

**Federal Bureau of Prisons
Health Services Division**

Pandemic Influenza Plan

Module 4: Care for the Deceased (October 2009)

What's New in This Document?

Since the August 2008 version of Module 4, the following has been revised to reflect updated guidance from the Centers for Disease Control and Prevention (CDC) regarding infection control with the current pandemic H1N1 influenza. The only significant change is that N-95 respirators (rather than surgical/procedure face masks) should be worn by personnel handling the deceased. **Throughout the module, changes are highlighted in yellow.**

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The BOP Pandemic Influenza Plan contains the main plan and four separate modules which cover the unique health-related aspects of pandemic flu emergency response. These include:

- Module 1: Surveillance and Infection Control
- Module 2: Antiviral Medications and Vaccines
- Module 3: Health Care Delivery
- Module 4: Care for the Deceased

The Bureau of Prisons has based its Pandemic Influenza Plan on the federal government response stages. The BOP plan combines the federal stages to organize action steps into three different stages: Preparation, Response, and Recovery.

Bureau of Prisons Pandemic Influenza Response Stages			
Federal Stage	Federal Government Response Stages*	Federal Stages	BOP Plan
0	New domestic animal outbreak in at-risk country	0-1	Preparation
1	Suspected human outbreak overseas		
2	Confirmed human outbreak overseas	2-5	Response
3	Widespread human outbreaks in multiple locations overseas		
4	First human case in North America		
5	Spread throughout United States		
6	Recovery & preparation for subsequent waves	6	Recovery
<p>*Note: The Federal Government Response Stages should not be confused with the World Health Organization phases of pandemic influenza, which are different and overlap.</p>			

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Overview

In the event of a severe pandemic flu, it is anticipated that the services of community funeral homes and local medical examiners could become temporarily unavailable. In that instance, correctional facilities would have responsibility for the initial processing and storage of bodies of deceased inmates. Thus, the BOP Pandemic Influenza Planning Group decided that it was prudent to provide BOP facilities with detailed procedures for caring for the deceased.

The Department of Health and Human Services (DHHS) estimates that for a severe pandemic flu (akin to the 1918-19 pandemic), the death rate in the general community would be 6 deaths per 1000 persons who become ill. The DHHS estimate assumes that 30% of the population becomes sick with the flu and that 2% of those who become sick with pandemic flu die from it. Because of factors unique to the prison setting, this BOP pandemic flu plan assumes a higher death rate for a severe pandemic than that estimated for the general population. These factors include the close contact of inmates (increasing risk of flu transmission) and their high rates of other chronic, high risk medical conditions (increasing vulnerability to flu). Thus, in a “worst case scenario” for pandemic flu, the BOP estimates a death rate of 10 deaths per thousand inmates (1%). **The current pandemic H1N1 influenza usually results in mild illness. Mortality rates appear to be relatively low—similar to seasonal flu.**

This plan for “Care for the Deceased” includes the following elements:

- Communication with local health department and medical examiner about pandemic flu planning.
- Procedures for setting up a temporary morgue (if community resources become unavailable).
- Detailed procedures for care for the deceased, including lists of needed supplies.
- Provision of a form for identifying and tracking the deceased.

General guidelines for handling the deceased are provided in *Attachment 4.1*. Specific procedures for care for the deceased are outlined in *Attachments 4.2* and *4.3*.

This plan for “Care for the Deceased” is not designed to frighten; nor does it make a prediction about what will occur. Implementation of this plan will provide some assurance that if a pandemic flu “worst case scenario” occurs, the Bureau of Prisons will be prepared to handle the situation.

Action Steps by Pandemic Stage

Preparation (Federal Response Stages 0–1)

(See the [Standard Operating Procedures](#) for the Preparation stage.)

