City of New York Office of Chief Medical Examiner Managing Healthcare Facility COVID-19 Deaths

> Guidance for Long Term Care (LTC) and Nursing Home (NH) Facilities





VERSION CONTROL				
Version	Date Issued	Updates		
1.0 (this version)	10/29/2020	Original Document		

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I. Introduction

The purpose of this planning document is to help New York City Long Term Care (LTC) and Nursing Home (NH) facilities prepare to manage future fatality surges due to COVID-19. This guidance mainly builds off normal day-to-day procedures and provides facilities with the tools and information required to amplify operations. This document is composed of guidance distributed during the first wave of COVID-19 that has been updated with lessons learned and feedback from facilities.

This guidance is for Long Term Care Facilities and Nursing Homes, if you are a Hospital please DO NOT follow these instructions, there is separate guidance document for hospitals.

II. Make a Plan

It is recommended that each LTC and NH Facility convene a working group composed of senior staff that have knowledge of fatality management operations and review the materials proposed in this document, and other resource documents to formulate a general response strategy. While fatality management procedures may not differ much from day to day operations, it is vital to review the surge plan and review lessons learned from the first wave of COVID-19.

It is especially important for facilities that use joint morgue space with another facility or hospital to communicate any updates to policy or procedure and include the hospital or sister facilities in planning discussions.

These tools have been modified from previous versions to incorporate lessons learned and best practices. Upon reviewing the planning tools, the working group should begin to tailor the information to fit the facility's needs.

As with all disaster plans, each LTC and NH Facility's surge plan should be considered a living document requiring regular revision and refinement.

III. Types of Deaths to Report or Request Pick Up

ME CASES: All cases that may be an accident, suicide, homicide, or suspicious death MUST be reported to OCME for investigation. To report a death that may fall into one or more of these categories, call:

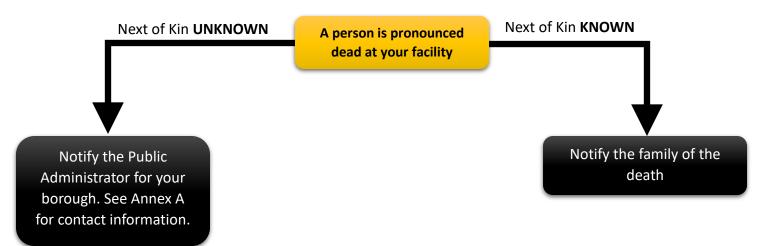
212-447-2030

CLAIM CASES: Cases in which the cause of death is natural and does not involve any suspicious activity or accident. These deaths can be directly picked up by a funeral home and DO NOT need to be reported to OCME. Should a family not be available, not be able to hire a funeral home, or if a funeral home is significantly delayed, an LTC or NH Facility can submit paperwork to OCME for a CLAIM CASE. This means that OCME will hold the decedent while the NOK arrange final disposition, without taking jurisdiction of the case.

IV. Decedent Pick Up Process

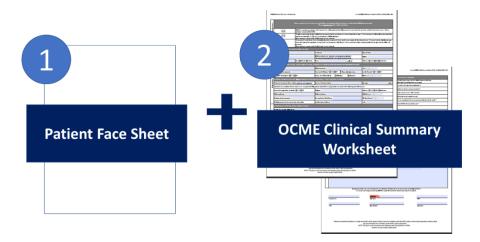
Step One.

Upon the death of a patient/resident, the family or Next of Kin (NOK) must be notified. If there is no contact information for family or NOK, the Public Administrator for the borough must be notified so that an investigation can be conducted to find NOK.



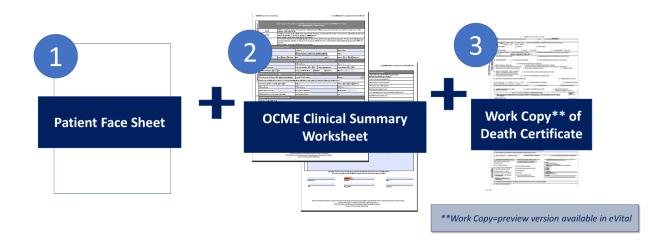
Step Two.

