

# **Perth County Human Health Outbreak Response Plan**

## **Chapter 1: Overview**

Perth County Human Health Outbreak Response Plan  
Chapter 1: Overview

## TABLE OF CONTENTS

<b>1.0 Introduction .....</b>	<b>5</b>
<b>1.1 Aim .....</b>	<b>5</b>
<b>1.2 Authority .....</b>	<b>5</b>
<b>1.3 Plan Maintenance and Review .....</b>	<b>5</b>
<b>1.4 Overview of Roles and Responsibilities .....</b>	<b>5</b>
<i>Table 1 – Overview of Responsibilities .....</i>	<i>6</i>
<i>1.4.1 Healthcare Sector Role .....</i>	<i>6</i>
<i>1.4.2 Municipal Sector Role .....</i>	<i>6</i>
<i>1.4.3 Medical Officer of Health (MOH) .....</i>	<i>7</i>
<i>1.4.4 Declaration of a Local Emergency .....</i>	<i>7</i>
<b>1.5 Overview of Response Components .....</b>	<b>8</b>
<i>1.5.1 Activation of Perth County Influenza Human Health Plan .....</i>	<i>8</i>
<i>1.5.2 Activating Local Emergency Plans and Emergency Operations Centre .....</i>	<i>8</i>
<i>1.5.3 Data Management and Analysis including Surveillance .....</i>	<i>8</i>
<i>1.5.4 Vaccines .....</i>	<i>9</i>
<i>1.5.5 Public Health Measures .....</i>	<i>10</i>
<i>1.5.6 Health Services .....</i>	<i>10</i>
<i>1.5.7 Communications.....</i>	<i>11</i>
<b>1.6 Recovery .....</b>	<b>11</b>

Perth County Human Health Outbreak Response Plan  
Chapter 1: Overview

## 1.0 INTRODUCTION

This plan is intended to guide the overall Perth County response to large scale human health outbreaks. It has been created by the Perth Emergency Planning for Healthcare Group in collaboration with municipal partners. While the health care sector has the lead in a communicable disease outbreak, our SARS and H1N1 influenza experience has shown that virtually all municipal and community organizations will have a part to play. It is particularly important that the plan clearly spell out roles and responsibilities, along with the management structure and communications protocols to be used. It is also intended that individual institutions, agencies and municipalities create detailed plans for the components of the response for which they are responsible.

### 1.1 AIM

The aim of the plan is to describe the arrangements made and procedures to be followed in Perth County in response to an identified or imminent human health outbreak. The plan will describe the roles and responsibilities of municipal staff, health sector personnel, decision makers and others in preparing for and responding to an outbreak.

This plan will augment procedures currently in place in existing municipal and other agency emergency plans with information that is specific to human health outbreaks.

### 1.2 AUTHORITY

This plan is published as an annex to the County of Perth and Member Municipalities Emergency Management Plan, as authorized by Section 1.3 Authority, the corporation of the City of Stratford Emergency Response Plan, and the Town of St. Marys Emergency Response Plan.

### 1.3 PLAN MAINTENANCE AND REVIEW

This plan will be reviewed for accuracy on at least an annual basis by members of the Perth Emergency Planning for Healthcare Group (PEP). The plan will be tested for effectiveness in whole or in part as deemed necessary by PEP. Maintenance of the plan is the responsibility of the Perth District Health Unit.

### 1.4 OVERVIEW OF ROLES AND RESPONSIBILITIES

In Perth County, the agencies appearing in **Table 1** will have the lead responsibility for key components of the human health outbreak plan. The third column identifies all those with a role to play in each part of the response.

**Table 1: Overview of Responsibilities**

	<b>Lead</b>	<b>Others involved</b>
Command	Medical Officer of Health	With support from municipal and health sectors
Surveillance	Health Unit	Hospitals, labs, doctors, schools, workplaces
Vaccines/Antivirals	Health Unit	Hospitals, Long Term Care Homes, doctors, pharmacies, police (security)
Public Health Measures	Health Unit	Health care providers, media, schools, day cares, etc.
Health Services	Hospitals	Community Care Access Centre, Emergency Medical Services, doctors, Long Term Care Facilities, pharmacies, labs
Emergency Response	Municipalities	Social service agencies, business community, schools, EMS, fire, coroners, public works, police
Communications	Health Unit	Municipalities, hospitals

#### **1.4.1 Health Care Sector Role**

Representatives of the health care sector shall participate in the planning and preparation for an outbreak through participation in the Perth County Emergency Planning for Healthcare Group.