1. Identify a staff person to be responsible for planning for care for the deceased.
2. Estimate the number of inmate deaths in a pandemic flu “worst case scenario.”
3. Communicate with the local health department and medical examiners office about plans regarding care for the deceased in a pandemic in the local community.
4. Develop local facility plans for care for the deceased. Review *Attachment 4.1. General Guidelines for Handling the Deceased*.
 - a. Plan for a temporary morgue (including a place for bodies to be processed and a refrigerated place for storage).
 - b. Plan for needed supplies.
 - c. Review *Attachment 4.2. Procedures for Care for the Deceased* and adapt it to this facility.
 - d. Review *Attachment 4.3. Pandemic Flu Death Record/24-Hour Death Report* and adapt it to this facility.
 - e. Develop a facility-specific procedure for tracking the location of the deceased.
 - f. Discuss possible storage plans in the event that refrigeration is not feasible.

Response (Federal Response Stages 2–5)

Begin when there are confirmed human outbreaks of pandemic flu anywhere in the world:

1. Contact local funeral home(s) and the medical examiner to assess potential availability of services.
2. Review plans and procedures, the location for a temporary morgue, the adequacy of refrigerated space, and assure availability of needed supplies.

After a pandemic death occurs in the facility:

3. Contact local funeral homes and/or the medical examiner to handle inmate deaths per usual facility procedures.
4. If community resources become unavailable, set up a temporary morgue and implement *Attachment 4.2. Procedures for Care for the Deceased*.

Recovery (Federal Response Stage 6)

Previous flu pandemics have been associated with subsequent “waves” of flu after an initial wave resolves. After an initial pandemic flu outbreak, subsequent outbreaks are likely. The recovery period will involve both recovering from the pandemic emergency, evaluating the BOP response to it and preparing for subsequent waves of pandemic flu.

1. Assess adequacy of response to an increased number of the deaths in the facility.
2. Prepare written summary of response.

Module 4: Care for the Deceased Standard Operating Procedures - Preparation Stage (Federal Response Stages 0–1)	
During the Preparation stage, adapt this Standard Operating Procedure template to the unique circumstances of your facility. A modifiable WordPerfect version is posted on: Sallyport/Resources/Log-in Screens/OpsPlanner.	
1. Identify a staff person to be responsible for planning for care for the deceased.	
In this facility, the following individual is assigned responsibility:	
2. Estimate the number of inmate deaths in a pandemic flu “worst case scenario.”	
Estimation formula: Total number of inmates housed in the facility multiplied by 0.01 (1%). Total # inmates housed in this facility: _____ x 0.01 = _____ = estimated inmate deaths	
3. Communicate with the local health department and medical examiners office about plans regarding care for the deceased in a pandemic in the local community.	
a. Contact the local health department and/or medical examiner to learn about local pandemic flu plans for care for the deceased.	
Medical Examiner:	
Address:	
Phone:	
Are there any plans for mass storage of bodies? Yes No If yes, what?	
Are there any local requirements for reporting of pandemic deaths? Yes No If yes, what?	
b. Identify funeral home(s) currently utilized and assess their plans for pandemic flu.	
Funeral Home:	
Address:	
Phone:	
Do they have any plans for expanding services in the event of a pandemic? Yes No If yes, what are the plans?	
If yes, is transportation likely to be available? Yes No Is it likely that the institution will be required to transport bodies? Yes No	