MEDICAL EXAMINER CASES: Prepare the following paperwork to fax to OCME (detailed instructions below):



CLAIM ONLY CASES: If the family has been contacted and started funeral arrangements, no paperwork needs to be sent to OCME.

If the family is delayed in making arrangements, the funeral home is delayed, or there is no NOK, prepare the following paperwork to fax to OCME (detailed instructions below):



V. Paperwork Instructions

General Reminders

- ALL spellings of names, dates and times of birth / death must agree throughout ALL paperwork: cover letter, face sheet, clinical summary worksheet, death certificate, etc.
- All required decedent paperwork must be faxed to OCME Communications at **646-500-5762** as soon as possible. Pick up of the decedents CANNOT occur until all the following paperwork is completed.
- Please submit *only* the documents requested based upon the case type. Please do not attach any additional medical records or otherwise unsolicited documentation and do not keep faxing the same paperwork over and over, please wait for OCME follow up.
- Once competent paperwork is received, OCME will pick up decedents as operations allow.
- If a Funeral Home cannot pick up a decedent within 24 hours, and a LTC or NH facility does not have refrigeration, speak with both the family and the Funeral Home and indicate that you will be putting in claim paperwork to the OCME.
 - For decedents that have been claimed by a funeral home, the LTC or NH Facility does **not** need to modify the death certificate OR submit the burial permit provided the Death Certificate is **registered** in eVital.
- Do not provide a general phone number, provide a <u>DIRECT line</u> to someone who can answer questions regarding decedent paperwork
- If a facility does not have refrigeration, please indicate this by writing **NO REFIGERATION on the Fax Cover Sheet**.

Fax Cover Sheet

- Indicate the name of the LTC or NH as it is registered with the Department of Health in eVital.
- Include a contact person and phone number for an individual who can correct any issues with the paperwork
 - Please note that the Nursing Home general line is NOT acceptable. OCME requests a direct line or extension so that we can promptly address any paperwork concerns.
- Indicate if your facility has a refrigerated morgue space or if there is **no refrigeration.**

Facility Face Sheet

- This is generated from the LTC or NH Facility
- This is not something provided by the OCME
- It is often a 1- or 2-page sheet that you have as a facility that has basic patient admitting information (name, DOB, NOK information, name of their doctor, etc.)

Clinical Summary Worksheet

- Detailed instructions for filling out the Clinical Summary Worksheet can be found here: <u>https://www1.nyc.gov/assets/ocme/downloads/pdf/ME-Clinical-Summary-Worksheet-Version-3.0-Instructions.pdf</u>
- Please complete *only* the required sections. *Section E is not required* for claim cases.
- Please indicate '*unknown*' in fields where you do not have the requested information. Do not leave fields blank.
- OCME requires the medical record number for all decedents coming to OCME from a nursing home.
- OCME requests any aliases known to be used by the decedent.
- OCME requests as much next-of-kin (name and contact) information as possible:
 - Where the NOK are known, the LTC or NH must notify the NOK of the death. If the LTC or NH was unable to reach the NOK, all notification attempts **must** be documented.
 - Where the NOK are unknown, your facility shall notify the Public Administrator (PA) of the death and document notification as indicated.
 - If NOK are unknown, the decedent CANNOT be submitted for City Burial. Please notify the PA and submit paperwork for a CLAIM ONLY case.
- Please provide all available contact information for NOK, PA, and NH so that OCME can follow up, as appropriate.
- Please provide a response ("Yes" or "No") for all screening questions.
- If the decedent is COVID-19 positive, and has no other communicable disease that would pose a threat to public health, such as a bacterial meningitis, select NO to the question in the Clinical Summary Worksheet Section D regarding public health. While COVID-19 is public health issue, death resulting from COVID-19 are considered natural deaths and selecting yes will cause this decedent to be flagged for further investigation as a possible ME case, which will delay its processing. If the death poses OTHER threats to public health select yes.

