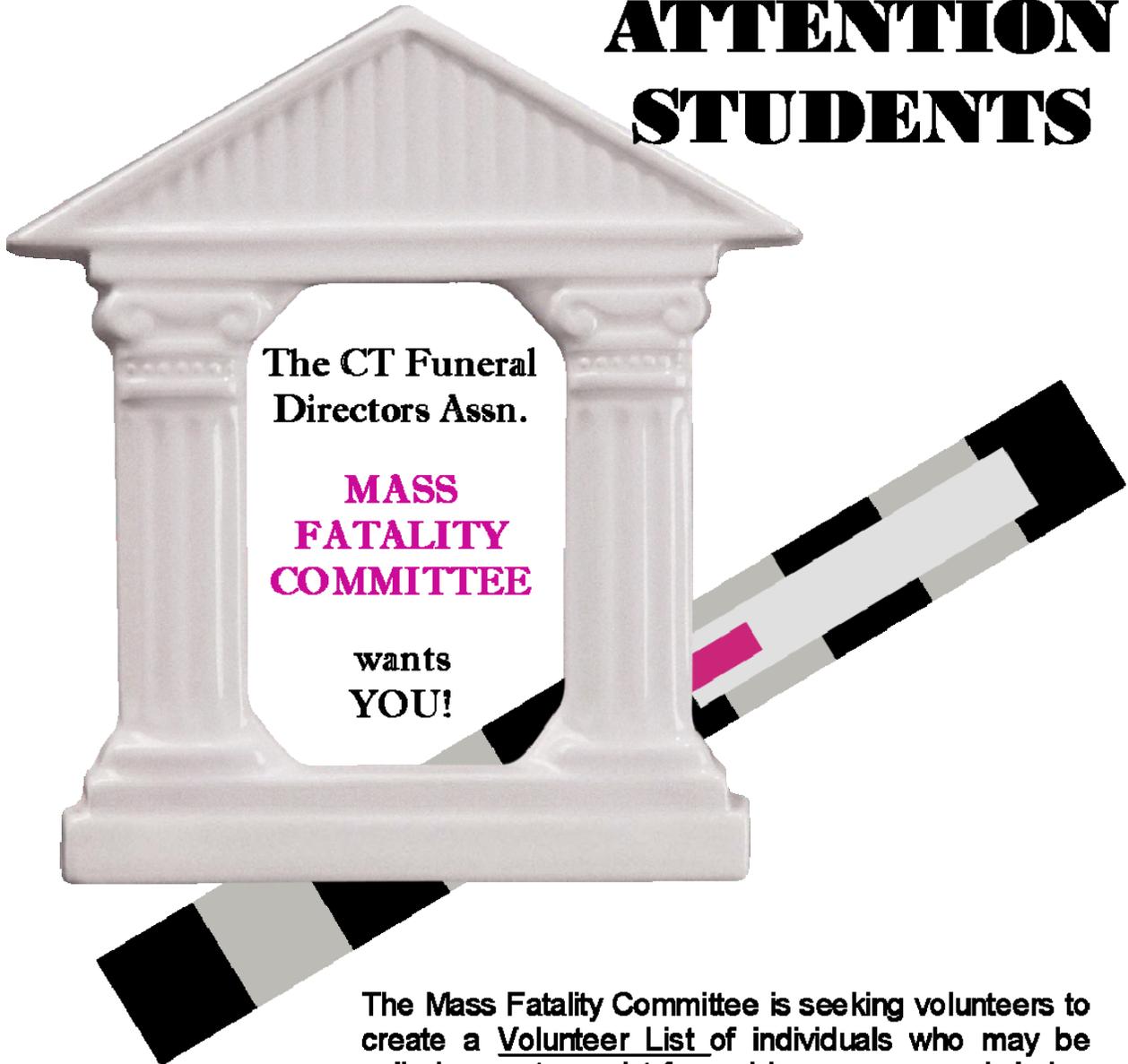
Resources Needed Meeting Site
Copies of the Supplement forms listed on page 1 for distribution to FD's at the meeting

1. Mass Fatality Matrix
2. Human Remains Storage Record Form (see page 36)
3. Volunteer Lists for
 - a. Funeral Directors for Rotation Schedule
 - b. Non-licensed staff, students, etc.
4. Other forms necessary, (see page 1 Table of Contents for all forms and page #)

Food/Beverages (optional)
Poster to place at community colleges, etc. to recruit students/volunteers (page 3)

Location Local Health District
Address
Phone #

ATTENTION STUDENTS



The Mass Fatality Committee is seeking volunteers to create a Volunteer List of individuals who may be called upon to assist funeral home personnel during an influenza outbreak or pandemic.

All are welcome, especially those skilled in science/anatomy, computer (data entry/retrieval), business, organizational/office skills and other skills.

For information, or to be placed on the Volunteer List, please call the CT Funeral Directors Association at:
1-800-919-2332

Purpose

To train your Part-time staff and student volunteers to perform necessary tasks to remain operational during this phase and pending Phase 5-6. Refer to **What can I do to Prepare My Business and Staff for Pandemic Flu** (attached).

How to Accomplish

Refer to the volunteer and FH lists that were created during Phase 3-A and finalize these lists. Define the rotation schedule of the local participating funeral homes and their staff as to what duties will be included, etc.

Rotation schedule may include:

- One license per location to meet with families for vital static information necessary for Death Certificate, necessary paperwork/permits to be signed.
- Have several teams of personnel (part-time staff and volunteers) with one licensed director per team, assigned to perform removals at Hospital, convalescent homes, alternate care sites, etc. and transport to individual funeral home (if known and as space permits) or to temporary storage site(s) for future pickup by designated funeral home.
- One license (accompanied by non-licensed personnel) per location to transport remains to crematory, cemetery or pickup remains from temporary storage site.
- Have some teams of personnel, with one licensed director per team, to transport remains from temporary storage site to crematory or cemetery, provided paperwork is in order and permission is granted from designated funeral home to proceed with disposition.

Tasks may include:

- removals, how to operate stretcher, devices
- lifting/transferring remains to pouches, tables, stretchers, caskets, etc.
- location of supplies, pouches, gloves and other PPE
- how to operate vehicles, where keys and gas cards are kept
- alarm codes for FH and garage
- computer data entry
- completing Death Certificates
- filing Death Certificates and obtaining permits
- completing (abbreviated) obituary notices, if applicable
- Payroll
- Inventory, supplies, etc.
- where cemeteries & crematories are

Personnel Involved

Local Funeral Directors/Embalmers/Other Staff/Student Volunteers

Resources Needed

Funeral Directors for Rotation Schedule
Non-licensed staff, students, etc.

Location

Each participating Funeral Home

Purpose

To activate the rotation schedule among participating funeral homes and licensed personnel. Part-time staff and volunteers (including students) to assume duties that they were trained for during Phase 4-A

How to Accomplish

Mass Fatality Committee members to be in contact with participating funeral homes, licensed personnel and volunteers to activate the rotation schedule within the community. A hard copy of this schedule will be released to each participating funeral home.

Each funeral home should activate their own part-time staff and volunteers to perform only the essential and necessary tasks to maintain operations.

Tasks may include:

- removals, how to operate stretcher, devices
- lifting/transferring remains to pouches, tables, stretchers, caskets, etc.
- location of supplies, pouches, gloves and other PPE
- how to operate vehicles, where keys and gas cards are kept
- alarm codes for FH and garage
- computer data entry
- completing Death Certificates
- filing Death Certificates and obtaining permits
- completing (abbreviated) obituary notices, if applicable
- Payroll
- Inventory, ordering supplies, etc.
- where cemeteries & crematories are

Personnel Involved

Local Funeral Directors/Embalmers/Other Staff/Student Volunteers

Resources Needed

Funeral Directors for Rotation Schedule
Non-licensed staff, students, to assist and perform necessary tasks
Vehicles for transporting remains
Temporary Storage Site (West Cemetery, Bristol) to be activated

Location

Each participating Funeral Home
Temporary Storage Site(s)

Phase 6-A Staff Issues

<u>Purpose</u>	Continuation of Phase 5-A, and seek additional local, or state assistance to aid in the removal, storage and disposition of human remains.
<u>How to Accomplish</u>	Mass Fatality Committee to be in contact with Health District to request additional assistance, support, supplies, etc.
<u>Personnel Involved</u>	Same as Phase 5-A Seek additional assistance locally/state such as National Guard, etc.
<u>Resources Needed</u>	Same as Phase 5-A
<u>Location</u>	Same as Phase 5-A

Recovery-A Staff Issues

<u>Purpose</u>	To return to normal business and operational procedures of each funeral home with their own staff.
<u>How to Accomplish</u>	Mass Fatality Committee to consult with each participating funeral home. Rotation schedule will be eliminated, unless Funeral Home still has reduced staff or no staff. Individual Funeral Homes/Directors may assist other Funeral Homes in need, at their discretion.
<u>Personnel Involved</u>	Mass Fatality Committee Each participating Funeral Home
<u>Resources Needed</u>	Phone contact
<u>Location</u>	Each Funeral Home

Phase B-3 <u>Removals</u>

Purpose

To evaluate the funeral homes abilities in the health district, to transfer remains during a mass fatality event such as pandemic influenza.

How to Accomplish

Removals will be performed normally during this phase, however, this is the time to seek out information and discuss options with other licensed FD's and embalmers who work within your health district

Determine the number licensed FD's, embalmers, removal vehicles (minivans, SUV's, hearses, etc.) stretcher, etc. that may be available during an emergency.

Create a community funeral home personnel list to include numbers of licensed embalmers, funeral directors, apprentices, part-time help and volunteers that may be called upon during an emergency.

Mail a survey to all licensed staff in the health district for their completion and an invitation to a meeting to review attached matrix, make changes, additions or discuss circumstances unique to the health district. See attached survey and invitation, for recommendations on what to include in the mailing.

Coordinate a meeting of all licensed staff of funeral homes within the health district and discuss creating a rotation schedule for removals from places of death to temporary storage site(s) to be established within the community during later phases, if necessary. Ask the local health director for permission to provide and purchase refreshments for the meeting.

Personnel Involved

Mass Fatality Committee
Funeral Home Staff
Local Health District Personnel

Resources Needed

Phone contact
Mail surveys and invitations (pages 8, 9 & 10)

Location

Funeral Home
Public site for the meeting, such as the local Health Dept. Office

January 2008

«Title» «First_Name» «Last_Name»
«Funeral_Home»
«address»
«city_state_zip»

Date

Dear «First_Name»:

On behalf of the _____ Health District’s Mass Fatality Committee, I would like to personally invite you to an informational meeting regarding Pandemic Influenza (or a Mass Fatality Event) that may occur in our community.

