

## ACUTE CARE HOSPITAL (ACH) MASS FATALITY INCIDENT PLANNING(MFI): CHECKLIST

Name of Facility: \_\_\_\_\_ Contact Person: \_\_\_\_\_

This checklist was developed to help hospitals prepare and respond to a mass fatality incident regardless of cause. It is designed to be adapted to meet the unique needs and circumstances of your facility, and can be used as a tool for developing or evaluating MFI Plans.

1. Written Mass Fatality Incident Plan			
Completed	In Progress	Not Started	Actions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MFI planning has been incorporated into disaster planning and exercises for the hospital
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A written MFI plan has been developed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Primary and backup responsibility has been assigned for coordinating MFI planning. Primary (Name, Title and Contact info): _____  Backup (Name, Title and Contact info): _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A multidisciplinary planning committee has been identified specifically to address MFI planning exercising.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Members of the MFI planning committee may include: <ul style="list-style-type: none"> <li><input type="checkbox"/> Hospital administration</li> <li><input type="checkbox"/> Disaster coordinator</li> <li><input type="checkbox"/> Morgue operation</li> <li><input type="checkbox"/> Decedent affairs</li> <li><input type="checkbox"/> Medical record</li> <li><input type="checkbox"/> Infection control/hospital epidemiology</li> <li><input type="checkbox"/> Laboratory services</li> <li><input type="checkbox"/> Occupational health</li> <li><input type="checkbox"/> Legal counsel/risk management</li> <li><input type="checkbox"/> Public relations coordinator/public information officer</li> <li><input type="checkbox"/> Engineering and maintenance</li> <li><input type="checkbox"/> Central (sterile) services</li> <li><input type="checkbox"/> Security</li> <li><input type="checkbox"/> Information technology</li> <li><input type="checkbox"/> Expert consultants (e.g., ethicist, mental/behavioral health professionals, LCSWs)</li> <li><input type="checkbox"/> Other members(s) as appropriate (e.g., clergy, local coroner, medical examiner, morticians)</li> </ul>

I. Written Mass Fatality Incident Plan (con't)

Completed	In Progress	Not Started	Actions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Points of contact for information on MFI planning resources have been identified within local government. _____ _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The MFI plan identifies the trigger to activate the MFI Plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The MFI plan identifies the person(s) authorized to implement the plan and the organizational structure that will be used, including the delegation of authority to carry out the plan 24/7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The MFI plan includes a mass fatality incident management unit or similar management unit/team
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responsibilities of key personnel and departments within the facility related to executing the plan have been described.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel who will serve as back-up (e.g., B team) for key personnel roles have been identified.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The MFI plan indicates to notify the _____ via the _____, and who is responsible for making the notification
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tabletop exercise and/or other exercises have been conducted to test the plan. Date performed: _____ Date performed: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A full scale drill/exercise has been developed to test the plan. Date Performed: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The plan is updated annually and includes current contact information and lessons learned from exercises and drills
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A list of mental/behavioral health, community and faith-based resources that will be available to provide counseling to personnel during an MFI

2. Mass Fatality Incident Management Unit

Completed	In Progress	Not Started	Actions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The plan identifies who is the lead to implement the hospital's MFI Plan. (Is this person the MFI Unit Leader?)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff trained on Electronic Death Reporting System (EDRS) have been identified
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location of the MFI Unit Administrative section has been identified
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment and supplies have been identified and/or procured for the MFI Unit Administrative section
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A process has been developed to identify decedents (such as taking a photo or fingerprint upon admission or immediately upon death) and maintaining records of the information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A process has been developed to track decedents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A protocol has been developed for maintaining communication with the hospital command center to receive mortality estimates in order to anticipate and supply needed administrative and morgue equipment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A protocol has been developed for communications with _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A protocol has been developed for communications with coroner authorities (i.e., case reporting, status updates) during a disaster
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A protocol has been developed for communications with next of kin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A protocol has been developed to identify and protect decedent personal property and maintain chain of custody if identified as evidence. The Decedent Tracking Card or similar for can be used to catalog this information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The plan identifies current morgue capacity: # and location (can also be labeled something like Primary Morgue)

3. Morgue Surge			
Completed	In Progress	Not Started	Actions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify surge capacity: # and locations (can also be labeled something like Secondary or Surge Morgues).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	May also identify a tiered level with triggers to add or change morgue locations. This may be a result of the number of decedents (escalation and de-escalation), new resources available, the viability of the current location, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify staff resources that may be needed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify supplies and equipment needed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A protocol has been developed to rapidly identify the location of where decedents are stored. For example, each decedents will have an "address" such as Morgue Room 1, Row 2, #5, or other such nomenclature
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	An infection control policy that requires morgue personnel to use Standard Precautions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hospital security personnel have input into procedures and plan for securing access to morgue areas

Hospital Name: \_\_\_\_\_  
 Hospital Address: \_\_\_\_\_  
 Telephone & Fax Numbers: \_\_\_\_\_

First Letter of Decedent Last Name:

### DECEDENT INFORMATION AND TRACKING CARD

INCIDENT NAME		OPERATIONAL PERIOD		
MEDICAL RECORD/TRIAGE #	DATE	TIME	HOSPITAL LOCATION PRIOR TO MORGUE	
FIRST	MIDDLE	LAST	AGE	GENDER

IDENTIFICATION VERIFIED BY:  
 DRIVERS LICENSE     STATE ID     PASSPORT     BIRTH CERTIFICATE     OTHER: \_\_\_\_\_

IDENTIFICATION #: \_\_\_\_\_

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP) \_\_\_\_\_

RECORD CREATED IN EDRS <input type="checkbox"/> YES <input type="checkbox"/> NO	DEATH CERTIFICATE SIGNED <input type="checkbox"/> YES <input type="checkbox"/> NO
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PHOTO ATTACHED TO THIS CARD <input type="checkbox"/> YES <input type="checkbox"/> NO	FINGUREPRINTS ATTACHED TO THIS SIGNED <input type="checkbox"/> YES <input type="checkbox"/> NO
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NEXT OF KIN NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME	RELATION	CONTACT TELEPHONE
STATUS	LOCATION	DATE/TIME IN	DATE/TIME OUT
HOSPITAL MORGUE			
HOSPITAL MORGUE			
HOSPITAL MORGUE			
HOSPITAL MORGUE			
FINAL DISPOSITION	DATE/TIME	NAME OF RECIPIENT	SIGNATURE OF RECIPIENT

<b>RELEASED TO:</b> <input type="checkbox"/> CORONER <input type="checkbox"/> MORTUARY <input type="checkbox"/> OTHER	DATE: _____  TIME: _____		
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LIST PERSONAL BELONGINGS	STORAGE LOCATION

ORIGINAL ON FILE IN MFI UNIT  
 COPY WITH DECEDENT  
 COPY TO MEDICAL CARE BRANCH DIRECTOR