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yes
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Does the death pose a threat to public health, such as bacterial meningitis?

• Please ensure that the form is signed.

✓

no

Death Certificate

For guidance on filling out Death Certificates, please refer to this step by step instructions developed by eVital: <u>https://www.gnyha.org/wp-content/uploads/2020/05/Instructions-to-Complete-Death-Certificates-in-eVital_5-14-</u>20.pdf

Also review the eVital User Guides for additional instructions on how to complete death certificates. These can be found at <u>www.nyc.gov/health/eVital</u> under the Training and Tutorials section.

Please note that for all City Burials, all paperwork must also be accompanied by a completed and signed **NOK Authorization Form**. If no NOK is available, the case must be submitted as CLAIM ONLY. An LTC or NH cannot request City Burial in lieu of or on behalf of NOK.

Remember, OCME cannot recover a decedent without a **registered** death certificate. Facilities must ensure physicians are available to appropriately certify deaths in eVital and ensure the workflow can progress.

VI. Decedent Storage

Human Remains Pouches

Decedents must always be handled with respect and dignity. Decedents must be stored in appropriate and well-marked human remains pouches (HRP), also known as body bags. Specifically, during a pandemic when decedents may be stored for an extended period of time before burial facilities should utilize <u>disaster/ruggedized body bags</u> to ensure time and decomposition do not impact or compromise the bag.

Decedents, as well as the HRP, should be properly labeled to include:

- The decedent must have a wrist band and toe tag indicating the decedent's full name and medical record number (MRN)
- Each body bag should have a tag affixed to it that identifies the decedent's full name and medical record MRN
- All tags should be properly attached to the decedent and bag
 - No stickers should not be used as they can easily come off or stick to other bags.
 - Tag placement should be standardized and affixed to the zipper. It is suggested that it be zipped toward the head of the decedent so that it is easy to locate and identify each decedent

All facilities should ensure that there is an adequate supply of HRPs on hand for both regular use and disaster situations. In the event that a facility requires additional resources, typical disaster resource requests processes, as established by NYC Emergency Management, should be followed.

LESSON LEARNED:

If a human remains pouch rips during packaging or storage, the decedent must be repackaged in a disaster pouch and the body bag tag reattached to the new bag. The ripped bag does not need to be removed before the decedent is placed in a new bag.

Refrigeration and Body Collection Points

Several LTC or NH Facilities either have very limited or do not have any refrigeration for holding decedents. Even facilities that do have space to hold decedents can be overwhelmed during a wave of fatalities due to COVID-19. In the event of a second wave of fatalities please consider the following options:

- 1. There is NO waiting period for pick up of decedents by OCME. Upon completion of the proper paperwork, OCME can make a pick-up as soon as operationally possible (usually within 24 hours).
 - a. It is imperative to develop training and reference documents for new staff that may be brought on or reassigned to help with administrative tasks such as preparing the Clinical Summary Worksheet or getting the Death Certificate filled out.
- 2. Decedents can be stored in a cold room if necessary
 - a. If a funeral home is delayed by a day or so, a decedent can be held in a cold room. Consider how this may work logistically for your staff is there space and method to cool a space for decedent storage?
- 3. Body Collection Point
 - a. If a facility deems it necessary, renting or buying a refrigerated trailer for expansion of morgue space may help by expanding refrigerated storage capacity on-site. These are referred to as Body Collection Points (BCPs). If this is done, please consider the following:
 - i. Temperature and Fuel

Decedents must be stored between 37 – 44°F to slow down the rate of decomposition. Facilities must monitor the **ambient temperature** inside the BCP to ensure the storage of decedents within this temperature range. Fuel management, including monitoring and refueling, will be the responsibility of the facility to organize.

Please note that refrigeration will only slow down, **not halt** decomposition. OCME's long term storage facility can more substantially slow the decomposition process compared to regular refrigeration. For this reason, if there is no funeral home involvement or a funeral director is delayed in affecting final disposition, the LTC Facility is encouraged to release the decedent to OCME custody.

ii. Access Control / Security

The LTC or NH Facility must ensure that the unit is secure 24 hours a day. Depending on the placement of the unit, this may include taking measures to ensure privacy, deploying lighting elements or surveillance cameras, deploying tents or covered walkways, etc. In addition to these concerns, LTC and NH Facilities should consider:

 Prohibiting Use of Photo or Video: Any photography or video of the interior of the BCP should be strongly discouraged, whether by facility omployees, funeral directors, or the public

LESSON LEARNED:

Be sure to have protocols and policies in place prohibiting photographing or videography of decedents. Be sure to make any staff who will be handling decedents or working in the morgue aware of these policies

- facility employees, funeral directors, or the public/press.
- **Prohibiting Funeral Director Access:** Funeral Directors should never be given direct access to a BCP. The retrieval of decedents from the BCP should be completed by facility staff.

iii. Recommended Supplies and Equipment

The following list is a recommended list of equipment and supplies necessary to successfully manage a BCP operation. It is not exhaustive, and each facility is encouraged to use it as a starting point for facility-specific equipment list:

• Communication equipment (i.e., radios, phones, etc.)

- Signage
- Lighting and/or cameras dependent on BCP location
- Privacy tenting or perimeter/road blocking equipment and supplies
- Documentation supplies (i.e., clipboards, markers, pencils, etc.)
- Decedent tags / labels
- Zip ties
- Ramp(s) or lift gate, as dictated by the specifications of the BCP
- Decedent storage shelving and trays
- Disaster/Ruggedized Body bags
- Carts/gurneys or another method to transport decedents
- PPE

Personal Effects

OCME will not pick up any personal effects or belongings when a decedent is pick up for transport to our facilities. It is advised that each facility follow normal storage and release processes for personal effects and ensure that any NOK are informed of how and when to pick up any personal effects or belongings.

VII. Key Points to Remember

- ✓ If any of the paperwork requirements are not met, the decedent cannot be accepted or picked up by OCME.
- Please visit the OCME official website which includes a "Case Reporting Criteria for Clinicians" page and the clinical summary worksheet and instructions at <u>www.nyc.gov/ocmereportacase</u>.
- The additional staffing required to manage a BCP should not be the responsibility of facility staff already tasked with caring for patients as it requires consistent monitoring and security.

Annex A.

Where the NOK are known, the LTC Facility must notify the NOK of the death. If unable to reach the NOK, all notification attempts **must** be documented.

• See below for Public Administrators contact information (this list is accurate as of 9/2020 and is subject to change).

Public Administrators					
Borough	Name	Email	Telephone		
Bronx Matilda Sanchez	Milly Merced (NH Cases) Christine Paulino	mimerced@bronxpa.nyc.gov cpaulino@bronxpa.nyc.gov	718-293-7660 Fax: 718-293-7851		
Brooklyn Richard Buckheit	Latoya Richardson (Intake) Julio Chen Kno Nelson Guzman Raymond Paulucci	Irichardson@kingspa.nyc.gov jchenkon@kingspa.nyc.gov nguzman@kingspa.nyc.gov rpaulucci@kingspa.nyc.gov	718-643-3032 Fax: 718-522-4475		
Manhattan Dahlia Damas	Dahlia Damas Frank Fang Paulette Pennant Sunita Tamang-Gurung	ddamas@nycountypa.nyc.gov ffang@nycountypa.nyc.gov ppennant@nycountypa.nyc.gov sugurung@nycountpa.nyc.gov	212-788-8430 Fax: 212-385-0220		
Queens Lois Rosenblatt	Barbara Banks-Grier (NH cases) Susan Brown (all other cases)	Barbara@queenscountypa.com sbrown@queenscountypa.com	718-526-5037 Fax: 718-526-5043		
Staten Island Edwina Martin	Vincent Argenziano Paul Bogdanov	vargenziano@richmondpa.nyc.gov pbogdanov@richmondpa.nyc.gov efmartin@richmondpa.nyc.gov	718-876-7228 Fax: 718-876-8377		