<p>Date: _____ Time: _____</p> <p>Place: _____ Health District Office (Address)</p> <p>Kindly RSVP <u>no later than</u> _____ to _____ (name and phone)</p> <p style="text-align: center;">~ A light lunch will be provided ~</p>
--

The Mass Fatality Committee includes _____ (Name the committee members and where they are from) and we have been meeting regularly .

Our hard work is paying off and the GOOD NEWS is that we have developed a plan ***that remains open to your input and suggestions.*** We would like to present the plan to you and receive your valuable input at the same time. We will be finalizing this plan with the Health District very soon.

The licensed staffs from the following funeral homes have been invited to the meeting: (List names and Funeral Homes of those invited).

We certainly hope that a pandemic event will NOT occur, however, we should be prepared for any disaster in our community or a neighboring community. It seems logical to pool our resources and skills together, thereby enabling us to work more efficiently and effectively. This combined effort would likely ensure our business’s survival and endurance, while providing a necessary service to our local community. Remember that we are part of a critical infrastructure that is necessary during a pandemic or disaster and we know our community best!

Please complete the surveys included and return it by fax or bring to the meeting. Also please review the enclosed information (Pandemic Influenza Matrix, Human Remains Storage Record) to better prepare you for the meeting. We hope to see you there!

Sincerely,

Mass Fatality Committee

_____ **Health District**
Emergency Preparedness Response Team
For Mass Fatality Event

FUNERAL HOME SURVEY

This survey will be used and submitted to the Health District for the Emergency Plan Only. Please complete to the best of your ability and return the survey at the meeting on _____, or Fax to _____. Thank you!

Name of your Funeral Home: _____

What is your Name: _____

Would you personally be willing to volunteer on the Bristol-Burlington Health District's Mass Fatality Response team during pandemic influenza or other mass fatality event?

Yes No Undecided

If you were ill or incapacitated, or have two or less licensed directors on staff, would you permit the Mass Fatality Response team to utilize your:

Funeral Home	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undecided
Garage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undecided
Equipment (stretches, pouches, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undecided
Removal Vehicles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undecided

How many of the following does your funeral home employ:

Licensed Funeral Director Only _____

Licensed Embalmers _____

Registered Apprentice _____

Full-time Non-Licensed _____

Part-time Non-Licensed _____

How many chapels are in your funeral home? 1 2 3 4

What is the approximate size of:	How do you describe the area in size? (circle)			
Chapel 1: _____square feet	small	medium	large	very large
Chapel 2: _____square feet	small	medium	large	very large
Chapel 3: _____square feet	small	medium	large	very large
Chapel 4: _____square feet	small	medium	large	very large
Prep Room _____square feet	small	medium	large	very large

Is there a casket selection room in the FH? Yes No

How many full sized caskets are in this room and/or in Storage? _____

If you use casket racks for display, how many:

Single Racks/Stand: _____ Double racks: _____

How many church trucks do you have? _____

Do you have a **casket** lift? Yes No

~ Please complete the survey on the next page ~

Funeral Home Survey Continued

Do you have an active prep room? Yes No

How many workable embalming machines are in your prep room? _____

Is your morgue climately controlled by: Refrigeration AC N/A Other

How many removal vehicles does the funeral home possess? Indicate number of each if applicable.

_____ Van _____ Hearse _____ SUV/Truck _____ Wagon

How many workable stretchers do you use? _____ Reeves Stretchers? _____

How many pouches are stocked at any given time? _____ Disaster Pouches? _____

Do you customarily perform your own removals? Yes No

Do you customarily perform your own embalming? Yes No

Does the funeral home have a garage? Yes No

How many parking bays does it have? _____

Is there an alarm system in the:

Funeral Home Yes No

Garage Yes No

Is there a window in your garage to fit an Air Conditioning unit if necessary? Yes No

How many active phone lines does your funeral home have right now? (indicate # of lines) _____

How many phone lines could your current system be capable of holding? _____

Are there other licensed Embalmers or Funeral Directors or retirees that you know of that live within the our Health District area? Yes No

If yes, please provide name and phone number so that they may be contacted in an emergency:

Name _____ Phone _____

Name _____ Phone _____

Do you have any items or equipment that might be useful in the retrieval, storage and disposition of human remains? Any heavy equipment, hydraulic equipment, etc. Please specify: _____

Do you have any comments or suggestions regarding a Mass Fatality Event, or Pandemic Influenza?

Signature _____

Date: _____

Best # to reach you during an emergency? _____

License # _____

E-Mail Address _____

Fax # _____

Phase B-4 <u>Removals</u>

Purpose

To protect the funeral home staff when in contact with and transferring human remains.

How to Accomplish

Removals will continue to be performed normally during this phase, however, the funeral home will notice the increase in transfers due to the increases in death.

Wear masks and PPE when going into public places such as hospitals, nursing homes, alternate care sites, private homes, etc.)

Wash hands frequently, do not touch your face and avoid close contact with others (social distancing).

Bring an ID form with you on the removal, if family is present, have them sign the ID form immediately.

When handling the body, place a cloth (with topical disinfectant) over the mouth of the deceased to avoid any expelled air from the remains when you shift and transfer the body.

Tag the remains with the appropriate ID tag, place in pouch and zip closed to the feet. If pouch is to be opened later, the ID tag can easily be accessed at the feet, while avoiding the head, chest and lung areas of the deceased.

Transfer to specific funeral home as space permits, or to a temporary storage site, if activated during this phase.

Initiate an early rotation schedule of the participating funeral directors, embalmers and other staff who are capable of performing removals.

If a funeral home is not suitable for temporary storage of human remains, utilize the equipment of the funeral home (stretchers, chemicals, vehicles, etc.) and partner with a larger facility funeral home that can accommodate holding a large number of human remains.

Download the Family Worksheet & Instructions, Instructions for Arranging Disposition with Funeral Home and Instructions for Handling Deceased at Home & Identification Tag form (see pages 29-30) and make available on your website, or print mass copies (can fit on back and front of one single paper) to hand out.

Personnel Involved

Funeral Home staff
Students/volunteers to be trained to assist with removals and begin performing

Resources Needed

Stretchers (regular, portable, Reeves)
Vehicles for removal (minivan, hearse, SUV's)
PPE and transfer supplies (pouches, ID tags, etc.)

Location

Funeral Home
Temporary Storage Site(s) if available to deliver remains to
Places of death (homes, hospitals, alternate care sites, nursing homes, assisted living)

Phase B-6 Removals

Purpose

To perform removals during the pandemic as efficiently as possible

How to Accomplish

Continue with Phase 5 Procedures

If rotation schedule is still in effect continue to use a team of 3 people: one licensed funeral director/embalmer or apprentice and 2 non-licensed (but trained) personnel (part time staff, students, volunteers, etc.) The team may be reduce to 2 people because of staff shortages

Continue with batch removals from hospitals, alternate care sites, and other sites where many deaths will occur during a short period of time. Make attempts to transfer up to three remains in removal vehicle or multiple remains in rental trucks. If the governor declares an emergency, the use of the trucks may be possible.

As best is possible, continue on a regular basis to the hospital, alternate care site(s) and nursing homes to reduce the morgue capacity. If the morgue capacity is full and congested, this will affect the bed availability of the hospital, alternate care sites, nursing homes, etc., to care for those who are sick and need treatment.

Delay with performing home removals, the greater good is to focus on the hospitals, nursing homes, etc. who are essential to provide for the living and sick. Perform home removals on a daily basis, fitting up to three remains in the removal vehicle if possible. Conserve on time, which is essential, gasoline and personnel to perform these tasks. Strive to transfer remains at home within a 24-hour period. Keep in mind that the family may have been living with the loved one and would have already been exposed to any virus, etc. Having the remains at home for up to 24 hours will not pose an increased risk of getting that same virus or influenza to the family.

Explain to families that due to the pandemic, there will be a delay in transferring their loved one from home. Suggest that the family view your website and follow the Instructions for Handling Deceased at Home & Identification Tag and complete the Family Worksheet & Instructions (see pages 29-30). If not available by website, provide instructions over the phone if the family is willing or capable to follow the instructions.

Tag the remains with the appropriate ID tag, place in pouch and zip closed to the feet. If pouch is to be opened later, the ID tag can easily be accessed at the feet, while avoiding the head, chest and lung areas of the deceased.

Personnel Involved

Funeral Home Staff
Students/volunteers to perform batch removals
Governor, Commissioner of Public Health and Local Public Health Director

Resources Needed

Moving/rental truck Companies (Penske, U-Haul, etc.)
Vehicles for removal (minivan, hearse, SUV's)
Stretchers (regular, portable, reeves)
PPE and transfer supplies (pouches, ID tags, etc.)
Family Worksheet and Instructions form (page 29-30)

Location

Funeral Home
Temporary Storage Site(s)
Places of death (homes, hospitals, alternate care sites, nursing homes, assisted living)

Recovery-B <u>Removals</u>

Purpose

To resume normal schedule of performing removals and restore equipment/supplies used during the pandemic.

How to Accomplish

De-activate the rotation schedule for community removals, each funeral home to perform removals as customary, if possible.

Sterilize, decontaminate or destroy equipment as necessary.

Contact a professional biohazard clean-up company like Absolute Traumaaway (860)628-0706 to clean rental trucks/equipment used during the pandemic.

Return rental trucks/equipment to appropriate parties

Since removals may have been performed by staff who may not be from the funeral home the family selects or selected, refer to the Human Remains Storage Records in the log book of temporary storage sites to arrange for possible compensation for removals performed. If compensation is provided by the State, obtain a photocopy of the Human Remains Storage Record to provide documentation to the state for processing. It is unknown if the state will actually render compensation.

Personnel Involved

Funeral Home Staff

Staff or overseer of Temporary Storage Site(s) to provide copies of Records or provide to state Bio-Hazardous Clean-up Company to clean vehicles, equipment, etc.

Resources Needed

Moving/rental truck Companies (Penske, U-Haul, etc.)

Vehicles used to perform removals (minivan, hearse, SUV's)

Stretchers (regular, portable, reeves)

Photocopy of Human Remains Storage Records of removals you performed

Location

Funeral Home

Purpose To determine identification supplies necessary for the next phases

How to Accomplish •Contact suppliers and create a list of products, prices and contact person to order from.

 •Recommended items for identification Include:
 -Metal disks (indestructible that crematories use)
 Approach your local health department to purchase the number of disks necessary to cover the estimated deaths in your health district. Numbered disks can be ordered with the name of health district, town, etc. These economical disks will become extremely useful to identify remains especially if mass graves or temporary interment takes place during the pandemic. The disks also help to avoid number duplication, as no tags will bear the same number within the health district. If purchased in advance, the disks may be distributed to area funeral homes and temporary storage site(s).
 -Zip ties (to pass thru hole in metal disk and attach to ankle of deceased)
 -Pouches: write number of metal disk and name of deceased with permanent marker on exterior of pouch.
 -Cameras: Polaroid or digital
 -Film & batteries for camera
 -ID tags made of plastic and writable
 -Permanent markers (to write on tags and pouches)
 -ID Forms (see attached Statement of Identification and Authorization For Disposition Form) including a waiver of ID forms

Personnel Involved Mass Fatality Committee
 Each participating Funeral Home
 Local Health District
 Suppliers
 Retail Stores: Home Depot, Lowe's, Staples, etc.

Resources Needed See items listed above

Location Each Funeral Home

Purpose

Actively use identification supplies with the Best Practices suggested below. Perform identification in funeral home, or show photograph to family to id and avoid contact with the deceased.

How to Accomplish

1. Attach a metal disk to the ankle of deceased using a zip tie. Or write pertinent information on the inside of a laminate sheet (customarily used for prayer cards) and laminate that. Punch a hole through it and fasten to remains with a zip tie or staple on to clothing.
2. If using plastic Id tags, write in permanent marker on the tag, on the outside of the pouch and also on the Human Remains Storage Record
3. Record the ID number on the exterior of the pouch and also on the Human Remains Storage Record
4. Take photograph of human remains, if using an ID tag, place the id tag (or write on a separate sheet of paper) temporarily near the face of the deceased (below the chin) and photograph to show the name/ID number on the tag or paper. Attach the tag to the deceased and store the photo in deceased's file
5. Zip the pouch closed so that the zipper ends at the feet of the deceased to easily access the ID tag/metal disk, attached to the ankle, in the future. This will limit exposure to the upper head, chest and lung region of the remains, if opened at a later date
6. Record necessary information on the Human Remains Storage Record

Personnel Involved

Funeral Home staff

Resources Needed

Metal Disks, Laminates used for Prayer Cards, Zip ties, Plastic Id tags
Camera, film, batteries
Pouches, cotton sheets
Human Remains Storage Record
Identification Forms for family to sign or waive

Location

Each Funeral Home
Temporary Storage Site(s)

Purpose

To continue to use Best Practices for identification of remains. Arrange for identification using photographs at a later date. Time and public health may prohibit meeting with next of kin for in-person identification of remains.

How to Accomplish

- If you exhaust your supply of ID tags, disks, etc. use laminating sheets for prayer cards. Write the information of the deceased on the back of an unprinted prayer card or paper and laminate. Punch a hole thru the laminated card (avoiding the card/paper itself as leakage will render it useless) and attach to remains with a zip tie. You can also write directly on the INSIDE of the laminate and not use paper or a prayer card. Use a fine tip permanent marker or ballpoint pen, write the necessary information and then pass it thru the laminator. The ink will be protected inside the laminated plastic.
 - If zip ties are unavailable, use ligature or rubber bands to pass thru the hole. Laminated prayer cards can be stapled to clothing, if necessary. Avoid puncturing the paper or card inside the laminate, as fluids will seep in.
 - If supply of pouches dwindles, use cotton sheets wrapped around the body. When cotton sheets become unavailable, use large plastic contractor bags, plastic tarps or plastic sheet rolls that painters use as drop cloths. Place a bag at each end of the body and wrap the bags together with duct tape. Place cotton sheet under the body for easier mobility
1. Attach a metal disk to the ankle of deceased using a zip tie.
 2. If using plastic Id tags, write in permanent marker on the tag, on the outside of the pouch and also on the Human Remains Storage Record
 3. Record the ID number on the exterior of the pouch and also on the Human Remains Storage Record
 4. Take photograph of human remains, if using an ID tag, place the id tag (or write on a separate sheet of paper) temporarily near the face of the deceased (below the chin) and photograph to show the name/ID number on the tag or paper. Attach the tag to the deceased and store the photo in deceased's file
 5. Zip the pouch closed so that the zipper ends at the feet of the deceased to easily access the ID tag/metal disk, attached to the ankle, in the future. This will limit exposure to the upper head, chest and lung region of the remains, if opened at a later date
 6. Record necessary information on the Human Remains Storage Record

Personnel Involved

Funeral Home staff

Resources Needed

Metal Disks, Zip ties, Plastic Id tags
 Camera, film, batteries
 Pouches, cotton sheets
 Human Remains Storage Record
 Identification Forms for family to sign or waive
 Contractor's bags
 Duct Tape

Location

Each Funeral Home
 Temporary Storage Site(s)

<u>Purpose</u>	To resume normal identification procedures and use photographs to identify remains that were held in storage (temporary storage site(s), funeral homes, mass graves) during pandemic.
<u>How to Accomplish</u>	<p>Arrange and meet with next of kin for identification of remains. Due to time elapsed and expected decomposition of remains, show photograph of deceased that was previously taken and have next of kin positively identify remains before proceeding with final disposition.</p> <p>Access remains at the temporary storage site(s) by unzipping pouch to refer to metal disk attached to ankle of deceased for identification purposes. Crosscheck this number with the Human Remains Storage Record of the deceased.</p> <p>For mass graves (temporary interment) retrieve remains in grids with assistance of cemetery, local and/or state personnel, and funeral home and proceed with final disposition.</p>
<u>Personnel Involved</u>	Mass Fatality Committee Funeral Home Staff Local Health District Local and/or State Personnel
<u>Resources Needed</u>	Identification Forms & Waivers (pages 20 & 30) Human Remains Storage Records (page 36) and Photographs Equipment for accessing and retrieving remains from mass graves, temporary interments
<u>Location</u>	Cemeteries, parks, fields, etc. used for mass graves, temporary interments Temporary Interment Site(s) Funeral Home

STATEMENT OF IDENTIFICATION AND AUTHORIZATION FOR DISPOSITION

I/We, the undersigned, represent and warrant to and agree with _____ FUNERAL HOME (the Funeral Home) as follows:

① I/We have positively identified the human remains that were either delivered to the Funeral Home or is under the care of the Funeral Home. I/We identify the human remains as that of: _____ (the Deceased).
(Full Legal Name of Deceased)

② I/We have the full legal right and authority, without joinder of any person, to control and authorize the disposition of the human remains of the Deceased.

③ I/We have requested and authorized the Funeral Home to arrange the disposition of the human remains of the Deceased in the following manner:

Grave burial Entombment Cremation Other: _____

④ I/We have requested and authorized the manner of disposition indicated above with full knowledge that the Funeral Home, its affiliates, officers, employees, agents, subcontractors, and assignees, will rely solely upon my/our identification of the human remains, that were delivered to, or, is under the care of the Funeral Home, as the body of the Deceased.

⑤ I/We acknowledge that I/We were given the opportunity to view the Deceased either in person or by means of a photograph, for purposes of identification.

⑥ PLEASE INITIAL ONE OF THE FOLLOWING TWO STATEMENTS:

_____ I/We elect to identify the human remains of the Deceased in person at the funeral home
_____ I/We give permission to the Funeral Home to photograph the human remains of the Deceased for the purpose of identification.

⑦ For cremation: I/We understand that cremation is irreversible. Pacemakers, radioactive, silicon, or other implants, mechanical devices or prosthesis may create a hazardous condition when placed in the cremation chamber and subject to heat. As authorizing agent(s), I/We have listed below all devices which may have been implanted in or attached to the deceased and instruct the funeral home to remove each device listed below. Unless indicated, the funeral home is to dispose of all such devices.

Description of devices: _____
_____ Initial here if the deceased does NOT have any implants, or devices listed above.

⑧ In the event of mistaken identity or incorrect identification of the Deceased, I/We agree to indemnify, release and hold the Funeral Home, its affiliates, officers, employees, agents, subcontractors, and assignees harmless from any and all claims, losses, damages, liabilities, or causes of action arising as a result of a mistaken identity or incorrect identification.

Executed at _____, this _____ day of _____, 20_____

Name: _____ Signature: _____
Relationship to Decedent: _____ Phone Number: _____
Address: _____

Name: _____ Signature: _____
Relationship to Decedent: _____ Phone Number: _____
Address: _____

Signature of Funeral Home Representative: _____

Purpose Preparation to be conducted as usual, but take the opportunity to inquire with your suppliers about sundries and delivery of supplies during a pandemic.

How to Accomplish

- Contact your suppliers and ask them how long it might take to get delivery of items necessary for preparation and/or disinfection of human remains. Ask the suppliers where the country or origin is for the products or resources necessary to produce the product. If many supplies or manufacturing plants are from Southeast Asia, for example, consider the ability of that country to produce and export the supplies when they themselves will be greatly affected by a pandemic. If no one comes into work, or there is no electricity, the product doesn't get produced or shipped.

- Find out the shelf life of the sundries and products necessary and consider purchasing ½ of an extra order of:
 - Embalming chemicals (arterial, cavity, etc.)
 - Topical agents (syn-gel, powders, etc)
 - Disinfectant sprays
 - Prep towel, cotton rolls
 - Cotton sheets
 - Plastic garments for deceased remains
 - Pouches
 - PPE (personal protective equipment) supplies: gloves, aprons, shoe covers, masks, etc.

Personnel Involved Funeral Home Staff
Suppliers

Resources Needed Phone contact
Embalming supplies

Location Each Funeral Home

Purpose

To equip funeral homes with staff and supplies to accommodate the expected increase in preparations of human remains that is expected as a result from the increase in local deaths.

How to Accomplish

- Embalm and prepare as permitted or practical. Arrange for additional embalmers, or trade embalming to supplement the increase as possible. If outside help is not available, perform embalming until you deem you can no longer do so and prepare human remains by the Public Health Code with topical disinfectants, wrapping or pouching.
- Have closed caskets, tag remains and take photograph for identification purposes.
- If viewing is to be performed, limit the viewing to the immediate family only.
- Don't count on supplies being available during the next phases and order the remaining half of your excess preparation supplies including:
 - Embalming chemicals (arterial, cavity, etc.)
 - Topical agents (syn-gel, powders, etc)
 - Disinfectant sprays
 - Prep towel, cotton rolls
 - Cotton sheets
 - Plastic garments for deceased remains
 - Pouches
 - PPE (personal protective equipment) supplies: gloves, aprons, shoe covers, masks, etc.

Personnel Involved

Funeral Home Staff
Suppliers

Resources Needed

Phone contact
Photography of Human Remains
Embalming supplies

Location

Each Funeral Home

Phase 5-D Preparation of Remains

Purpose To perform and limit embalming for human remains intended to be held in funeral home for extended periods of time. Expect that disposition will be delayed due to more paperwork chasing and high volumes of cremations and interments by third parties.

How to Accomplish

- Embalming supplies are expected to become exhausted during this phase. Reserve embalming, not for the purpose of viewing, but rather for holding remains for an extended amount of time (perhaps several weeks or months) in your funeral home. Do not embalm remains of a deceased whose paperwork is in order and can progress to final disposition in a short time. For cases of next of kin out of state, or delays in getting death certificate signed and filed, etc., embalm these remains for storage and to protect the staff and funeral home.
- Continue with tagging and photographing the deceased for identification purposes.

Personnel Involved Funeral Home Staff
Suppliers

Resources Needed Phone contact
Photography of Human Remains
Embalming supplies

Location Each Funeral Home

Phase 6-D Preparation of Remains

Purpose To prepare human remains with topical disinfectants and wraps. Embalming is expected to not be feasible to perform due to enormous numbers of human remains, limited staff, exhausted supplies, etc.

How to Accomplish

- Spray, apply gel or powders to human remains with the proper product and then wrap/pouch according to Public Health Code.
- If you have any remaining arterial or cavity chemicals left, wrap remains in a cotton sheet and then place in a pouch. Before you close the pouch, pour a bottle (arterial/cavity) evenly over the sheet to create a "pack" and provide a topical application to prohibit decomposition. Since this is an external treatment, there will be no benefits achieved internally.
- Continue with tagging and photographing the deceased for identification purposes, prior to pouching/wrapping.

Personnel Involved Funeral Home Staff

Resources Needed Embalming sundries: chemicals, gels, powders, sprays, sheets, pouches
Photography of Human Remains

Location Each Funeral Home

Recovery -D Preparation of Remains

<u>Purpose</u>	To restore preparation rooms, equipment and supplies involved in preparing remains.
<u>How to Accomplish</u>	<ul style="list-style-type: none">•Contact your suppliers to receive new supplies of what is customarily used•Sterilize or destroy equipment that is rendered unusable.•Restore preparation areas to their prior condition
<u>Personnel Involved</u>	Funeral Home Staff Suppliers
<u>Resources Needed</u>	Embalming supplies and equipment
<u>Location</u>	Each Funeral Home

Phase 3-E Family Contact

<u>Purpose</u>	To become familiar with "Best Practices" to limit the spread of contagious and communicable agents in preparation of the next Phases.
<u>How to Accomplish</u>	<ol style="list-style-type: none">1. Refer to the attached lists2. Use common sense3. Understand "social distancing" (stay away from confined areas, keep a distance of about 3 feet between person your speaking too, etc.)4. Research the internet and visit sites including the Center for Disease Control (CDC)
<u>Personnel Involved</u>	Funeral Home staff, part time staff, volunteers
<u>Resources Needed</u>	Family Worksheets (page 29-30) Best Practices List (32) Internet access
<u>Location</u>	Funeral Home Decedent's Home Public Facilities

Purpose

To reduce contact and exposure time to decedent’s family, who will pose a significant health risk to the funeral director and staff.

How to Accomplish

1. Prepare family emergency packets in preparation for distribution. The recommended contents of the packets may include
 - Family Worksheets (page 29-30): for the family to complete prior to the arrangement) to collect information necessary to complete the death certificate and possible start an obituary notice.
 - Universal Disposition Authorization Form (pages 44-45)
 - Prepare packets for distribution during Phase 5 in the following ways:
 - a. deliver worksheets to local hospitals, health care facilities, hospices, alternate care sites, etc.
 - b. available to download on business website
 - c. available outside funeral home, or in a public location for people to pick-up at their convenience at any hour.
2. Assign one room to be used for arrangements only.
 - a. avoid cross-contamination of items (pens, calculators, etc.) from room to room
 - b. keep room closed off
 - c. keep alcohol based hand sanitizer, tissues and waste receptacle in this room
3. Limit arrangement conference to next of kin and one additional family member.
4. Limit contact with decedent’s family at your discretion
5. Wear N-95 facemask when transferring remains (see B-Removals)
6. Do not wear work clothing or shoes home to your family!
7. Observe the Best Practices!

Personnel Involved

Funeral Home staff, part time staff, volunteers

Resources Needed

Family Worksheets (page 29-30)
Best Practices List (32)
Other assorted contracts, permits, authorizations for next of kin to sign

Location

Funeral Home
Decedent’s Home (try to avoid for arrangement conference)

Purpose

To reduce contact and exposure time to decedent’s family, who will pose a significant health risk to the funeral director and staff.

How to Accomplish

1. Distribute Family Worksheets (for the family to complete prior to the arrangement) to collect information necessary to complete the death certificate and possible start an obituary notice.
 - a. deliver worksheets to local hospitals, health care facilities, hospices, alternate care sites, etc.
 - b. make available to download on business website
 - c. make available outside your funeral home, or in a public location for people to pick at their convenience.
2. Assign one room to be used for arrangements only.
 - a. avoid cross-contamination of items (pens, calculators, etc.) from room to room
 - b. keep room closed off
 - c. keep alcohol based hand sanitizer, tissues and waste receptacle in this room
3. Limit arrangement conference to next of kin and one additional family member.
4. Limit contact with decedent’s family at your discretion
5. Wear N-95 facemask when transferring remains (see B-Removals)
6. Do not wear work clothing or shoes home to your family!
7. Observe the Best Practices!

Personnel Involved

Funeral Home staff, part time staff, volunteers

Resources Needed

Family Worksheets (page 29-30)
Best Practices List (32)
Other assorted contracts, permits, authorizations for next of kin to sign

Location

Funeral Home
Decedent’s Home (preferably, try to avoid for arrangement conference)

Purpose

To adjust to the increased volume of arrangements (as a result of the increase numbers of deaths) by further reducing contact and exposure time to decedent's family, while utilizing the time of the funeral director to perform "batch" arrangements in 20 minute intervals for the completion of the DC, crematory and cemetery authorizations. NOTE: Collecting information for obituary notice(s) is non-essential at this time as it would likely increase arrangement time, exposure, and prolong non-essential tasks for the funeral director and staff during a pandemic.

How to Accomplish

1. Distribute Family Worksheets (for the family to complete prior to the arrangement) to collect information necessary to complete the death certificate **ONLY**.
 - a. deliver worksheets to local hospitals, health care facilities, hospices, alternate care sites, etc. as needed to increase in demand
 - b. continue availability to download on business website
 - c. continue availability to the public by keeping forms outside your funeral home, or in a public location for people to pick at their convenience.
2. Limit arrangement conference to next of kin and one additional family member.
3. Limit contact with decedent's family **to an absolute minimum**.
4. Conduct arrangement conferences to around 20 minutes, just enough to get DC info, cremation paperwork, cemetery paperwork signed. Theoretically 3 dispositions could be arranged each hour; (24 in an 8 hour work day)
4. Wear N-95 facemask
5. Do not wear work clothing or shoes home to your family!
6. Continue to observe the Best Practices!

Personnel Involved

Funeral Home staff, part time staff, volunteers

Resources Needed

Family Worksheets (page 29-30)
Best Practices List (page 32)

Location

Funeral Home
Decedent's Home (Do NOT do arrangements within homes)

Purpose

To resume unlimited contact to decedent's family that includes:

- a. Arrangement conferences to schedule funeral services for those remains or cremated remains held at temporary storage site(s), mass graves, or in the funeral home.
- b. Wakes (with open casket)
- c. Traditional funeral services

How to Accomplish

Contact next of kin of each decedent, to arrange for final disposition and burial rites.

- Have a service contract signed or updated to include final disposition and any services, memorial services, and merchandise that the funeral home will be providing.

Personnel Involved

Funeral Home staff, part time staff

Resources Needed

Normal paperwork, files to conduct arrangements and services

Location

Funeral Home
Decedent's Home
Churches
Cemeteries/Crematories

Family Worksheet & Instructions (page 1 of 2)

PLEASE PRINT and COMPLETE all areas, do not leave any area(s) blank.

This information will be used for the death certificate, which is required for burial or cremation. List any identifying features of the deceased to help with identification and provide a photocopy of the deceased's driver's license (preferred), photo ID, or a recent photograph of the deceased. Attach the ID to this form.

RETURN THIS FORM AND ID to the Funeral Home that will be handling the burial/cremation.

Informant's Name: (person supplying information) _____
Relationship: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
e-mail: _____
Address: _____
City: _____
State, Zip: _____
Date Completed: _____, _____

Name of Decedent (include AKA's if any) (First, Middle, Last)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Where did this person pass away? <input type="checkbox"/> At home <input type="checkbox"/> In Convalescent Home <input type="checkbox"/> Other _____ Name of Facility: _____ Town/City: _____ State: _____ Zip: _____ Phone Number: () _____	
Age	Date of Death (MM-DD-YEAR)	Date of Birth (MM-DD-YEAR)		Birthplace (City, State or Foreign Country)
Citizen of: <input type="checkbox"/> USA <input type="checkbox"/> _____				
Residence (State)	Residence (County)	Residence (City or Town)		Residence (Street and No.)
Apt. No.	Zip Code	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		Spouse's Name (if wife, give full name prior to first marriage)
Father's Name (First, Middle, Last) <input type="checkbox"/> check if deceased			Mother's Name Prior to First Marriage (First, Middle, Last) <input type="checkbox"/> check if deceased	
Usual Occupation "Title" (Do Not list Retired)		What Kind of Business or Industry?		Social Security Number
Ever in US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Veteran, please specify: Branch: _____ Rank _____ War: _____ Service _____ Number: _____			Preferred Method of Disposition: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation & burial of cremains <input type="checkbox"/> Other _____
For Burial, Name and location of Cemetery City: _____ State: _____			Phone Number of Cemetery () _____	
Grave/Deed Info. Section: _____ Plot: _____ Grave #: _____ Monument on grave? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name: _____	Education-Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th - 12 th grade, no diploma <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or Professional degree <input type="checkbox"/> Unknown <input type="checkbox"/> Not available		Of Hispanic Origin? <input type="checkbox"/> No, Not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify) _____	
Race <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) _____ <input type="checkbox"/> American Indian or Alaska Native (name of the enrolled or principal tribe) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (specify) _____ <input type="checkbox"/> Other (specify) _____				
Physician's Name:			Phone Number:	
Please list any identifying features of the deceased: Color of Hair: _____ Color of Eyes: _____ Height: _____ Weight: _____ Any of the following? (please list location on body and description, be specific) Scars _____ Tattoos _____ Other: _____				

Instructions for Arranging Disposition with Funeral Home (page 2 of 2)

<p>Due to health concerns, please limit the number of those attending the arrangement with the funeral home. <u>The next of kin must be present</u> to authorize any disposition and sign appropriate documents. Every effort will be made to conduct the arrangement as soon as possible. Please be patient. Under the circumstances within the community, delays may be unavoidable. We are working hard to care for you and your loved one.</p> <p><input type="checkbox"/> Arrange a time/date to meet with Funeral Director/Funeral Home Funeral Home: _____ Phone #: _____ Date: _____ Time: _____ am / pm</p> <p><input type="checkbox"/> Provide the Family Worksheet with all areas completed (needed for Death Certificate). Burial and/or cremation cannot occur without the info.</p> <p><input type="checkbox"/> Provide the driver's license, a photo ID or a recent photo of deceased.</p> <p>Funeral arrangements and services may be extremely limited due to the current health crisis. Please understand that the only services that may be available, at this time, may include:</p> <p>1. Immediate Burial of remains 2. Direct Cremation of remains</p> <p>During the arrangement with the funeral home, the next of kin or custodian of body may be asked to complete any of the following:</p> <p>- identification form -embalming authorization (as permissible) - interment authorization-crematory authorization & permit - funeral contract -other forms required by funeral home</p> <p>Gatherings at churches, funeral homes or other public places may be temporarily restricted. Your funeral director will inform you of the up-to-date status.</p>	<p style="text-align: center;">Practice Personal Protective Behavior</p> <p>-WASH HANDS thoroughly and briskly with hot soapy water</p> <p>- AVOID PUBLIC settings & gatherings</p> <p>- AVOID CLOSE CONTACT in public. Be mindful of those around you</p> <p>- COUGH & SNEEZE into your forearm area avoiding your hands</p> <p>- AVOID touching your face</p> <p>- CARRY A CLOTH or handkerchief to cover your mouth and nose</p> <p>- USE ANTISEPTIC WIPES for hands, when washing is not available</p>
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Instructions for Handling Deceased at Home & Identification Tag:

- Complete the Family Worksheet & Information Tag (see below).
- Wear gloves and mask, if available
- Cover face of deceased with pillowcase to help reduce airborne transmission before handling, moving or wrapping body.
- Remove jewelry, personal effects, but leave clothing on. (If the deceased has any medical/surgical equipment attached to them, do not attempt to remove).
- Complete and place the Information Tag (see below) in a Ziploc bag or wrap, then tie to the ankle of the deceased.
- Wrap the body in a cotton bed sheet, dry cleaner bags, or plastic bags with duct / reinforced tape
- Place a second sheet (flat sheet) under the body so that the ends and sides of sheet can be handled for moving the deceased.
- Move the deceased to an in-door room with the coldest temperature or a cold enclosed garage, if possible.
- Contact the appropriate party for removal/transportation.

Name of Deceased: _____

Age: _____ Gender: M F Race: _____

Date of Death: _____ Approx. Time of Death: _____ am / pm

Place of Death: _____ City: _____

Contact Person Name: _____ Phone: _____

Relationship to Deceased: _____

BEST PRACTICES To Limit the Spread of Contagious/Communicable Agents

What You Can Do**How To Do It**

Get a seasonal flu shot.

The flu vaccine available for the ordinary flu will not protect you from a pandemic influenza virus. It will protect you from getting seasonal flu, which could weaken your immune system or resistance to a pandemic influenza.

Help stop the spread of germs.

Ordinary, seasonal flu and a pandemic flu are spread in the same way, mainly by coughing and sneezing. Touching something with flu viruses on it and then touching your mouth, nose, or eyes is a common means of transmission.

- a. **Practice hand hygiene**, the best way to prevent the transmission of infection, including influenza:
 - o Wash your hands thoroughly and often with soap and warm water.
 - o Keep alcohol-based hand sanitizer handy at work, home, and in the car for situations where soap and water aren't available.
 - o **Avoid touching** your eyes, nose, or mouth.
 - o **Cover your mouth and nose** with a tissue or the into your upper sleeve when you sneeze or cough. Dispose of the tissue in the garbage, and **then clean your hands** by washing with soap and water or an alcohol-based hand sanitizer.
 - o Print and post in your workplace this [Cover Your Cough](#) poster (see attached).
 - o **Avoid close contact** with people who are sick. Stay home if you are sick.

Practice good health habits.

To stay healthy during flu season and keep your immune system strong:

- a. Get plenty of sleep.
- b. Be physically active.
- c. Manage your stress.
- d. Drink plenty of fluids and eat nutritious food.

Limit risk to yourself and your family.

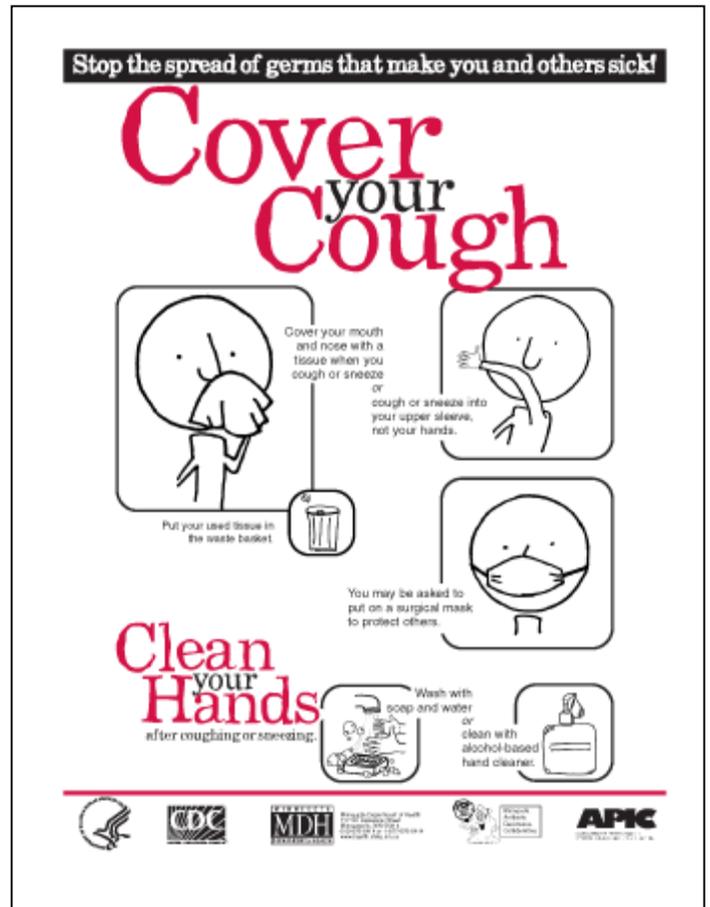
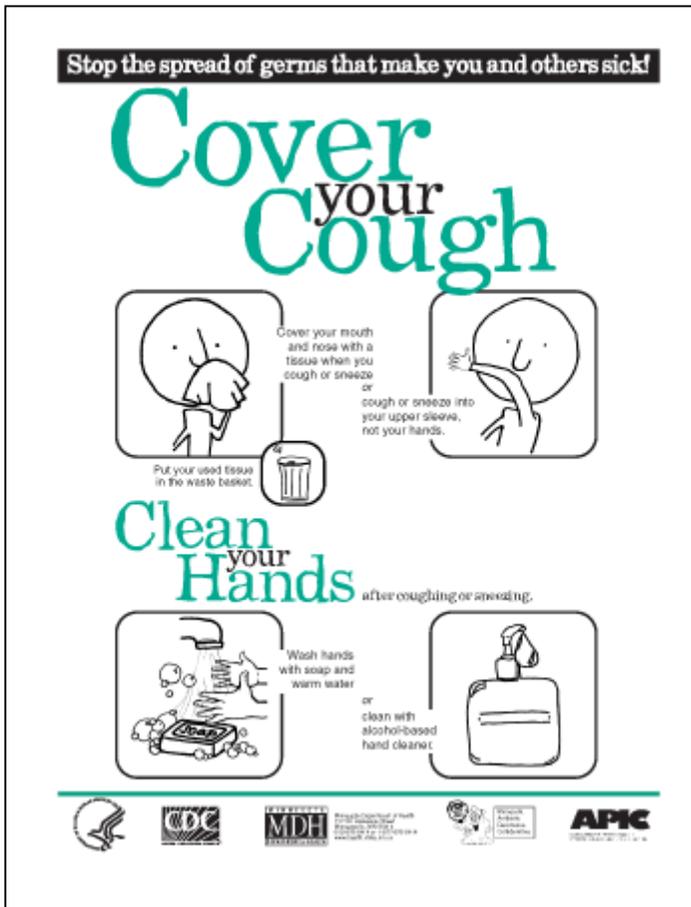
People have no immunity to a new influenza virus, so widespread serious illness may disrupt normal social and economic activities. If pandemic influenza arrives in Connecticut or Bristol-Burlington Health District area, public health officials will consider measures to prevent the virus from spreading, such as temporarily closing schools or discouraging public gatherings. Limit risk to yourself and your family if pandemic influenza cases are reported in our county or state:

- a. Avoid non-essential travel and large crowds.
- b. Follow instructions issued by public health officials

Safeguard public gatherings.

If you sponsor a gathering during a pandemic:

- a. **Clean your facility thoroughly** with normal cleaning products, and follow these procedures:
 - o Use clean water, detergent, and a strong mechanical action (such as scrubbing).
 - o Pay special attention to frequently touched and horizontal surfaces. Horizontal surfaces are important because when we cough or sneeze, large droplets can fall onto them.
 - o Follow the manufacturer's instructions if using a disinfectant.
- b. **Promote hand hygiene and cough etiquette** (see [Stop the spread of germs](#) above).
 - o Print, post, or distribute **Cover Your Cough** poster (see samples below). Download posters from the CDC's website: www.cdc.gov/flu/protect/covercough.htm
- c. **Space individuals at least 3 feet apart** during group gatherings. To accomplish this:
 - o Increase the number of gatherings and limit the number of attendees at each event.
 - o Use audio/ visual technology to broadcast the presentations to other rooms or buildings, allowing your audience to split into smaller groups.
- d. **Encourage sick people to stay at home.**
- e. **Use technology** (such as the Internet or telephone) to communicate with those who are unable to attend either because they are sick or because they must care for the sick.



What can I do to Prepare My Business and Staff for Pandemic Flu?

- **Plan for the impact of a pandemic on your business.**
Identify essential employees and other critical elements required to maintain operations. Determine the potential impact of personnel, supply and distribution disruptions resulting from a pandemic. Establish an emergency communications plan.
- **Test your pandemic flu plan with periodic drills.**
This is the only way to know if the plans you have in place actually work and if your employees know what to do during an emergency.
- **Plan for the impact of a pandemic on your employees and customers.**
Forecast and allow for employee absences for personal illness, family member illness, community containment and quarantine measures, school and business closures and public transportation closures. Improve employee access to health care, mental health and social services. Establish ways to limit face-to-face contact among employees and customers.
- **Establish policies to be implemented during a pandemic.**
Develop sick-leave, return-to-work and travel policies unique to a pandemic. Establish policies on telecommuting and staggered shifts that can help limit person-to-person spread of disease within your workplace. Determine other measures your business can put into place to prevent flu spread at work.
- **Allocate resources to protect your employees and customers during a pandemic.**
Provide infection-control supplies including hand sanitizer, antibacterial soap, tissues and waste receptacles. Enhance your telecommuting abilities and infrastructure. Establish availability of emergency medical consultation.
- **Communicate to and educate your employees.**
Provide updated, accurate materials covering basic pandemic flu facts and personal protection and response strategies. Encourage good hand hygiene and coughing/sneezing etiquette. Educate employees about your pandemic flu plan. Provide information on at-home care of ill employees and family members. Develop ways to communicate status and actions to employees, vendors, suppliers and customers.
- **Coordinate with external organizations and help your community.**
Share plans with insurers and health care providers to understand one another's plans and capabilities. Collaborate with federal, state and local public health agencies to participate in planning, understand your community's capabilities and offer your business' services. Exchange best practices with other businesses.
- **The number one thing you can do to prepare for a pandemic is to learn as much as you can and plan ahead of time.**

(This checklist was adapted from information on www.pandemicflu.gov. Visit the Web site for a complete list.)

Purpose

To determine adequate sites for the temporary storage of human remains during a pandemic or mass fatality event.

How to Accomplish

- Tour the community for large warehouses (preferably vacant), cemetery holding vaults, ice skating rinks, airport hangars, etc. Set-up appointments with the people necessary to gain access to the site.
- For sites that seem suitable for use, but permission is not granted to use the site, keep a list and description of these sites with contact phone numbers. The governor may seize property during a declared emergency. This may become critical in stage 6.
- Tour outdoor sites such as cemeteries, fields and large parking areas/garages, in the event that a large tent/temporary shelter could be set-up outdoors (stage 6).

When evaluating the sites keep in mind:

- Choose size over refrigeration, air conditioning/cooling units can be installed.
- Select one large site to avoid using multiple smaller sites, as the sites will have to be staffed
- If using ice skating rinks, consider the use of pallets to place remains on, as the volume of the bodies will melt the ice then refreeze the pouch into the ice. Double pouching, or pallets will prevent this, but then the cooling factor will not be as effective due to the remains being several inches off the ice on a pallet.
- What is the square feet of the room(s). How many remains can be placed on the floor?
- Are there any existing racks or tables to place remains on?
- Is the site located in the midst of a residential area or a commercial area?
- Is the entry and interior of the site easily accessible with ramps, elevator or stairs?
- Will it be easy for staff to unload and load remains into the site?
- What is the normal temperature range of the site (install a battery operated thermometer with hi & low temperature settings to determine. Perform this during the different seasons)
- Is the site climate controlled? Will air conditioning/cooling devices need to be installed?
- Is there a separate room that can be set-up for office area and processing of remains?
- How many existing telephone lines are hooked up to the site? Any internet access?
- Security, is there an alarm system and/or locks? Has the site been broken into before?
- Electricity: are there adequate lighting and power outlet sources? Is there exterior lighting?
- What will be the future impact of the site if it is used as a temporary storage site?
- Avoid supermarkets, schools, hotels, society meeting sites, etc. These sites will most likely be used for the sick (there will be more sick than dead) and avoid the interruption of food supply during the event.

Personnel Involved

Mass Fatality Committee

Resources Needed

Physically driving to the sites and evaluating

Location

Cemeteries and large Warehouses
Airport hangars
Fields, Garages and large Parking Lots
Ice skating rinks (not recommended)

Purpose To purchase and equip the selected site(s) for the temporary storage of human remains during a pandemic or mass fatality event. It is anticipated that funeral homes will be using their own facilities for storage into this phase, if possible.

How to Accomplish Purchase the materials necessary to equip the site(s)

Materials for storing human remains at funeral home (purchased at funeral home's expense and discretion):

- Place tarps or plastic sheeting on floor of a designated chapel/selection room or garage bays
- Use casket racks (lined with lumber and plastic) to place pouched remains on
- Utilize folding banquet tables to hold average sized remains
- Cover up windows of chapels and garage for privacy and install air conditioning units in windows if possible.
- Install locks on window, doors in garage. Alarm system preferable
- Purchase contractor's bags and duct tape in preparation for the reduction in the availability of pouches
- Purchase additional PPE supplies, sprays, chemicals, etc. as these supplies will dwindle quickly due to high demand

Materials for human remains storage, in the temporary storage site, may include (funding from local/state/federal aid):

- | | |
|--|--|
| •Air conditioning units and thermometers | •tarps or plastic sheeting on a roll to line the floor or existing racks |
| •lumber to line existing racks, such as casket racks | •folding or banquet tables to place average sized remains on |
| •extension cords, as necessary | •lifts |

Materials for the processing area of the temporary storage site may include (funding from local/state/federal aid):

- | | |
|---|--|
| •Human Remains Storage Record (see attached) | •Metal Disks (used by crematories) |
| •Zip ties to attach metal disks to ankle of remains | •PPE: disposable gloves, aprons, masks, shoe coverings, etc. |
| •Digital or Polaroid Photography for ID of remains | •Batteries, chargers, film for cameras |
| •Permanent black markers | •Pouches |
| •Contractor's bags and heavy tape, (duct tape) | •Disinfectant sprays, soaps, wipes, etc. |

Materials for the office area of the temporary storage site may include (funding from local/state/federal aid):

- | | |
|---|---|
| •telephones | •computer with internet access, printer and scanner |
| •3-ring binder for Human Remains Storage Record | •filing cabinets and filing folders |
| •pens, pencils, scissors, stapler | •desk |
| •photocopy machine | •fax |

Personnel Involved -Mass Fatality Committee, volunteers from local funeral homes to set-up sites
 -Utility company(ies) to hook up telephone lines, internet access
 -Funding of supplies from local health department, state and/or federal agencies as permissible

Resources Needed see above

Location All items can be purchased from home improvement stores and office supply stores, with the exception of the Human Remains Storage Record, Metal Disks, and lifts.

HUMAN REMAINS STORAGE RECORD

(To be inserted & remain in LOG BOOK on-site)

Body Bag/ID Number# _____

Storage Facility _____

Section 1
Receiving &
Vital
Information

Dec. Name: _____

Last Name

First Name

M.I.

DOB _____ Age _____ SS# _____

Date of Transfer _____ Time _____ am or pm

Transferred FROM: Hospital (specify) _____
 Health Care Facility (specify) _____
 Residence (specify) _____
 Other (specify) _____

Transferred BY _____ License # _____

Are Remains Embalmed? No Unknown Yes, Name of Embalmer _____

Condition/Decomposition of Remains Slight Moderate Advanced Lic# of Embalmer _____

Place of Death _____ Town _____

Date of Death _____ Certain or Presumptive

Doctor _____ Phone _____

Section 2
Physical
Character-
istics

Height (est) _____ Weight (est) _____ Age (est) _____

Sex: Male Female Unknown Complexion: Light Medium Dark

Race: White African-American Hispanic Asian Unknown Other: _____

Eyes: Blue Brown Hazel Green Unknown Blind Missing R/ L Glass R/ L

Hair Color: Auburn Blonde Brown Black Gray Red Salt & Pepper White Other _____

Hair Length: Short Medium Long Shaved Bald Balding

Hair Style Straight Wavy Curly Tightly curled Crew Cut Balding

Hair Accessory Wig Toupee Hair Piece Hair Transplant

Facial Hair: Beard Beard & Moustache Moustache Clean Shaven Unshaven Goatee

Facial Hair Color: Blonde Brown Black Gray Red Salt & Pepper White

Facial Hair Style: (describe) _____

Finger Nail Type Natural Artificial Unknown Length Short Medium Long

Characteristics Bites Deformed Dirty Tobacco Stain Decorated Polish Color _____

Optical Glasses (describe) _____ Contacts

Object in Body Pacemaker Prosthetic Devices Orthopedic Devices Other _____

Prosthetics _____

Scars, birthmarks, deformities _____

Surgical Scars Head Neck Arm R/ L Leg R/ L Chest Upper Abdomen

Lower Abdomen Foot R or L Back Amputations _____

Tatoos _____

Other Personal Effects _____

Clothing (describe item and color) _____

Section 3
Processing,
Location &
Release to FH

Location of Remains within Storage Facility (Grid #) _____

Photograph? Yes, Digital or Polaroid No Signed Death Certificate? Yes No

ID Number/Tags Attached to: Ankle Wrist Entered into Computer? Yes, Date _____ No

Remains Processed by (Signature of Storage Site Processor) _____

Remains released to Funeral Home _____ Other _____

Signature of FH Representative _____ Date Released _____

These remains are removed for what anticipated disposition? Cremation Burial Other _____

Purpose

To activate the selected site(s) for the temporary storage of human remains during a pandemic or mass fatality event. (Funeral homes are expected to reach "surge capacity" during this epidemic stage and therefore may utilize a temporary storage site outside from their facility).

How to Accomplish

- Mass Fatality Committee to notify local funeral homes that the site is available for use.
- Create and initiate the 24 hour schedule of the staff who will man the site during the epidemic.
- Contact security, police or National Guard for security purposes of the site, which must be manned 24 hours.

Personnel Involved

Mass Fatality Committee
Participating staff members from local funeral homes (to staff the site)
Security officers, Police and/or National Guard

Resources Needed

telephone
24 hour rotation schedule

Location

Temporary Storage Site(s)

Purpose

To supplement the storage burden of the selected site(s) for the temporary storage of human remains during a pandemic or mass fatality event.

How to Accomplish

Mass Fatality Committee to notify local health department of storage burden to begin

1. Use of sites that first refused to be used for storage, refer to your notes from Phase 3-F for these sites (remember that the governor has authority to seize property during a declared emergency)
2. Outdoor storage with large tents during colder months
3. Temporary interment using grids (mass organized graves)

Remains selected for temporary interment may include:

- Unembalmed remains
- Unidentified remains & expectation of delay in excess of 10 days from date of death to identify remains
- Advance decomposition of remains
- Incomplete paperwork necessary for final disposition and anticipation of delay in excess of 10 days from date of death to have completed paperwork.
- Family issues: no next of kin, unable to contact next of kin, or uncooperative next of kin, who is necessary for written authorizations to conduct final disposition.

Personnel Involved

Mass Fatality Committee
Local health department officials
National Guard
Cemetery personnel
police or security agency for security purposes

Resources Needed

- Cemetery equipment for digging grid mass graves.
- Contact the National Guard for large army style tents for protected storage outdoors
- Contact security, police or National Guard for security purposes of an outdoor tent site, which must be manned 24 hours.
- Cemetery temporary interment may not need to be manned except during operating hours.
- Human remains Storage Record in 3-ring binder for site
- Digital or Polaroid cameras
- Film, batteries and chargers for camera
- Electricity for lighting, and any electric equipment

Location

Cemeteries with available space
Large open fields
Parks, owned by city (preferred)
Large parking areas or parking garages
Avoid sports fields and stadiums if possible

Purpose

To restore temporary storage site(s) to their original condition.

