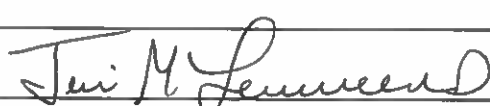


	Emergency Plan for Decedent Affairs Operations: Intake, Storage and Release of Decedents	Dept:	Pathology
		Effective Date:	April 9, 2020
		Revised Date:	NEW
		Contact:	Office of Decedent Affairs
Name & Title:		Date:	
Jerri L. McLemore, M.D., Medical Director Autopsy Services		04/09/2020	
Signature: 			
Name & Title:		Date:	
Gregory Pomper, M.D., CLIA Lab Director		4/9/2020	
			
Name & Title:		Date:	
Aymes Davis, Manager of Decedent Affairs Office		04/09/2020	
			

1) General Policy Statement:

In the event of a large scale disaster such as a pandemic or mass fatality situation where the number of deaths within the hospital system will exceed the storage capability, the regular process for body intake and release will need to be altered to accommodate the increased number of bodies. The Office of Decedent Affairs at Wake Forest Baptist Medical Center will maintain intake of decedents who die within the Wake Forest Baptist Health Medical Center and its System Affiliates, documentation and logging of such decedents, triaging for storage purposes of hospital inpatient deaths, and the tracking of those decedents. This plan covers patient deaths occurring within the Wake Forest Baptist Health System to include:

- Wake Forest Baptist Medical Center (WFBMC)
- Davie Medical Center (DMC)
- Lexington Medical Center (LMC)
- Wilkes Medical Center (WMC)
- High Point Medical Center (HPMC)

WFBMC is a Regional Autopsy Center; however, our coverage area does NOT include Davidson or Guilford Counties. If the body surge exceeds capacity, transfer of non-ME hospital deaths would be transferred to WFBMC. If the ME cases in these counties start exceeding capacity, the local CME should first reach out to county resources, and then to the Office of the Chief Medical Examiner for advice. This same procedure would occur with High Point in Guilford County.

Decedents who fall under the Medical Examiner system for Davie and Wilkes who need to be stored at WFBMC; these deaths would have already been examined by the County Medical Examiners for Davie and Wilkes Counties.

Decedents who may fall under the Medical Examiner system who die at Novant Forsyth Medical Center will be accepted at WFBMC on a case by case basis.

This plan may be extended to cover in-patient deaths from other healthcare systems in the surrounding areas, and Forsyth County Department of Social Services in conjunction with Triad Cremations of Greensboro for indigent/unclaimed death occurring within Forsyth County or our Regional jurisdiction.

Purpose: The purpose of this policy is to:

1. Define the systematic workflow for decedent intake, storage, release and possible transportation of decedents between hospitals within the Wake Forest Baptist Health System, other healthcare systems, and state operated storage sites and,
2. To define responsibilities and tasks of all parties involved or participating in this workflow.

Commonly Used Terms and Abbreviations:

- Legal Next-of-Kin = NOK
 - Healthcare Power-of-Attorney = HCPOA; HPO-
 - NC Statute Determining Next of Kin Hierarchy
 - Decedent Affairs = DA
 - Death Certificate = DC
- a. **Responsible Department/Scope:**
- i. Procedure owner/Implementer: Decedent Affairs
 - ii. Procedure prepared by: Decedent Affairs and WFBMC Department of Pathology Autopsy Section.

- iii. Procedure Supervision: CLIA Laboratory Director, Manager of Decedent Affairs, Manager and Section Medical Director of Autopsy
- iv. Procedure Implementation: CLIA Laboratory Director, Manager of Decedent Affairs, Manager and Section Medical Director of Autopsy

2) Procedure:
a) Overview

The decedent affairs process described in this procedure, once formally implemented, will be operational 7 days a week, providing 24-hour coverage split between 8 to 12 hour shifts. Site Captains will be named to function in the lead roles to provide overall direction and coordination of all activities pertaining to the intake, storage, possible transfer and release of decedents. Site Captains will then delegate responsibilities to Site Managers who will then oversee the coordination of volunteer staff members. Volunteers will be sorted in to individual work teams for staffing purposes. This coverage and/or support provided by the Site Managers and Volunteer Teams include but are not limited to the following duties: decedent transportation to storage sites within Wake Forest Baptist Medical Center, decedent intake, triaging, releasing, logging, updating documentation, and answering as many questions for medical center staff and families as possible.