During a Human Health Outbreak, the health care sector will respond in each of the key areas of the response. The health care sector shall be responsible for ensuring that access to health services is maintained during the duration of the outbreak. The health care sector will promote the provision of health services in a manner that is responsible to the needs of individuals and communities in Perth County and support the integration of services and facilities within Perth County.

#### **1.4.2 Municipal Sector Role**

Municipal representatives also participate in the planning and preparation for Human Health outbreaks through participation in the Perth County Emergency Planning for Healthcare Group. Municipalities within geographical Perth County are essential participants and leaders in a coordinated response. In the face of an outbreak, the municipalities shall activate necessary contingency plans and set priorities for:

- Continuing local government and maintaining administrative support
- Maintaining public safety services (fire, EMS, police)

- Maintaining the integrity of essential services such as water treatment and delivery, waste management, garbage disposal and utilities and clear roads
- Working with the Perth District Health Unit in providing information and advice to the public via regular announcements and prepared communications
- Closing public buildings where deemed in the best interest of public safety and in order to minimize the spread of infection
- Assisting in the establishment of alternative care facilities, triage centres, antiviral storage and distribution facilities, and immunization clinics as requested to facilitate the provision of health services to the public
- Coordinating with local businesses to maintain service to the community, particularly those services involving access to pharmaceuticals, retail food purchases, fuel and other commerce as necessary
- Assisting with the increased demand for morgue and burial services
- Coordinating and directing emergency social services
- Coordinating travel restrictions as mandated provincially or required locally
- Declaring State of Emergencies (Head of Council)

#### **1.4.3 Medical Officer of Health (MOH)**

Under the Health Protection and Promotion Act, the authority for coordinating the community response to disease-related emergencies lies with the Perth District Health Unit's Medical Officer of Health. The MOH will determine when to activate this plan. The MOH will also:

- Oversee the safety issues surrounding the response.
- Provide leadership and decision making throughout the span of the human health outbreak response
- Liaise with the Health Sector agencies
- Liaise with the Municipal CAOs
- Manage communications
- Act as key spokesperson during the outbreak
- Advise on Emergency Operations Centres infection control protocols
- Take the lead for surveillance of outbreaks, vaccines, antivirals, Public Health measures and communications

#### **1.4.4 Declaration of a State of Emergency**

Under the Emergency Management and Civil Protection Act, only the municipal Head of Council or designate has the authority to declare a local state of emergency and will do so as per municipal emergency plans.

## 1.5 OVERVIEW OF RESPONSE COMPONENTS

### 1.5.1 Activation/Notification of Perth County Human Health Plan

The Medical Officer of Health has primary authority to determine that a need exists to activate this plan. Once activated the Perth District Health Unit will ensure appropriate health and municipal sector partners are advised.

### 1.5.2 Activating Local Emergency Plans and Emergency Operations Centre

The activation of a Human Health Outbreak response will be initiated by the Medical Officer of Health. As provincial directives and declarations are made, the MOH will determine the need for the preparation or response to a local outbreak.

The MOH has the overall authority in regards to the management of the outbreak. Each municipality and Health Care Agency is responsible for activation of their own Emergency Response plans and may be required to assist other sectors with personnel, supplies and equipment. The Perth District Health Unit will activate their Emergency Operation Centre at their West Gore site during large-scale Human Health outbreak. Municipal and Health Care Agencies will activate their emergency plans and Emergency Operation Centres as appropriate.

### 1.5.3 Data Management and Analysis including Surveillance

In Perth County, the Perth District Health Unit will direct disease surveillance by collaborating with laboratories, physicians, health care facilities, workplaces and schools to collect report and analyse relevant epidemiological data. Rapidity of data transfer and feedback will require prepared and dedicated staff in hospitals as well as at the Perth District Health Unit.