How to Accomplish

Destroy or decontaminate equipment associated with the temporary storage site(s)
Keep any equipment that may be used for future emergencies
Contact a professional bio-hazard cleaning company such as Absolute Traumaway

Personnel Involved

Mass Fatality Committee
Bio-hazard Cleaning Company (Absolute Traumaway (860) 628-0706)
Volunteers from:
Local Funeral Homes
Cemetery
Police, Fireman, National Guard

Resources Needed

- Cemetery equipment for digging mass graves in grids.
- Contact the National Guard for large army style tents for protected storage outdoors
- Contact security, police or National Guard for security purposes of an outdoor tent site, which must be manned 24 hours.
- Cemetery temporary interment may not need to be manned except during operating hours.
- Human remains Storage Record in 3-ring binder for site
- Digital or Polaroid cameras
- Film, batteries and chargers for camera
- Electricity for lighting, and any electric equipment

Location

Cemeteries with available space
Large open fields (use army tents)
Parks, owned by city (preferred)
Large parking areas or parking garages
Avoid sports fields and stadiums if possible

Phase G-3 Funeral Services/Rites

<u>Purpose</u>	Conduct funeral services/rites as usual
<u>How to Accomplish</u>	Current practices and rituals
<u>Personnel Involved</u>	Funeral Home staff as normal
<u>Resources Needed</u>	Normal paperwork, files to conduct arrangements and services
<u>Location</u>	Usual and customary locations

Phase G-4 Funeral Services/Rites

<u>Purpose</u>	Recommended to conduct private services only to limit and reduce the exposure and spread of the communicable agent or virus
<u>How to Accomplish</u>	<ul style="list-style-type: none">•Designate one chapel/gathering room for this purpose•Talk to local clergy and encourage them to explain and support the decision to alter or even delay customary funeral services, as people often turn to their faith during difficult times for guidance. Clergy working together with the funeral homes can help to promote reassurance and diminish stress/anxiety to the families who suffer a loss during this phase.•Utilize the "Best Practices" from Column E-Family Contact during arrangements/services
<u>Personnel Involved</u>	Funeral Home staff Decedent's Family Clergy
<u>Resources Needed</u>	Normal paperwork, files to conduct arrangements and services Contact with Clergy
<u>Location</u>	Usual and customary locations

Phase G-5 Funeral Services/Rites

<u>Purpose</u>	Recommended to perform expedited services with family only if at all possible, or, preferable, direct disposition with a delayed memorial or graveside service after the pandemic. Availability of staff is expected to diminish during this phase with an increase of deaths and services.
<u>How to Accomplish</u>	<ul style="list-style-type: none">•Suggest during arrangements with next of kin to hold memorial service at a later date due to the public health outbreak•Designate one chapel/gathering room for services, if conducted•Perform "batch" graveside services at designated time increments at the cemetery (every 15 minutes)•Utilize the "Best Practices" from Column E-Family Contact during arrangements/services
<u>Personnel Involved</u>	Funeral Home staff Decedent's Family Clergy
<u>Resources Needed</u>	Normal paperwork, files to conduct arrangements and services Contact with Clergy
<u>Location</u>	Usual and customary locations

Phase G-6 Funeral Services/Rites

<u>Purpose</u>	Recommended to perform no services during the pandemic. Direct disposition with a delayed memorial or graveside services may be held after the pandemic. Availability of staff is expected to be at it's lowest during this phase with a severe increase of deaths.
<u>How to Accomplish</u>	<ul style="list-style-type: none">•Insist during arrangements, with next of kin, to hold memorial service at a later date due to the public health outbreak•For remains that have final disposition (burial/entombment), record date and time for family notification when feasible•Perform "batch" burials (multiple burials in one session, not the same grave) of cremated remains or remains in their own designated graves, not the grid mass graves for temporary interment•Temporarily store cremated remains in a designated area in the funeral home for later retrieval or burial.
<u>Personnel Involved</u>	Funeral Home staff Decedent's Family Clergy Cemetery
<u>Resources Needed</u>	Normal paperwork, files to conduct arrangements and services Contact with Clergy
<u>Location</u>	Usual and customary locations

<u>Purpose</u>	Conduct the delayed memorial and/or graveside services, now that the pandemic has passed.
<u>How to Accomplish</u>	<ul style="list-style-type: none">•Get in contact with next of kin regarding holding graveside or memorial services•Arrange with clergy to have conduct the services•Consider hosting a community memorial service at the funeral home or churches (Similar to an annual tree lighting ceremony) and invite the families to the event.•Normal disposition and services for new deaths
<u>Personnel Involved</u>	Funeral Home staff Decedent's Family Clergy
<u>Resources Needed</u>	Normal paperwork, files to conduct arrangements and services Contact with Clergy Contact with family by telephone and/or mail
<u>Location</u>	Funeral Home Cemeteries Churches

Purpose

To understand the capability, availability and anticipated workload of local cemeteries and crematories that will be necessary in the disposition of human remains, during a mass fatality event and begin to prepare the funeral home for the increase in resources necessary for disposition.

How to Accomplish

Recommend the use of a universal burial or cremation authorization form (see attached) required by cemeteries & crematories, as an option to streamline and simplify the paperwork necessary to carry out the specified mode of disposition, during a mass fatality event.

Contact local cemeteries and crematories and speak to the manager, superintendent or sexton and inquire about:

- Will the cemetery or crematory accept a "universal disposition authorization form" (Pages 44 & 45 respectively) during an epidemic and/or pandemic (Phases 5 & 6) in lieu of their own private authorization form?
- How many graves are available for purchase?
- How much land is available if mass graves become unavoidable?
- Do you maintain your own heavy equipment for digging or does a third party come in?
- What is the name, address and phone number of the third party (if used) who digs?
- How many tents do you have?

- How many functional retorts are in the crematory?
- How many cremations can reasonably be performed in a 24 hour period?
- How many employees are qualified to operate the retort(s)?
- What is the storage capacity of the crematory for remains to be cremated?
- Is there refrigeration, and how many remains can be refrigerated at one time?

Tour sites in your community that may be utilized for mass graves or temporary interment. Look at cemeteries, fields, parks, warehouse property, etc. Any place that has large acreage of land and can easily be designated for this purpose by local or state authorities.

Under the expectation of resources dwindling, order ½ of an excess order of supplies for storage and disposition, especially:

- Pouches (expect a shelf life of 6 months)
- Disaster Pouches
- Alternative Containers
- Caskets will require a larger storage capacity, focus on pouches and alternative containers
- Embalming sundries (liquid chemicals (arterial/cavity), gels, powders, sprays, cotton rolls and sheets)
- ID supplies like plastic bracelets, tags, etc.

Personnel Involved

Funeral Home Staff
 Cemetery & Crematory Staff
 Funeral Home Supplier

Resources Needed

Contact by phone
 Tour cemeteries & crematories

Location

Cemeteries
 Crematories

Name of Cemetery: _____
Address: _____
City, State Zip Code: _____
Telephone Number: _____

For Cemetery Use:

AUTHORIZATION FOR PERMISSION TO OPEN GRAVE (Please print) The undersigned authorizes and requests the above named cemetery to inter, entomb or temporarily inter, the human remains of:

Name: _____ Sex: _____
Date of Death: _____ Time of Death _____ am or pm (circle one)
Who died at (town, state) _____ At the Age of: _____
Date of Birth: _____ Place of Birth (city, state): _____
Section: _____ Lot No.: _____ Grave No.: _____
Date of Burial: _____ Type of Burial: Full Cremated Remains

AUTHORITY: I, the undersigned, hereby authorize, instruct and apply for permission for the interment of the above mentioned decedent to be buried in the Cemetery, Section, Lot and Grave No. specified above. Furthermore, I, the undersigned, to the best of my knowledge, information and belief state that there is no next of kin who would be opposed to this interment/ entombment of the above named decedent.

INDEMNIFY: I will indemnify and I agree to hold harmless and defend the above named Cemetery, any association(s) of the cemetery, and/or any Archdiocese having jurisdiction of the Cemetery, the Cemeteries employees, agents and representatives from all claims, loss, liability and courses of action by third parties including, but not limited to, any and all property damage and/or physical injury involving burial/entombment rights arising from this interment/entombment.

By my signature, I represent and certify that all statements are true and that I have the right to make this authorization.

Signature: _____ Relationship to Decedent: _____
Printed Name: _____ Date Signed: _____
Address: _____ City/State/Zip _____

Witness #1 Signature: _____
Printed Name: _____ Date Signed: _____
Address: _____ City/State/Zip _____

Funeral Director Signature: _____ License # _____
Funeral Home Name: _____ Phone: _____
Address: _____ City/State/Zip _____
Human Remains embalmed (check one) Yes No

Name of Crematory: _____
Address: _____
City, State Zip Code: _____
Telephone Number: _____

**Cremation
Certificate Number:**

AUTHORIZATION FOR CREMATION AND DISPOSITION (Please print) The undersigned authorizes and requests the above named crematory to cremate and process the human remains of:

Name: _____ Sex: _____
Date of Death: _____ Time of Death _____ am or pm (please circle)
Who died at (town, state) _____ At the Age of: _____

AUTHORITY: I, the undersigned, hereby certify that I have the right to authorize this cremation and disposition of the cremated remains. Furthermore, I am aware of no objection to this cremation by any other next-of-kin who may also have the legal authority to control the final disposition of the decedent named above. I understand that due to the nature of the cremation process, any valuable material or articles, (including, but not limited to, dental gold, watches, rings, earrings, glasses, brooch, etc.) will either be destroyed or not recoverable. Any personal possessions have either been removed or may be destroyed. The Crematory reserves the right to remove and destroy all handles of the casket and all furnishings made of glass, plastics, polyester resins, fiberglass, or similar materials. No remains will be received unless properly enclosed in a suitable container.

INDEMNIFY: I further agree that I will indemnify and hold harmless the Crematory, their officers, employees and agents, from any and all claims, demands, or causes of action and suits of any kind, nature and description in law or equity, including any legal fees, costs and expenses, liability, or claims based on or resulting from this authorization or cremation process, per this Cremation and Disposition Authorization.

IMPLANT DEVICES: I further state the decedent has not had a pacemaker implanted, radiation-producing devise implanted or any other life sustaining device implanted that could be explosive. If such a device exists or if the deceased made use of prosthesis, I have instructed the Funeral Director or others to remove it before cremation. I also agree that in the event of my failure to notify the Funeral Director or any other responsible, for the removal of such device(s), I will be liable for any damages to the Crematory or injury to the Crematory Personnel, including cost of collections and attorney fees, incident there to.

Please verify by initial: Decedent does _____; or does NOT have _____ such a device

DISPOSITION: The cremated remains shall be released as follows (check one):
_____ Hold for pick-up by Funeral Director _____
_____ Deliver cremated remains via registered mail to _____
_____ Other (specify) _____

As next-of-kin or authorized personnel, I, the undersigned, understand the provisions contained in this form and warrant that all representations and statements are true and correct.

Signature: _____ Relationship to Decedent: _____
Printed Name: _____ Date Signed: _____
Address: _____ City/State/Zip _____

Funeral Director Signature: _____ Phone No.: _____
Funeral Home Name & Address _____
Human Remains embalmed (check one) Yes No Approximate Weight of Decedent: _____ lbs.

FOR CREMATORY USE:
Date Received: _____ From: _____ Time Received: _____
Receptacle: _____ cardboard container _____ hardwood casket _____ other (specify) _____
Date of Cremation: _____ Time: _____ Operator: _____
Welfare No.: _____ Fee(s): _____

Purpose

To actively prepare the funeral home for the increase in volume for disposition.

How to Accomplish

Train additional staff to know the locations of cemeteries, crematories and local town/city halls (especially the town/city hall in your town of business).

Prepare the human remains according to Public Health Code (embalmed or not embalmed) and have non-licensed staff become familiar with locations of disposition in this phase.

Arrange for additional staff to run death certificates to certifying medical practitioners and file documents to obtain necessary disposition permits.

Dispositions should continue as normal but expect cemeteries and crematories to start to become overwhelmed as the rate of dispositions increases. Unlike you, these third parties will continue to operate under certain hours.

You may begin to suggest to families, immediate dispositions with limited services only, if possible, or memorial services at a later date to reduce the risk of furthering transmission.

Order the remaining ½ of the excess order of supplies for storage and disposition, especially:

- Pouches (expect a shelf life of 6 months)
- Disaster Pouches
- Alternative Containers
- Caskets will require a larger storage capacity; focus on pouches and alternative containers
- Embalming sundries (liquid chemicals (arterial/cavity), gels, powders, sprays, cotton rolls and sheets)
- ID supplies like plastic bracelets, tags, etc.

Personnel Involved

Funeral Home Staff
Cemeteries & Crematories
Funeral Home Supplier
Town/City Clerks (Vital Registrars)

Resources Needed

Contact by phone and in person
Supply order of goods listed above

Location

Cemeteries
Crematories
Town/City Clerks (Vital Registrars)
Medical Practitioners places of business

Purpose

To facilitate methods of disposition due to the epidemic volume of deaths

How to Accomplish

It is advised and strongly encouraged to recommend to families, immediate disposition only, such as, immediate burial and direct cremation. Recognize religious beliefs and restrictions, as feasible and possible, when arranging disposition.

Have non-licensed staff perform batch filings of death certificates and other paperwork necessary to obtain permits for disposition.

Coordinate with local cemeteries if they would accept the universal disposition authorization form (in place of their own prescribed form), if the need for such form becomes necessary. Begin to use these forms and distribute them to facilities (hospitals, nursing homes, etc.), have them available outside your funeral home and also to download from your website. This will streamline much of the paperwork process and expedite the occurrence of disposition.

Begin to perform batch transportations of human remains for disposition to cemeteries and crematories. Request to you local health department director or other person who may authorize the utilization of large rental trucks to perform the transportation to disposition sites. We will need government intervention to utilize commercial trucks since truck rental companies will not permit the transferring human remains in their trucks as they deem human remains as bio-hazardous. If local or state government can intervene during an emergency, multiple remains can be transferred to cemeteries, crematories, etc. This will significantly reduce the amount of staff, gasoline and time that would ordinarily be required to perform multiple transfers, since removal vehicles could only transport two human remains at a time (perhaps 3 smaller remains could be transferred if Reeves stretchers are used). This will be very important because the shortages of staff, gasoline and other resources will greatly affect disposition.

Rental trucks could hold significantly more human remains per transfer. This would reduce the burden on the temporary sites, funeral homes, hospitals, alternate care sites and any other facilities where high volumes of deaths are expected.

Personnel Involved

Funeral Home Staff
Cemeteries & Crematories
Truck Rental Companies
Town/City Clerks (Vital Registrars)
Local or state authority (governor, commissioner of public health, local health directors, etc.)

Resources Needed

Rental trucks

Location

Cemeteries
Crematories
Town/City Clerks (Vital Registrars)

Purpose

To perform dispositions during the pandemic in an organized and reasonable way

How to Accomplish

The Department of Public Health may mandate immediate dispositions, especially direct cremations during this time.

Perform Mass Graves (by grids) or temporary interment with permission from DPH or local public health director during the emergency. Coordinate to access sites that were previously selected to use for this purpose.

Make arrangements to set-up large army style tents in cemeteries or sites of temporary interment, to shelter remains prior to interment. Cemeteries will be overwhelmed with burials and a storage site will be necessary to handle the overflow of remains waiting to be buried or placed in organized mass grave grids

Continue with procedures from Phase 4 to expedite disposition during the pandemic

Personnel Involved

Funeral Home Staff
Cemeteries & Crematories
Truck Rental Companies
Town/City Clerks (Vital Registrars)
Local or state authority (governor, commissioner of public health, local health directors, etc.)
Military personnel, National Guard (for tents or trucks)

Resources Needed

Rental trucks
Army style tents from local or state government

Location

Cemeteries
Crematories
Temporary Storage Site(s)
Temporary Interment Site(s)
Town/City Clerks (Vital Registrars)

Recovery-H <u>Disposition</u>

Purpose

To recover from methods and equipment used for disposition brought on from the pandemic.

How to Accomplish

Coordinate with families and respective cemeteries to arrange for burial of human remains that were held at temporary storage sites, temporary interment sites, or cremated remains that were stored at funeral home or other facility.

Contact and arrange for a professional bio-hazardous waste clean up company to clean any rental trucks, vehicles, equipment and storage facilities where human remains were placed.

Restore temporary interment sites that were utilized during the pandemic

Return sanitized rental trucks and equipment to companies where the equipment originated from.

Personnel Involved

Funeral Home Staff
Cemeteries & Crematories
Bio-Hazardous clean-up company
Military or National Guard personnel

Resources Needed

Contact by phone and in person

Location

Cemeteries
Crematories
Temporary Storage Site(s)
Sites used for mass graves or temporary interment (parks, fields, etc.)

CREMATION PERMIT
VS-48 Revised 7/25/05

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS SECTION

IMPORTANT! READ INSTRUCTIONS ON BACK OF FORM. TYPE OR PRINT LEGIBLY.

Part I: Person to be Cremated	Name		Sex	Date of Birth
	Resident Address			
Part II: Funeral Director	Town Where Death Occurred	Date of Death	Time of Death <input type="checkbox"/> AM <input type="checkbox"/> PM	
	Signature (Funeral Director)	Date Signed	Funeral Home-Name	
	COMPLETE FOR SELF-AUTHORIZED CREMATION ONLY <input type="checkbox"/> Notified designated custodian #1 or #2 named in Part IV. <input type="checkbox"/> Unable to notify designated custodians named in Part IV. List name of other person notified in accordance with Probate law: _____ _____			
Part III: Custodian of Body <i>(Not applicable for self- authorized cremations)</i>	Name of Custodian of Body (Please Print)		Custodian's Tel. # (Include Area Code)	Relationship to Decedent
	Signature of Custodian		Date Signed	
	Resident Address of Custodian			
Part IV: Self- Authorized Cremation	I am of sound mind and capacity and authorize the cremation of my remains upon my death.			
	Signature		Date Signed	
	We attest that the individual named above is of sound mind and capacity at the time of this authorization.			
	Name of Witness #1 (Please Print)		Address of Witness #1	
	Signature of Witness #1		Date Signed	
	Name of Witness #2 (Please Print)		Address of Witness #2	
	Signature of Witness #2		Date Signed	
	I designate the following individual as custodian of my remains. If the named individual is unable to be contacted at the time of my death, then other persons may be contacted in accordance with Probate Law.			
	Name of designated custodian #1		Relationship to person self-authorizing cremation ()	
	Resident Address of designated custodian #1		Custodian #1 Home Telephone No.	
Name of designated custodian #2 (Optional)		Relationship to person self-authorizing cremation ()		
Resident Address of designated custodian #2		Custodian #2 Home Telephone No.		
Part V: Intended Disposition of Cremated Remains	Intended Disposition of Cremated Remains: () Burial (Specify Location): _____ () Entombment (Specify Location): _____ () Return to Person responsible for accepting cremated remains: Name: _____ Address: _____ Tel. #: _____ () Other (Specify): _____			
Part VI: Registrar of Vital Statistics	A Cremation Certificate having been executed, permission is hereby given to cremate the remains of the deceased named above.		Signature (Registrar of Vital Statistics)	City/Town
			Date Signed	
Part VII: Certification by the Crematory	This is to certify that the remains of the deceased named above was cremated.		Date Cremated	Time of Cremation <input type="checkbox"/> AM <input type="checkbox"/> PM
	Name of Crematory	Signature (Superintendent or person in charge of crematory)		Date Signed
CREMATION PERMIT MUST BE RETURNED TO THE REGISTRAR OF VITAL STATISTICS OF THE TOWN WHERE DEATH OCCURRED. Under C.G.S. §19a-322, 19a-323, & 45a-318 as amended				

INSTRUCTIONS FOR COMPLETING CREMATION PERMIT

Part I

Completed by Funeral Director or person self-authorizing cremation.

Part II

Completed and signed by the Funeral Director. The item regarding notification is completed only for self-authorized cremations.

Part III – (Not applicable for Self-Authorized Cremations)

Completed and signed by the custodian of the body. The custodian of the body must be the spouse, if married, or if there is no spouse, then the next of kin or other designated person. (See below for additional information regarding custody of decedent's remains).

Part IV – (Completed for Self-Authorized cremations only)

If the person completing the self-authorized cremation is married, the person's spouse must be listed in this part as the designated custodian. If there is no surviving spouse, then the next of kin or other designated person must be listed. (See below for additional information regarding custody of decedent's remains). A second designated custodian may be listed but is not required.

Part V

Completed by designated custodian or person to be cremated in case of self-authorization.

Part VI

Completed and signed by the issuing Registrar of Vital Statistics.

Part VII

Completed and signed by the person in charge of the crematory.

Please Note: To self-authorize a cremation, complete Parts I and IV only. Parts II, III, V, and VI will be completed at the time of death.

Connecticut General Statute Section 45a-318

Connecticut General Statute §45a-318 is amended to allow a person eighteen years of age or older to execute in advance of his or her death, a cremation authorization. If a self-authorized cremation is executed, it must be completed on this form and attested in writing by two witnesses that the person self-authorizing his or her own cremation is of sound mind and capacity at the time the authorization is executed. The person's spouse, or if there is no spouse, then the next of kin or other designated person named in Part IV of this form, must be notified within forty-eight hours of the death of such person. The Funeral Director must make reasonable efforts to notify this person. If the person to be notified is unavailable at the time of such person's death, other persons may be notified in accordance with Probate Law. Parts II, III, V, and VI will be completed by the appropriate parties upon the death of the person who is self-authorizing the cremation.

Sec. 45a-318 stipulates that the custody and control of the remains of deceased residents of this state shall belong to the surviving spouse of the deceased. If the surviving spouse had abandoned, and at the time of death was living apart from the deceased, or if there is no spouse surviving, then such custody and control shall belong to the next of kin, unless the decedent, in a duly acknowledged writing, designated another person to have custody and control of the remains of the decedent.