b) Responsibilities of Site Captains

1. Maintain organized and systematic flow of the overall operations of the Winston Campus as well as coordinate workflow and operations with Site Captains or Site Managers at other facilities within the system.
2. Ensure that all staff participating in the operations follow proper safety and ergonomic techniques as required.
3. Ensure that all staff participating in the operations are knowledgeable of the appropriate PPE required for each task they may perform and have been properly trained on donning and doffing of such PPE.
4. Ensures that any only Autopsy or Decedent Affairs staff operate pieces of equipment or machinery when at all possible. In situations where Volunteers may be needed to do this task the Site Captains will ensure that those individuals have been properly trained on use and safety precautions before they are asked to perform this duty. Volunteers trained for this will be kept to a minimum.
5. Ultimately responsible for maintaining the Master Decedent Tracking Log maintained on the Winston Campus.
6. Communicate regularly with affiliate Medical Center staff and the Winston Command Center to provide updates.

7. Communicate regularly with Department of Pathology Administration and Section Medical Director of Autopsy Services on the Winston Campus to provide updates and receive information or questions.
8. Ensure adequate staffing and coverage are provided by volunteers to support the needs of each determined site location within the Winston campus medical center.

c) Responsibilities of Site Managers

1. In the absence of a Site Captain, will maintain an organized and systematic flow of the overall operations of the affiliate and shift to which they are assigned to work.
2. Assist the Site Captains with maintaining the Master Decedent Tracking Log during their associated shift.
3. Communicate regularly and effectively with Site Captains and as needed with Laboratory Administration, Autopsy Medical Director and Campus Command Center during their assigned shift.
4. Serve as a resource and guide for all volunteer staff working at the various site locations during their assigned shift.

d) Responsibilities of Volunteers at the Winston Campus

Volunteers will be assigned to a specific work site and asked to perform specific tasks during their work shift.

Work Sites will be established within the Winston Medical Center Campus as follows:

- a. **Decedent Intake** – located on 2nd Floor Gray. Additional Intake sites may be set up at other locations depending on volumes and transport needs.
- b. **Decedent Triage** – will take place in the Morgue area of 2nd Floor Gray
- c. **Storage Areas** –
 - i. Morgue 2nd Floor Gray (Normal Medical Examiners Cases non- bariatric)
 - ii. 5th Floor Gray (Bariatric patients only - mixed Medical Examiner patients and Hospital Patients.)
 - iii. Trailer #1 (Hospital Inpatient deaths and Pass Thru patients) Including ME cases from Wilkes and Davie and Cases from Novant Medical Center in Forsyth.
 - iv. Trailer #2 (Hospital Inpatient deaths and Pass Thru patients) overflow from Trailer #1

- v. 4th Floor Gray (Medical Examiner cases, overflow from Morgue)
- vi. Carolina Donor Cases – Will be held in either the 2nd Floor Gray Morgue or 4th Floor Gray. These bags will be identified with a Neon Green DONOR sticker for easy identification.

d. Decedent Release

- i. Trailers/Loading Docks, or
- ii. 2nd Floor Gray
- iii. Additional Release sites may be set up as needed based on volumes.

e) Responsibilities of Nursing Staff

Patients Presenting from the Winston Campus:

1. Nursing staff (Charge Nurse) will follow the normal process of preparing the decedent and paper work on the floor. Please

Paper work that **MUST** accompany the decedent to the Intake location includes:

- a. Completed Death Certificate – ensure that Attending Physician/Resident has completed and signed.
- b. 2 additional copies of the **completed Death Certificate**.
- c. Completed Body Release Form to include:
 - i. Funeral Home/Cremation Service Information,
 - ii. Legal Next of Kin information (Printed Name, Signature and Contact Number). This information must be obtained even if Funeral Home/Cremation Service is unknown.

Refer to the Site Manager or Site Captain if there are any questions about this information. A copy of the NC State Statue for Next of Kin Hierarchy will also be available in the information binder housed at each Intake Site.

- iii. Signature of Nursing Staff
2. Nursing staff/Charge Nurse/Security will call the Decedent Intake Site located on 2nd Floor Gray by calling **ASCOM phone number (24432) BEFORE** transporting the decedent.

3. The Nurse will share the following information over the phone with the Decedent Intake staff member:
 - a. Decedent Name
 - b. Medical Record Number
 - c. Time of Death
 - d. Is this a Medical Examiner Case or a Pass Through or Unknown?
 - e. Carolina Donor Services (CDS) suspended? If not, did CDS hold for tissue, eyes, or organs?
 - f. Does the decedent have a preferred Funeral Home?
4. Once the call has been made and the paper work appropriately completed, proceed with transporting the decedent to the Intake Site on 2nd Floor Gray.

DO NOT TAKE THE DECEDENT DIRECTLY TO THE MORGUE. With the EXCEPTION of Fetal Demise cases coming from Labor and Delivers.

Fetal Demise cases will be handled in the SAME manner as they have always been handled.

Decedents Presenting from Affiliate Locations:

- a. Follow same process as indicated above for Winston Campus Nurses, Steps 1 thru 3.
- b. After call has been made to the Winston Campus Intake Site, follow Affiliate Site instructions to arrange for transport of the decedent to the Winston Campus.
- c. All decedents arriving at the Winston Campus from Affiliate or Other locations must enter the workflow process beginning at the Intake Site located on 2nd Floor Gray. If additional Intake sites are added, further direction will be relayed to the Affiliate sites on these locations and who should use them.

Medical Examiner Cases Presenting to the Winston Campus:

ME cases will follow the exact same decedent work flow as any other decedent that enters the system. The only differences with the ME cases will be as follows:

1. ME cases will present to the Intake Site along with their personal affects, which will be properly bagged and identified with the body.
2. Staff are not to open or manipulate the personal affects or its contents at any time during the decedent Intake, Triage, Transport, Storage or Release process. They will route with the body through the process.

f) Responsibilities of Security Staff

- a. Security Staff from any Wake Forest Baptist Health System location, including the Winston Campus should not transport decedents directly to the Morgue during the COVID emergency.
- b. Security Staff should follow the same guidance given to nursing staff and contact the Decedent Affairs Intake Site via ASCOM phone at 24432 prior to any transport questions and/or body release questions.

3) Decedent Intake Site

Anticipated volunteer staffing needs – 2-3 people per shift

ASCOM contact numbers:

24432 Direct Intake (for decedent notification)

24437 Runner

24435 Internal Department of Pathology communication use ONLY

- Required PPE for this Site:** ✓Gloves
 ✓Mask of any type
 ✓Lab Coat or Apron

Required PPE is indicated by ✓

Process:

- a. Staff will greet decedent transporters at the door.
- b. Wipe down the exterior of the body bag using disinfecting wipes or towels and 10% bleach.
- c. Two Staff members will verify identity of the decedent by checking the toe tag against the paper work submitted with the decedent. Verify the following:
 - 1. Decedent full name
 - 2. Medical Record Number or other Identification Number
 - 3. Gender
 - 4. Race
- d. Paper work will be reviewed for completeness.
 - i. If information is missing, patient identity cannot be verified or the Death Certificate is not properly completed, the decedent WILL NOT progress through the routing system until all issues are resolved.

Intake Staff will work with Nursing or submitted site to obtain the needed information as quickly as possible.

- e. If paper work is complete and patient identity is confirmed, the Intake Staff member will:
 - i. Securely tape a clear page protector to the outside of the body bag.
 - ii. If the decedent is a Carolina Donor candidate, a Neon Green DONOR sticker will be placed on the outside of the body bag.

- iii. Prepare the Intake Folder by completing the information requested on the front of the folder and placing all documents accompanying the decedent, inside the folder.
- iv. If the quantity of decedent documents exceed what can normally be placed inside of the Intake Folder, the documents should be separate as follows:
 - 1. Place the REQUIRED documents as indicated above inside of the Intake Folder.
 - 2. Using a large binder clip, clip the remaining documents together and place them in a regular manila file folder. Label the file folder with the patient's full name.
 - 3. Place a large rubber band around the outside of the file folder containing the "clipped" documents to further secure the documents.
 - 4. Slide the Intake Folder under the rubber band to complete the secure package.
 - 5. Route the entire package along with the body.
- v. Intake tracking folder color will indicate the originating source of the decedent.
 - ❖ RED Folders = WFB Winston Campus
 - ❖ GREEN Folders = Wilkes Medical Center
 - ❖ YELLOW Folders = Davie Medical Center
 - ❖ BLUE Folders = High Point Medical Center
 - ❖ Manilla/Beige Folders = Lexington Medical Center

Should the number of originating sources expand to include Novant Medical Center Patient, EMS County Patients or DHHS Patients in conjunction with Triad Cremations, BEIGE folders will be used but the name of the originating facility will be HIGHLIGHTED using a marker of specific color to differentiate the areas.

- ❖ Novant will be BEIGE Folder highlighted in PURPLE
 - ❖ EMS County Patients will be BEIGE Folder highlighted in PINK
 - ❖ DHHS will be BEIGE Folder highlighted in GREEN
- f. Intake staff will transport the decedent and folder to the Morgue area for Triage.

4) Decedent Triage Site

Anticipated volunteer staffing needs: 2-3 people per shift

ASCOM Contact Number: 24433 for internal communication between Department of Pathology Staff ONLY.

Required PPE for this Site:

- ✓Gloves
- ✓Mask of any type
- ✓ Lab Coat or Apron

Required PPE is indicated by ✓

Process:

- a. Staff in this area will be responsible for logging decedent information in to the Master Decedent Tracking Log on the Pathology Share Point Site.

- b. Members of the Autopsy group will review the patient history and folder information to determine if the decedent qualifies as a Medical Examiner (ME) Case and Verify Carolina Donor status if applicable.

If it is determined an ME case, they will apply a SECOND red toe tag as this time. The red toe tag will not replace the original green tag it will be in addition to the green tag that was issued from the originating location.

If it is determined that the decedent is a candidate for organ donation, they will ensure that the Neon Green DONOR sticker is present on the outside of the body bag. If not, they will need to place it on bag and update the information in the Master Decedent Tracking Log and the front of the Intake Folder.

- c. Once decedent information is appropriately entered in to the Master Log, they will be routed the appropriate Storage Site for holding.
- d. Triage staff will notify the appropriate Storage Site that they have a decedent in route by ASCOM phone call.
- e. A transporter from the Triage Site will then disinfect the outside of the body bag using wipes or towels and 10% bleach and take the decedent and their accompanying tracking folder to the designated Storage Site.

5) Decedent Storage Sites

Anticipated volunteer staffing needs:

- Trailers – 3-4 people
- 5th and 4th Floors Gray – 2-3 people can cover both areas
- 2nd Floor Morgue – 1-2 people

ASCOM Phone contact numbers:

24437 Runner
24436 4th and 5th Floor Gray
24434 Trucks

Required PPE for this Site:

- ✓Gloves
- ✓Mask of any type
- ✓ Lab Coat or Apron

Required PPE is indicated by ✓

Process:

- a. Site Storage staff will prepare for decedent transfer from Triage once they receive verbal communication from Triage staff.
- b. When decedent arrives at the Storage Site, staff will file the Tracking Folder accompanying the body in the storage HOLD for Release file cabinet.

Names will be filed alphabetically by first letter of the last name.

- c. The decedent will then be placed in to storage at that location until time of release.

6) Decedent Release

Anticipated volunteer staffing needs: 1-2 staff at both the Trailer Storage Site and the Gray Building Intake Site.

Required PPE for this Site:

- :
- ✓Gloves
 - ✓Mask of any type
 - ✓ Lab Coat or Apron

Required PPE is indicated by ✓

ASCOM Phone contact numbers:

24435 2nd Floor Gray
24434 Trucks
24436 4th and 5th Floor Gray

Process:

- a. Decedents will only be released to authorized individuals.
- b. If possible, prior to presenting to the Medical Center for pick-up, the authorized individual or Funeral Home should call the Medical Center using ASCOM phone number 24432 to determine the exact storage location of the body.
- c. If the body is being stored in one of the Trailer Storage sites, the individual or Funeral Home may pick up the body from the loading dock area.
- d. If the body is being stored in a location within the Gray Building, the individual or Funeral Home should present to the Intake Site at 2nd Floor Gray.
- e. Staff at either the Trailers or Intake areas will be able to assist with the release of the body.

Volunteers will NOT release ME cases. Only members of the Decedent Affairs or Autopsy staff will handle these. Due to the limited availability of these staff members, ME cases will only be released during the hours of 7AM and 7PM.

- f. Volunteer staff will verbally confirm the identity of the decedent being released with the authorized individual or Funeral Home. They will then pull the decedent's Tracking Folder from the HOLD for Release File cabinet and remove the Original Copy of the Death Certificate (with watermark present) and the Body Release Form.
- g. The staff will obtain the appropriate signatures on the Body Release Form and return it to the decedent Tracking Folder.

- h. The staff member will place the Original Death Certificate in to the clear page protector securely attached to the body bag of the decedent and wipe down the outside of the bag with a disinfecting wipe or towels and 10% bleach solution.
- i. The authorized individual or Funeral Home will take possession of the body at this time.
- j. The staff will then place the decedent Tracking Folder in to the RELEASED file cabinet.
- k. At various intervals during the shift, a Site Captain will make rounds to all Storage Sites to collect tracking folders of released individuals.
- l. The Site Captains will then use the tracking folders and information contained in those folders to:
 - 1. Update and finalize information in the Master Decedent Tracking Log, and the Nursing Death Log shared with Nursing Administration.
 - 2. Accession the case in to CoPath as necessary and document Decedent Services case number on the tracking folder and the Morgue Patient log.
- m. Site Captains will then file the paperwork according to Decedent Affairs normal processes.

7) Delay of Decedent Pickups by Funeral Homes

To reduce delayed funeral home response, the funeral homes are being provided with a letter stating they aren't allowed to delay decedent pickups. Death certificates will be placed into pouches before releasing the body. Decedent Affairs office will contact DSS on the 5th day of body hold, if family is unable to make disposition arrangements due to financial hardships.

8) Communication Processes:

Direct communication with Decedent Affairs staff and staff volunteers during the defined emergency time frame will occur via ASCOM phone number 24432. Nursing staff, Security, Funeral Homes, outside contacts will have all questions, concerns, needs and assistance routed to the Decedent Affairs Team or the Intake Site using ASCOM phone number 24432.

Members of the Decedent Affairs Volunteer Teams will be able to communicate directly with each other during shifts via ASCOM phones or cell phone use.

Volunteers are asked to maintain patient confidentiality, HIPAA and Privacy standards at all times.

Do not release any information to a person if you are not certain that they are allowed access to that information. Contact your Site Manager, Site Captain or Medical Director of Autopsy for guidance.

Do not relay any information if approached by outside Media or Reporters of any kind. Refer any questions to our Media Relations Team on the Winston Campus by providing them with this pager number: 336-716-6770, #7552.

9) General Safety and Ergonomics:

- a. Volunteer staff should be aware of proper techniques used to transfer, push or move bodies from place to place.

- b. Volunteer staff should be aware of the proper use of PPE as determined needed for the tasks they are asked to perform.
- c. If the volunteer is required to operate equipment of any type they will not do so until proper training on operation and safety have taken place.
- d. If at any time during their work as a volunteer they become ill or feel they may be exhibiting signs of possible infection, they are to notify a Site Manager or Site Captain immediately.
- e. If at any time a staff member feels that there is a problem with incorrect patient information or documentation or there has been a “mix-up” during the tracking process, you have the right to call a **TIME OUT** across all site locations until the issue is resolved.

10) Review/Revision/Implementation:

- All procedures must be reviewed at least every 2 years.
- Office of Record: Department of Pathology

11) Related Procedures: NA

12) References: NA

13) Attachments: NA