Data management and rapid data analysis may be required for multiple purposes in an emergency situation such as:

- **Rapid needs assessment** – matches the needs of an emergency with available resources:
  - Determine the size and structure of affected populations
  - Identify the priority risk factor/target populations in the affected community
  - Describe the capacity of the local infrastructure and response capabilities)
- **Surveillance** - the systematic and ongoing collection, collation, and analysis of health-related information that is communicated in a timely manner to all who need to know, so that action can be taken.
  - Detection of unusual cluster of adverse health events
  - Confirmation of outbreak
  - Monitor burden of illness in community
  - Monitor chronic disease exacerbation and healthcare needs
  - Assess levels of healthcare use in the affected communities



- Monitor control and prevention efforts
  - Monitor the safety of Perth District Health Unit staff and other health sector staff
  - Monitor the health conditions in shelters and evacuation centers
  - Assess effectiveness of public health action
  - Contribute to emergency response evaluation
  - Provide information about attitudes and knowledge towards the emergency
  - Inform communication of messages
- **Descriptive epidemiology of adverse health outbreak**
    - Determine the extent of disease/injuries existing within a community
    - Summarize human health outbreak by time, person, and place
  - **Analytic study** – determine cause and risk factors of the human health outbreak
    - Test hypotheses by conducting retrospective cohort or case-control studies
  - **Evaluation/Epidemiologic Research** – prevent further health problems and/or prevent future outbreaks
    - Evaluate the impact of interventions
    - Evaluate the effectiveness and efficiency of public health emergency response
    - Epidemiologic research

**See Perth District Health Unit Emergency Response Plan Annex 10 Data Management and Analysis for more details.**

#### **1.5.4 Vaccines and Prophylaxis**

A mass vaccination scenario may be required in public health in response to an outbreak of a vaccine preventable disease, or it may be used as a prevention strategy, such as at the start of a typical influenza season.

When possible, the Perth District Health Unit will co-ordinate the mass vaccination situation. There may be times, such as was the case in 2009 with Pandemic H1N1 influenza, when the response is of such a large scale that a county response will be activated.

The Perth District Health Unit mass vaccination plan outlines the tasks and activities to carry out a mass vaccination clinic, with templates and examples provided throughout. Depending on the outbreak, prophylaxis may be required. The Perth District Health Unit will coordinate distribution.

**See Perth District Health Unit Emergency Response Plan Annex 6 Mass Vaccination Plan for more details.**

### **1.5.5 Public Health Measures**

Public health measures are non-medical interventions meant to control or reduce the spread of infectious diseases. Actions such as hand washing, not going to work or school when ill, and covering a cough or sneeze are all examples of personal public health measures one can take.

The following is a list of some public health measures:

- Closure of schools
- Quarantine
- Travel restrictions
- Screening of visitors or travelers
- Wearing masks
- Disinfection

The types and timing of public health measures will be determined by the nature of the situation. The Perth District Health Unit, and the Medical Officer of Health, will provide education and direction to health care providers, school boards, businesses, community groups and the public at large on which public health measures are necessary.

The local Medical Officer of Health has the authority to recommend and enforce public health measures if there is enough evidence that these actions are necessary to protect the public. Nevertheless, the Medical Officer of Health does have an ethical duty to use the least coercive means possible and to provide any appropriate information or assistance required to facilitate compliance with the order. Depending on the situation public health measures will be directed by the Chief Medical Officer of Health and all of Ontario's local health units will be expected to enact them. Others may be implemented nationally, by Canada's Chief Medical Officer of Health. This will be the least confusing for citizens since measures will be applied consistently.

### **1.5.6 Accute-Care Health Services**

The Healthcare sector is responsible for maintaining access to health care. It is anticipated that even with expansion of facilities and services, the demand may be overwhelming and a triage approach needed. Efforts to preserve hospital beds for the most severely ill will include instruction in self-care at home for mild-moderate illness, and enhanced home care services. Special outpatient assessment centres may be established to protect emergency rooms and primary care from being overwhelmed.

### **1.5.7 Communications**

Communication will be coordinated through the Perth District Health Unit and be consistent with the federal, provincial and municipal messages.

The Perth District Health Unit will provide timely and relevant communication to all stakeholders and the community.

The threat of a human health outbreak may create a high demand for information from the media and the general public. Timely dissemination and sharing of accurate information will be one of the most important facets of an outbreak response.

Before, during and after an outbreak, the PDHU Communications Team will take the lead on handling public communications as well as ensuring that accurate information is passed to health partners and community stakeholders. This team will set out key messages and activities designed to promote consistent, coordinated and effective public communications to Perth County during the outbreak.

Throughout an outbreak, the PDHU Communications Team may need to be expanded to include representatives from Perth County, City of Stratford and Town of St. Marys to help address municipal issues. The PDHU Communications Manager in consult with the MOH would make the determination as needed.

***See Perth District Health Unit Emergency Response Plan Annex 7 Communication for more details.***

## **1.6 RECOVERY**

The post Human Health Outbreak period, will be a period of recovery and review.

