

Perth County Influenza Pandemic Plan

Chapter 8: Natural Death Surge Management

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8.1 Natural Death Surge Management

Pandemic influenza will result in an excess of deaths in Perth County. For a mild to moderately severe pandemic, these deaths are expected to number less than 100 over a six to eight week period. If, instead, the pandemic is severe and associated with a higher case fatality, these numbers may increase by a factor of ten.

Funeral directors, cemetery operators, health care facilities, physicians and local coroners are expected to manage this increase in deaths during a time when up to one third of the community and workforce is ill and potentially off work. Business continuity planning is essential for this sector. Given the working and historical relationships, it is expected that the sector will be able to cooperate and provide mutual assistance as necessary to overcome challenges related to the pandemic and any excess deaths.

The following chapter outlines some specific considerations for those involved in the bereavement sector:

8.2 Infection Control

Dead bodies are not considered capable of transmitting influenza. Staff involved with corpse management will benefit from infection control materials directed specifically to the funeral sector. It is expected that this information will be developed by the Funeral Services Association of Canada. In addition, funeral directors will be able to rely on the local public health units for guidance on infection control practices to mitigate pandemic risk. It is expected that at some point during the pandemic, it may become necessary to cancel or limit public gatherings associated with bereavement and burial.

Transmission risk during pandemic will be greatest for people attending funerals and visitations. Alcohol-based hand sanitizers, tissues, and proper disposal containers should be readily available in funeral homes. Signs encouraging the use of these infection control practices should be posted for the public. Funeral home operators will be expected to pay special attention to the environmental cleaning of their premises. Guidance on routine cleaning and disinfection practices may be obtained from either the Funeral Services Association or from local public health units.

8.3 Staffing and Human Resources Issues

Staff will require education and reinforcement of routine infection control procedures prior to and during pandemic influenza. It is expected that much of the sector-specific education will be provided through the Funeral Services Association. Staff will also be able to access fact sheets produced locally for the public by the public health unit.

8.4 Supplies and Corpse Management

The Canadian Pandemic Plan recommends a six-month inventory to ensure adequate supplies to respond to pandemic-related deaths, and local funeral operators are aware of this. The following table outlines the steps and issues for the response to excess fatalities predicted in a mild to moderate pandemic in Perth County. For a complete list of cemeteries in and around Perth County, see Appendix 8A.

Table 1: Usual Process for Corpse Management

Steps	Requirements	Limiting Factors	Perth County Plan Planning for Possible Solutions / Expediting Steps
Death pronounced	<ul style="list-style-type: none"> • Person legally authorized to perform this task (RNs, NPs and MDs) 	Health care professionals will be taxed by increased outpatient and inpatient care associated with pandemic influenza. There will be some deaths occurring in the home.	Hospitals and Long Term Care Homes have these staff on site or available on an on-call roster. These on-call rosters will have to operate on a 24/7 basis. Community physicians will need to plan for on-call availability to pronounce a patient who dies at home. All out-of-institution deaths will have police notification.
Death certified	<ul style="list-style-type: none"> • Person legally authorized to perform this task (MDs) 	Same as above. Most deaths will not require an autopsy or a Coroner's examination.	Same as above. Community physicians will know and utilize the checklist developed by the Chief Coroner to determine which deaths can be assumed to be due to influenza. (See Letter and Questionnaire in Appendix 8B) Local municipalities will be expected to enhance their capacity to register death in a timely fashion.
Body wrapped	<ul style="list-style-type: none"> • Person(s) trained to perform this task • Body bags 	Not all institutions will have enough body bags in stock.	Funeral Directors prefer that corpses be placed in body bags prior to transport, or that bodies be left for the Funeral Home to wrap.

Steps	Requirements	Limiting Factors	Perth County Plan Planning for Possible Solutions / Expediting Steps
Transportation to the morgue	<ul style="list-style-type: none"> In hospital: trained staff (orderly?) and stretcher Outside hospital: informed person(s), stretcher and vehicle suitable for this purpose 	There may be a shortage of trays or stretchers if bodies require storage for any increased length of time.	This issue is to be revisited at any subsequent meetings of the funeral sector in Perth County.
Morgue storage	<ul style="list-style-type: none"> A suitable facility that can be maintained at 4° to 8°C 	There is very limited storage space available in Perth County: Stratford General Hospital has capacity for 3 bodies in the morgue. St Marys Hospital does not have a morgue. Listowel Memorial has room for 2 bodies. The funeral homes have capacity for 11 bodies.	Funeral Homes will work together to maximize capacity to embalm bodies and store pre-embalmed bodies as necessary. Local trucking companies may be utilized for refrigerated storage if excess capacity is required.
Autopsy if required/ requested	<ul style="list-style-type: none"> Person qualified to perform autopsy and suitable facility with equipment 	Pathologists may be deployed elsewhere to assist with excess work load.	Healthcare workers will be expected to use respiratory specimens to assist with the diagnosis and investigation of pandemic-related deaths. The Coroner's questionnaire is expected to reduce the number of unnecessary autopsies. Hospitals are to address autopsy requirements as part of their business planning.
Cremation*	<ul style="list-style-type: none"> Suitable vehicle for transportation from morgue to crematorium Availability of cremation service A cremation certificate 	Cremation is performed in Kitchener, Waterloo and London.	Crematoriums will be expected to increase hours of operation during pandemic to handle increased demand.
Embalming**	<ul style="list-style-type: none"> Suitable vehicle for transportation from morgue Trained person Embalming equipment Suitable location 	Funeral homes require human resources and supplies.	Inventories will be managed by funeral home operators. Funeral homes will provide mutual aid if colleagues experience staffing shortages.
Funeral service	Appropriate location(s), casket (if not cremated), funeral director	Perth County has sufficient capacity.	This is not anticipated to pose a problem.

Steps	Requirements	Limiting Factors	Perth County Plan Planning for Possible Solutions / Expediting Steps
Transportation to temporary vault or burial site	<ul style="list-style-type: none"> Suitable vehicle and driver 	Availability of human and physical resources.	This is not anticipated to pose a problem.
Temporary vault storage	<ul style="list-style-type: none"> Access to and space in a temporary vault 	Capacity of cemeteries and mausoleums to hold bodies	No shortage of capacity in Perth County at present
Burial	<ul style="list-style-type: none"> Grave digger, space at cemetery 	Excess cold and snowfall in winter limit burials to larger municipal owned cemeteries	Not anticipated to be a problem. May require MOH to issue an order to operate on a 7 day per week basis.

* Cremated bodies are not usually embalmed; families may choose to have a funeral service followed by cremation or to have the body cremated first and a memorial service later.

** Bodies to be buried may be embalmed and may need to be stored in a temporary vault prior to burial.

Table 2: Capacity Inventory for Perth County Funeral Homes

Name of Funeral Home	# of body bags	# of stretchers	# of persons available
Ball Funeral Home, St. Marys	6	3	1
Hodges Funeral Home, St. Marys	6	2	1
Lockhart Funeral Home, Mitchell	6	2	1
Peebles Funeral Home, Atwood	6	1	1
Jutzi Funeral Home, Milverton	6	1	1
Trench Funeral Home, Listowel	12	2	1
Young Funeral Home, Stratford	24	3	3
Heinbuck Funeral Home, Stratford	24	2	2

8.5 Special Considerations

Perth County is a diverse community. It is not anticipated that deaths in the Old Order Amish and Mennonite communities will pose any unforeseen challenges. Currently, the small Jewish Community living within Perth County utilizes services in either Kitchener or London for bereavement and burial and it is anticipated that those practices will continue during pandemic. A small faith community of the Baha'i tradition resides in Perth County. Members of this community who die in Perth County will not be embalmed and will be interred within a one hour's travel time from where the death occurs. Burial within 24 hours of death is a common preference. Given the small numbers, it is not expected that these requirements will pose any difficulties during pandemic.

If the public requires materials on the process to follow if a death occurs at home, the Perth District Health Unit will provide this through fact sheets, on its website and through Health Line.

Financial assistance for low-income families making funeral arrangements for deceased loved ones will be forwarded to municipal CAOs for consideration prior to the arrival of the pandemic.

The routine but increased transfer of the deceased to London or Kitchener Waterloo for processing or burial is expected to occur in an unencumbered fashion during pandemic.

8.6 Next Steps

The responsibility for updating this chapter of the Perth County Pandemic Plan is currently shared between the members of the funeral sector, the municipalities, and the Medical Officer of Health. Inventories and processes pertaining to fatalities and the scenario of natural death surge during a pandemic will be reviewed, at a minimum, on an annual basis, or when deemed necessary by the Pandemic Unified Command.

Appendix 8A

County of Perth Funeral Home Contact List

Funeral Home	Name, Position	Location
Andrew L Hodges Funeral Home Ltd	Andrew Hodges, Manager	47 Wellington St S St. Marys, ON
Francis Funeral Home	Peter Francis, Manager	77 Woodstock St N Tavistock, ON
Heinbuck Funeral Home	John Kechnie, Manager	156 Albert St Stratford, ON
LA Ball Funeral Chapel	Franklin Ball, Manager	7 Water St N St. Marys, ON
Lockhart Funeral Home	Paul Lockhart, Manager	109 Montreal St Mitchell, ON
Mark Jutzi Funeral Home Ltd	Trevor Jutzi, Manager	7 Spencer St Milverton, ON
Mark Jutzi Funeral Home Ltd	Ellen Jutzi, Manager	291 Huron St New Hamburg, ON
Peebles Funeral Home Ltd	James Brenneman, Manager	141 John St Atwood, ON
Robert Trench Funeral Home Ltd	David Eaton, Manager	385 Main St W Listowel, ON
Simpson Funeral Home	Alexander Simpson, Manager	285 Elizabeth St W Listowel, ON
WG Young Funeral Home Ltd	Wayne Young, Manager	430 Huron St Stratford, ON
Robert Trench Funeral Home, Listowel		385 Main St W Listowel, ON

County of Perth Cemetery Contact List

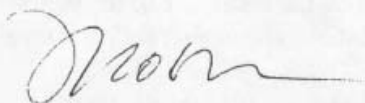
Cemetery	Name, Position	Location
Township of Perth East	Wes Kuepfer, Foreman	Greenwood Cemetery Cobalt St N, Milverton, ON
		South Easthope Cemetery Perth Road 107 (closed)
Municipality of West Perth	Susan Cronin Clerk	Municipal Cemetery 6742 Line 53, Conc 15, Pt Lt 29, West Perth
Municipality of North Perth	Larry Morse	Fairview Cemetery Part lots 6 & 7, Plan 182, Listowel, ON
Avondale Cemetery and Garden Mausoleum	Michael Dack, Manager	4 Avondale St Stratford, Ontario N5A 6M4
St. Marys Cemetery	Kevin Hyatt	
Elma Centre Cemetery	Ruby Schyff	
Embro Cemetery	Mr. Smith	
Kintore Cemetery		
Harrington Cemetery	Gary Meadows	
Town Line	Mr. Waud	
Avonbank Cemetery	Mr. Jack Gibson	
Robin Hill Cemetery	Mr. Wills	
North Nissouri Cemetery	Ray Smith	
Kirkton Union Cemetery	Mr. Copeland	
Kirkton Anglican Cemetery	Gerald Paul	
Lakeside on the Hill Cemetery	Mr. Robinson	
Lakeside Anglican Cemetery	Gerald Paul	
Vinings Cemetery	Mark Goris	
Granton Cemetery	Mr. Riddell	
Parkinson Cemetery		
Carlingford Cemetery	Jack Tinning	
Hampstead Cemetery	Rob McMillan	
Millbank Anglican Cemetery	Tom Crummer	
Millbank Cemetery		
Sebringville Cemetery	Jim Kehna	
Staffa Cemetery	Doris Jeffrey	
McTavish Cemetery	Frank McKay	
St Patricks Kinkora	Francis Ryan	
St Peters Cemetery Gadshill	Leroy Cook	
Donegal Community Cemetery	Murray	
Broadview United Cemetery, Harrington	Ted Courtnage	
South Easthope Cemetery (Highway)	Gordon Cossey	
Woodland Cemetery, Mitchell	Oliver Hoffmeyer	
Presbyterian Cemetery, Mitchell		
Luthern Cemetery, Mitchell		
Anglican Cemetery, Mitchell		
South Easthope Cemetery	Clarence Herlick	
Seebach's Hill Cemetery	Gary Mikel	
Wartburg Cemetery	Ray Dill	

related to these deaths (such as death certification, transfer of bodies outside Ontario and approval of cremation certificates).

4. During a pandemic, a coroner will still be expected to investigate all other deaths normally requiring investigation as per S.10 of the *Coroners Act*.
5. Coroners are usually family physicians who will be under the increased burden likely to be experienced by other primary care physicians, and equally at risk of becoming ill themselves in some cases. Thus, coroners should not be seen as a surplus or an extra medical resource.
6. Medical Officers of Health, in collaboration with appropriate community stakeholders, should ensure that there are local plans for efficiently dealing with the removal and disposition of the bodies of those who have died due to pandemic influenza.
7. The Office of the Chief Coroner has developed a draft screening questionnaire that can assist in distinguishing those deaths which must be referred to the coroner from those which can be assumed to be due to influenza. As it is a draft document, it may be revised as needed in the event of a pandemic depending on the symptoms associated with a particular influenza strain (please see attached).
8. The Regional Supervising Coroner and/or local investigating coroners will attempt to expedite or facilitate any requisite death documentation where no other qualified person is available to do so.
9. Due to limited capacity for storage, the Office of the Chief Coroner does not anticipate having any major role in storage of the bodies of the victims of an influenza pandemic. Storage of human remains should be discussed between the Medical Officer of Health, local funeral service providers, cemeteries and crematoria (please see point 11)
10. It would be prudent for municipalities to review and, where necessary, enhance their capability to address requests for death registration in a timely fashion, as is permitted under S.38 of the *Vital Statistics Act*.
11. Notwithstanding any of the foregoing, the Office of the Chief Coroner, through the Regional Supervising Coroner, will be available prior to and throughout any pandemic to participate in planning for removal and disposition of deceased individuals.

Please contact me if you would like to discuss any of the foregoing.

Sincerely



Thomas Wilson MD CCFP MHSc
Regional Supervising Coroner SW

TW/jl

(Draft December, 2005)

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

Purpose:

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

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

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

Date: _____ Time: _____
Location: _____
Person Interviewed: _____
Relationship to Deceased Person: _____
Contact Information: address: _____ Phone: _____
Interviewed by: (name and designation): _____

Section One:

Preliminary Questions to determine NECESSITY TO INVOLVE CORONER:

Does the MANNER of death appear to be other than Natural Causes?
(“Natural” is defined as death from a natural disease, or complication of disease or treatment)
(“Other” would include apparent Accident, Suicide, Homicide, or Suspicious Circumstances) Y N

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

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

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

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

If ALL RESPONSES are NEGATIVE, proceed to section two.

Section Two:

By history, has the decedent exhibited any of the following signs/symptoms suggestive that Influenza infection might have led to the death:

Had the deceased experienced sudden respiratory illness prior to death?	Y	N
Sudden onset of high fever or chills at outset of that illness?	Y	N
General malaise, back or muscle aches/pains, or severe prostration?	Y	N
Headache?	Y	N
Sensitivity to light?	Y	N
New onset of cough, with or without bloody sputum?	Y	N
New onset of head cold, +/- sore throat in early stages?	Y	N
Progressive shortness of breath?	Y	N
Has anyone else in the household experienced similar symptoms?	Y	N
Has there been any known or probable exposure to others with a diagnosis of influenza outside of the household?	Y	N
Has the deceased any prior history of asthma, chronic bronchitis, emphysema or valvular heart disease (known heart murmur), ischemic heart disease, or congestive heart failure?	Y	N
If the deceased received recent medical care, did the physician give a diagnosis of influenza or confirm influenza through lab testing?	Y	N

Note: the questions noted above have been drafted with input from various public health sources. It is suggested that these be officially reviewed by PIDAC with a view to some type of risk stratification that would make them as definitive as possible for screeners to make a presumptive conclusion that influenza likely caused the death (either on clinical grounds, or by known laboratory confirmation).

PRESUMPTIVE DIAGNOSIS OF INFLUENZA Y N

If after consultation with a designated representative of the Office of the MOH a presumptive diagnosis of Influenza cannot be made, NOTIFY THE CORONER'S OFFICE.

If a presumptive diagnosis of Influenza CAN BE MADE

- proceed to complete this form and other appropriate transfer paperwork as per instructions from your MOH Office (Section Three)
- notify a local funeral home to attend to remove body. (If the deceased has no known prior arrangements or if caregiver/family members in attendance express no specific preferences, proceed as per local municipality's plan).

Local municipalities are expected to have contingencies in place to ensure that Death Certification and Registration will take place after body removal from the death scene.

Section Three:

Pronouncement of Death for: (name)

Address:

Date:

Time:

By: (Screener)

Signature: _____

Coroner called: Y N

If yes, who was contacted? Time:

Local funeral home contacted: Y N Time:

Name of funeral home:

Location:

Contact person:

Phone Number: