Hospital Operations Toolkit for COVID-19

Patient Care Policies/Processes:

Fatality Management

December 31, 2020

More than 300,000 Americans have died from COVID-19, including more than 1,100 healthcare workers. Most of these deaths have occurred in hospitals; all hospitals should have a plan in place to manage COVID-19 related deaths. Some communities have activated mass fatality plans to manage surges in COVID-19 related deaths.

Hospital fatality management planning should also include antemortem care of patients. This may include:

- Communicating early with patients and their loved ones about end-of-life wishes.
- Integrating chaplains, social workers, behavioral health specialists, palliative care, and other support staff in the case management team.
- Ensuring policies allow for end-of-life visits, either in person or remotely.
- Establishing protocols for withdrawal of life support for COVID-19 patients.
- Accommodating as possible religious and cultural traditions associated with dying. Provide clear communication to patients’ loved ones when traditions cannot be accommodated.

Most hospitals have limited morgue capacity and may become overwhelmed quickly during a surge of COVID-related or other deaths. Additionally, during a surge in the community, funeral homes, crematoriums, and cemeteries may not have the capacity to carry out timely transfer from hospitals. Hospitals should:

- Know which agency leads fatality management operations in the community.
- Understand the role of community partners in fatality management. Engage with the healthcare coalition, emergency management agency, and other partners to coordinate roles and responsibilities, align plans, and identify available fatality management resources, including additional storage solutions such as refrigerated trailers, body collection points, or community holding sites.
- Review death notification processes. This is particularly important when hospital visitation policies are restricted.

Related information may be found in the Case Management section.

Additional information on collaboration with partners may be found in the Response Coordination section.
• Understand the process for certifying COVID-19-related deaths.
• Be aware of any reporting requirements that may have been established for the pandemic.
• Review and update as needed the hospital fatality management plan.
• Identify surge morgue space. This includes determining whether there is appropriate space available on the hospital campus to temporarily place refrigerated trailers.
• Identify and train mortuary affairs staff. This includes staff who typically work in the hospital morgue as well as surge staff.
• Inventory and acquire as needed mortuary supplies, including human remains pouches, personal protective equipment (PPE), and mortuary tags.
• Determine where decedent personal effects will be stored until released to loved ones.
• Determine whether existing policies for unclaimed decedents require modification.
• Plan a brief drill or tabletop exercise to test and identify gaps in fatality management plans.

If the hospital or community uses refrigerated trailers for the temporary holding of decedents, consider the following logistics issues:

• Location of trailers
• Decedent transport (including lifts or ramps)
• Specific space, storage, and materials requirements for decedent holding
• Supplies
• Security
• Power supply/fuel
• Labeling/tracking requirements
• Disposition of personal effects

The loved ones of patients may not have the same level of access to support services as they would prior to the pandemic. Healthcare workers may witness a disproportionately large number of patient deaths within a short period of time. They may also experience the loss of colleagues or their own loved ones. Hospitals should be prepared to help manage the behavioral health toll on staff and patient loved ones.

• Be aware of community resources to which patient loved ones may be referred for additional support.
• Ensure all hospital personnel understand how to access the Employee Assistance Program or other staff support services. Encourage employees to access these services and remove barriers to their use.
• Consider how to acknowledge and honor line-of-duty deaths.

Resources Related to Fatality Management
• American Red Cross: Virtual Family Assistance Center
• ASPR:
  o Coronavirus Disease 2019 (COVID-19) Fatality Management Tabletop Exercise
  o Situation Manual
• ASPR TRACIE:
  o COVID-19 Behavioral Health Resources
  o COVID-19 Fatality Management Resources
• Beth Israel Lahey Health: Interim Post-mortem Care Protocol
• Center for the Study of Traumatic Stress:
  o Stress Management for Leaders and Supervisors of Mortuary and Death Care Operations during the COVID-19 Pandemic
  o Stress Management in Mortuary and Death Care Operations during the COVID-19 Pandemic
• Centers for Disease Control and Prevention:
  o Collection and Submission of Postmortem Specimens from Deceased Persons with Known or Suspected COVID-19
  o Funeral Guidance for Individuals and Families
  o Guidance for Certifying Deaths Due to Coronavirus Disease 2019 (COVID-19)
• COVID-19 Healthcare Resilience Task Force:
  o Death of a Colleague During the COVID-19 Pandemic
  o Grief Following Patient Deaths During COVID-19
  o Managing Stress Among Mortuary and Death Care Workers During the COVID-19 Pandemic
• Emory Healthcare: Brain Death Testing in the Setting of COVID-19
• Greater New York Hospital Association: Fatality Management Document Portal and Resource Hub for NYC Hospitals
• Hackensack Meridian Health:
  o End of Life Considerations for Patients with Respiratory Failure
  o HMH Temporary Guidelines for Administration of Sacrament of the Sick (Formally Known as “Last Rites”) for COVID Patients
• Intermountain Healthcare: End-of-Life Visitation Guidelines for the Actively Dying or Deceased
• National Center for Health Statistics: Guidance for Certifying Deaths Due to Coronavirus Disease 2019 (COVID-19)
• Nebraska Medicine: Postmortem Cares
• Spectrum Health: Post Mortem Care Standard Work

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