<p>4. Develop facility-specific plans for care for the deceased. Review <i>Attachment 4.1. General Guidelines for Handling the Deceased.</i></p>	
<p>a. Plan for a temporary morgue. Identify a place in this facility where bodies could be processed:</p>	
<p>Identify a refrigerated place in this facility to store human remains: _____ <i>Note: The ideal temperature for storing and preserving human remains is between 34-37°F. Ideally bodies should not be stacked on top of each other to avoid distortion of features and to facilitate moving them.</i></p>	
<p>b. Plan for needed supplies. Review the supply list below and identify how much of each item would be needed for your facility based upon estimated number of deceased inmates. Determine if the facility should stockpile these supplies separately or if adequate supplies would be on-hand.</p>	
Amount	Item
	Body bags (number based on 1% of inmate population)
	Gloves*
	N-95 respirators*
	Gowns*
	Eye protection*
	Hand hygiene supplies*
	8½" x 11" plastic sleeves (2 per deceased) to protect paperwork
	Waterproof, clear tape (to seal plastic sleeves)
	Wash cloths and towels (for cleaning and padding)
	Clear plastic bags (for personal effects)
	Strips of material (to tie legs together)
	* to be stockpiled as part of <i>Module 1: Surveillance & Infection Control</i>
<p>In this facility, the following plan will be followed for securing supplies for care for the deceased:</p>	
<p>c. Review <i>Attachment 4.2. Procedures for Care for the Deceased</i> and adapt it to this facility.</p>	
<p>d. Review <i>Attachment 4.3 . Pandemic Flu Death Record/24-Hour Death Report</i> and adapt it to this facility.</p>	
<p>e. Develop a facility-specific procedure for tracking the location of the deceased, i.e., a line-listing of deceased inmates and their current location; or a notebook containing Pandemic Flu Death Records—each indicating current location of the deceased inmate’s body. In this facility, the following procedure will be utilized to track the location of deceased inmates:</p>	
<p>f. Discuss possible storage plans in the event that refrigeration is not feasible. , i.e., temporary burial. Document possible strategies:</p>	

Attachment 4.1. General Guidelines for Handling the Deceased

General Facts

Those attending to the deceased are at much greater risk of contracting pandemic flu from exposure in the general community or through contact with someone who is ill with pandemic flu, than from contact with the deceased.

- Dead bodies do not cause epidemics.
- Use *Standard Precautions* when in contact with blood or body fluids, including good hand washing.

Infection Control Measures

Individuals who are assigned to transport and care for the deceased should be provided the following information and necessary protective equipment.

- Routinely wear single layer gloves and **an N-95 respirator**.
- Prior to handling the body, place a **face** mask over the nose and mouth of the deceased to prevent inhalation of residual air that may be expelled from the lungs when the body is moved. Remove the mask before closing the body bag.
- If risk of splash or spray from blood/body fluids, wear a protective gown and eye/face barrier.
- Do not smoke, eat, or drink when handling the body
- Avoid wiping your eyes, mouth or nose with your hands.
- Remove all personal protective equipment after handling each body, and wash hands well.
- Decontaminate all surfaces and any equipment used to transport the dead body with an Environmental Protection Agency (EPA)-registered disinfectant:
<http://www.epa.gov/oppad001/chemregindex.htm>

Additional Instructions

- Keep movement of the head of the body to a minimum.
- Do not spray or place disinfectant on the body.
- Do not write identifiers on the body or on the body bag, as they may erase. Use proper labeling technique on the inside and outside of the body bag.
- Carefully place the body in a standard body bag or large plastic bag. Seal the bag.
- Lay bodies in one layer *only* (not on top of each other).
- Track all morgue admissions and releases.

Storage Considerations

Refrigerate between 34–37 degrees F (2–4 degrees C). If refrigeration is not available, alternative short term options include: (1) dry ice (not directly on body), with good ventilation (melted “carbon dioxide” is toxic) and safe handling techniques (to prevent “cold burns”); or (2) temporary burial. Coordinate locally and seek expert guidance. Establish procedures prior to the pandemic.

Cultural and Religious Practices

Cultural and religious needs should be respected. Involve chaplains in the identification and accommodation of religious rituals related to rites of passage (e.g., Islamic ritual of turning the head toward Mecca).

Attachment 4.2. Procedures for Care for the Deceased

The procedures below should be utilized if mortuary services are unavailable.