One of the major activities during a Human Health Outbreak is to plan for recovery. This will facilitate a quicker return to business as usual. Depleted inventories will require stockpiling, and interrupted schedules will need to be reorganized. Debriefing so that policies and procedures can be modified and “lessons learned” incorporated will all need to be done during the recovery phase of a Human Health Outbreak.

# **Perth County Human Health Outbreak Response Plan**

## **Chapter 2: Natural Death Surge Management**

Perth County Human Health Outbreak Response Plan  
Chapter 2: Natural Death Surge Management

**TABLE OF CONTENTS**

**2.1 Natural Death Surge Management ..... 5**

**2.2 Infection Control ..... 5**

**2.3 Supplies and Corpse Management ..... 5**

*Table 1: Usual Process for Corpse Management.....5*

*Table 2: Capacity Inventory for Perth County Funeral Homes .....7*

**2.4 Special Considerations ..... 7**

**2.5 Next Steps ..... 7**

  

**Appendix 2A: County of Perth Funeral Home and Cemetery Contact List ..... 8**

**Appendix 2B: Letter and Questionnaire:  
Regional Supervising Coroner regarding Pandemic Influenza Planning ..... 10**

Perth County Human Health Outbreak Response Plan  
Chapter 2: Natural Death Surge Management

## 2.1 NATURAL DEATH SURGE MANAGEMENT

Some human health outbreaks will result in an excess of deaths in Perth County.

Funeral directors, cemetery operators, health care facilities, physicians and local coroners are expected to manage this increase in deaths. Business continuity planning is essential for this sector.

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

## 2.2 INFECTION CONTROL

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 unit for guidance on infection control practices to mitigate risk. Depending on the outbreak, funeral services may be cancelled or limited.

Alcohol-based hand sanitizers, tissues, and proper disposal containers should be readily available in funeral homes. Signs encouraging these and other 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 Perth District Health Unit (PDHU).

## 2.3 SUPPLIES AND CORPSE MANAGEMENT

The following table outlines the steps and issues for the response to a surge in natural deaths.

**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"> <li>Person legally authorized to perform this task (RNs, NPs and MDs)</li> </ul>	Health care professionals will be taxed by increased outpatient and inpatient care associated with an outbreak. 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



Perth County Human Health Outbreak Response Plan  
Chapter 2: Natural Death Surge Management

Steps	Requirements	Limiting Factors	Perth County Plan Planning for Possible Solutions / Expediting Steps
Death certified	<ul style="list-style-type: none"> <li>Person legally authorizes to perform this task (MDs)</li> </ul>	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 an outbreak. (See Letter and Questionnaire: Regional Supervising Coroner regarding Pandemic Influenza Planning in appendix 2B) Local municipalities will be expected to enhance their capacity to register death in a timely fashion.
Body wrapped	<ul style="list-style-type: none"> <li>Person(s) trained to perform this task</li> <li>Body bags</li> </ul>	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.
Transportation to the morgue	<ul style="list-style-type: none"> <li>In hospital: trained staff and stretcher</li> <li>Outside hospital: informed persons(s), stretcher and vehicle suitable for this purpose</li> </ul>	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"> <li>A suitable facility that can be maintained at 4° to 8°C</li> </ul>	There is very limited storage space available in Perth County: Stratford General Hospital has capacity for 6 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 40 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"> <li>Person qualified to perform autopsy and suitable facility with equipment</li> </ul>	Pathologists may be deployed elsewhere to assist with excess work load.	Depending on the outbreak there may be specific criteria for autopsies.
Cremation	<ul style="list-style-type: none"> <li>Suitable vehicle for transportation from morgue to crematorium</li> <li>Availability of cremation service</li> <li>A cremation certificate</li> </ul>	Cremation is performed in Kitchener, Waterloo and London	Crematoriums will be expected to increase hours of operation during an outbreak to handle increased demand.
Embalming	<ul style="list-style-type: none"> <li>Suitable vehicle for transportation from morgue</li> <li>Trained Person</li> <li>Embalming equipment</li> <li>Suitable location</li> </ul>	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"> <li>Suitable vehicle and driver</li> </ul>	Availability of human and physical resources.	This is not anticipated to pose a problem.
Temporary vault storage	<ul style="list-style-type: none"> <li>Access to and space in a temporary vault</li> </ul>	Capacity of cemeteries and mausoleums to hold bodies.	No shortage of capacity in Perth County at present.
Burial	<ul style="list-style-type: none"> <li>Grave digger, space at cemetery</li> </ul>	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.