- 1. Prepare documentation.**
 - a. Fill out the information requested in Attachment 4.3. Pandemic Flu Death Record.**
Note: This document will serve multiple purposes: provide local BOP facility with a record of the death; provide record of the location where the body is stored; provide documentation to maintain with the body; and serve as the BOP 24-Hour Death Report.
 - b. Make 3 copies. Place 2 copies in plastic sleeves, sealed with transparent tape.**
 - c. Maintain 1 copy in notebook or file** (optionally, maintain an electronic copy).
- 2. Follow notification procedures** (P5553.07 "9. Death Notification Procedures").
- 3. Verify identity** (PS5800.13.903(Deaths)). "ISM staff or designee will verify the inmate's identity by taking a rolled print of the right thumb. A comparison of the print will be made with the fingerprint card in the Inmate Remand or J&C file."
- 4. Use preliminary infection control measures** (see Attachment 4.1).
 - a. Wash your hands.**
 - b. Put on personal protective equipment.** (Routinely wear gloves and **an N-95 respirator.** If risk of splash/ spray from blood/body fluids, wear gown and eye/face barrier.)
 - c. Place a **face** mask on deceased** (covering mouth and nose) prior to transporting.
- 5. Prepare the body.**
 - a.** Straighten the dead person's body and close the eyelids without using any force.
 - b.** Close the person's mouth by placing a rolled towel under the chin.
 - c.** Remove all IV lines, monitors, and other equipment.
 - d.** Bathe any part of the body that is soiled with blood or other body fluids.
 - e.** Remove any soiled dressings and replace.
 - f.** Remove jewelry and/or glasses. Ensure dentures are in the person's mouth.
 - g.** Document any jewelry or other effects removed.
 - h.** Pad the wrist and ankles with a rolled up washcloth and tie them loosely together.
- 6. Attach documentation of identity to the body.**
 - a.** Attach BOP identification card to the right toe utilizing plastic twist-tie.
 - b.** Attach copy of the Pandemic Flu Record (in plastic sleeve) to the right wrist.
 - c.** Attach copy of the Pandemic Flu Record (in plastic sleeve) to the outside of the body bag.
- 7. Place the body inside the body bag.**
 - a.** Ensure that the bag is fully sealed and that no body fluids are leaking.
 - b.** Ensure that the outside of the bag is clean.
 - c.** Put clothing and personal effects in a separate plastic bag.
 - d.** Place the bag of personal effects inside the body bag with the body.
- 8. Carry out follow-up infection control measures.**
 - a.** Properly dispose of any soiled or used material.
 - b.** Remove gloves properly.
 - c.** Wash hands thoroughly.

Attachment 4.3 Pandemic Flu Death Record / 24-Hour Death Report

<Facility Name> <Address> <Phone>		
Last Name:	First Name:	MI:
Reg #:	Date of Birth: ___/___/___	Date of Death: ___/___/___
Place of Death <input type="checkbox"/> Institution in: <input type="checkbox"/> General Population <input type="checkbox"/> SHU <input type="checkbox"/> Medical Unit <input type="checkbox"/> Behavioral Health Unit <input type="checkbox"/> Community Hospital <input type="checkbox"/> Other		
Type of Death: <input type="checkbox"/> Natural cause <input type="checkbox"/> Suicide <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Execution <input type="checkbox"/> Unknown DNR Order? Yes No Autopsy? Yes No		
Preliminary Cause of Death:		
Clinical Synopsis of Events Leading to the Death (including clinical care provided): <div style="text-align: right; font-style: italic;">(continue on following page if more room needed)</div>		
Location of Body: (1)	Date:	
(2)	Date:	
(3)	Date:	
Next of Kin: _____ Notified? <input type="checkbox"/> Y <input type="checkbox"/> N Address: _____ _____ Phone: _____	Religion of deceased: _____ Religious ritual requirements?	
Personal effects accompanying body (list all):		
Staff person completing report:		
Name (print):	Title:	
Signature:	Date:	
Note: This document serves the following purposes: (1) provides local BOP facility with a record of the death; (2) provides record of the location where the body is stored; (3) provides documentation to maintain with the body; and (4) serves as the BOP 24-Hour Death Report.	Form instructions: Make 3 copies, placing 2 in sealed plastic sleeves. Attach 1 sealed copy to right wrist of inmate; secure 1 sealed copy to the outside of body bag; and maintain 1 copy on file.	