**Table 2: Capacity Inventory for Perth County Funeral Homes and Morgues**

Name of Funeral Home	Storage of Bodies
Hodges Funeral Home, St. Marys	4
Lockhart Funeral Home, Mitchell	7-8
Brenneman Funeral Home, Atwood	2
Jutzi Funeral Home, Milverton	3
Eaton Funeral Home, Listowel	12
Listowel Community Family Funeral Home, Listowel	2
Young Funeral Home, Stratford	7
James A Rutherford Funeral Home, Stratford	4
HPHA – Stratford Site	4-6
Listowel Memorial Hospital	2

## 2.4 SPECIAL BEREAVEMENT 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 in an outbreak. A small faith community of the Bahai 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 an outbreak.

If the public requires materials on the process to follow if a death occurs at home, the Perth District Health Unit will provide appropriate infection control information.

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 outbreak.

## 2.5 NEXT STEPS

The responsibility for updating this chapter is currently shared between the members of the funeral sector, the municipalities, and the Perth District Health Unit (PDHU). Inventories and processes pertaining to fatalities and the scenario of natural death surge during an outbreak will be reviewed when deemed necessary.

**Appendix 2A**

**County of Perth Funeral Home Contact List**

<b>Funeral Home</b>	<b>Name, Position</b>	<b>Location</b>
Andrew L Hodges Funeral Home		47 Wellington St S, St. Marys
Brenneman Funeral Home		141 John St, Atwood
Eaton Funeral Home		385 Main St W, Listowel
James A Rutherford Funeral Home		156 Albert St, Stratford
Listowel Community Family Funeral Home		8372 Fairlane Rd, Listowel
Lockhart Funeral Home Ltd.		109 Montreal St, Mitchell
Mark Jutzi Funeral Home		7 Spencer St, Milverton
WG Young Funeral Home		430 Huron St, Stratford

Perth County Human Health Outbreak Response Plan  
 Chapter 2: Natural Death Surge Management

County of Perth Cemetery Contact List

Cemetery	Name, Position	Location
Township of Perth East		<b>Greenwood Cemetery</b> 36 Cobalt St., Milverton, ON
		<b>South Easthope Cemetery</b> Perth Road 107 (closed)
Municipality of West Perth		<b>Municipal Cemetery</b> 6742 Line 53, Conc 15, Pt Lt 29, West Perth
Municipality of North Perth		<b>Fairview Cemetery</b> Part lots 6 & 7, Plan 182, Listowel, ON
Avonbank Cemetery		3002 Road 134, RR7, St. Marys, ON
Avondale Cemetery and Garden Mausoleum		4 Avondale St., Stratford, Ontario N5A 6M4
St. Marys Cemetery		150 Cain Street, St. Marys
Elma Centre Cemetery		Legal Description S. Pt. Lot 6 & S. Pt. Lot 7, Conc. 7, Elma Ward, North Perth 911 # 6466 Line 75
Embro Cemetery		
Fairview Cemetery		Legal: Park Lot 6 & Park Lot , Plan 182, Listowel Ward, North Perth Site: Davidson Ave North Office/Shop site, 875 Davidson Ave N, Listowel, ON
Kintore Cemetery		
Harrington Cemetery		
Town Line		
Avonbank Cemetery		
Robin Hill Cemetery		
North Nissouri Cemetery		
Kirkton Union Cemetery		
Kirkton Anglican Cemetery		
Lakeside on the Hill Cemetery		
Lakeside Anglican Cemetery		
Vinings Cemetery		
Granton Cemetery		
Parkinson Cemetery		
Carlingford Cemetery		
Hampstead Cemetery		
Millbank Anglican Cemetery		
Millbank Cemetery		
Sebringville Cemetery		181 Huron Road, Sebringville, ON
Staffa Cemetery		
McTavish Cemetery		
St Patricks Kinkora		
St Peters Cemetery Gads Hill		
Donegal Community Cemetery		
Broadview United Cemetery, Harrington		
South Easthope Cemetery (Highway)		
Woodland Cemetery, Mitchell		
Presbyterian Cemetery, Mitchell		
Luthern Cemetery, Mitchell		
Anglican Cemetery, Mitchell		
South Easthope Cemetery		
Seebach's Hill Cemetery		
Wartbury Cemetery		



*Pandemic Influenza Planning cont'd*

2

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.





Perth County Human Health Outbreak Response Plan  
Chapter 2: Natural Death Surge Management

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: