MEDICAL EXAMINER OPERATIONS AT THE CENTER OF THE US COVID-19 PANDEMIC

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Forensic Investigations/Forensic Operations

October 14, 2020

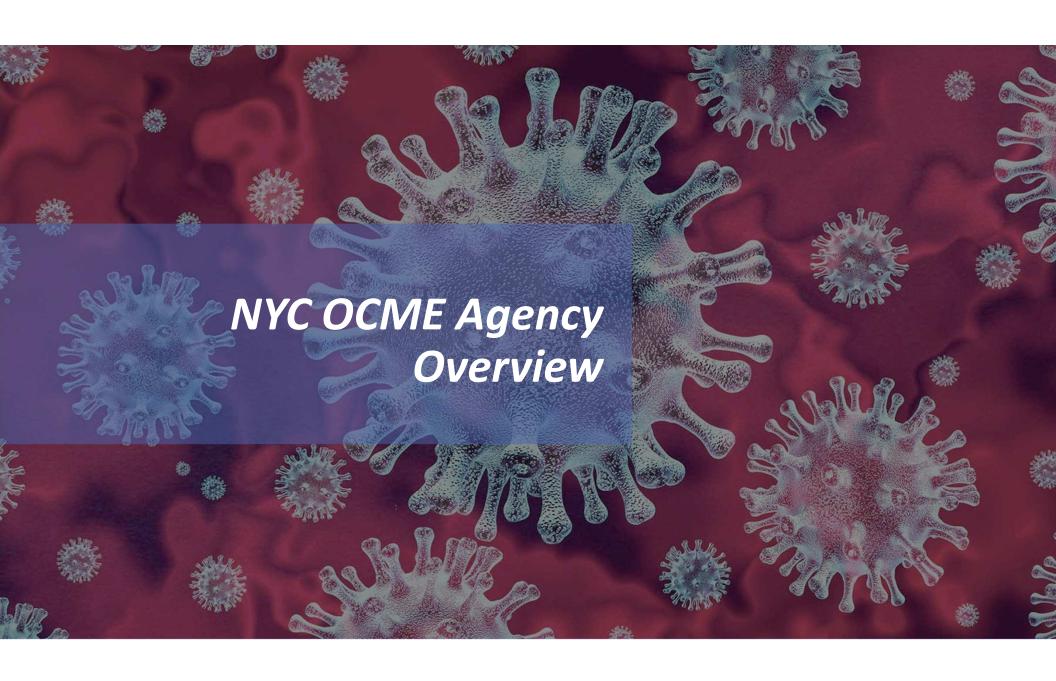


Disclosures

I am employed by the City of New York and receive no financial benefit from this presentation or any of the recommendations within.

Objectives

- Provide an overview of the NYC Office of Chief Medical Examiner
- Briefly introduce the Biological Incident Fatality Surge Plan for Management of In- and Out-of-Hospital Deaths
- Provide a timeline of significant events in the NYC COVID-19 outbreak, and OCME's response
- Provide a more detailed look at NYC OCME operational areas in the COVID-19 response
- Review 10 lessons learned from the NYC OCME response



Agency Overview and History



Established in 1917

- NYC abolished Coroner System in 1915
- First NYC Chief Medical Examiner, Dr. Charles Norris, appointed in 1918
- Dr. Barbara Sampson serving as Chief Medical Examiner from 2013 Present



OCME jurisdiction is the City of New York with a population of 8.6 million people spread over 322 square miles



Office Locations: Manhattan administrative headquarters, three (3) Borough Forensic Pathology Centers and two (2) Family Services Centers



Operates the Department of Forensic Biology (DNA) laboratory for the City of New York



Operates City Mortuary Services - also known as the Medical Examiner Transport Teams (METT)

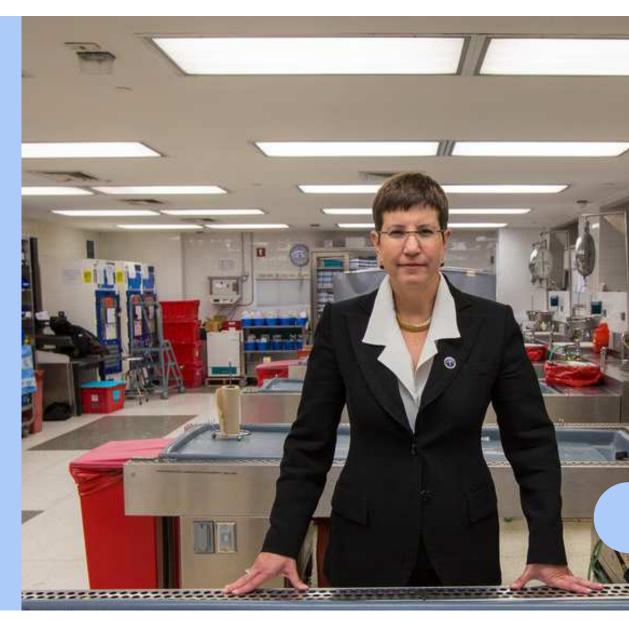
OCME Locations



OCME Jurisdictional Authority

The OCME is responsible for investigating the following deaths:

- Criminal violence or homicide
- Accident
- Suicide
- When unattended by a physician
- Deaths in a correctional facility or in custody
- Any suspicious death or unusual manner
- Threats to public health
- Application for permit to perform cremation



OCME Essential Services



To carry out the investigation, examination, and certification of deaths falling within the OCME's jurisdiction. This includes, at a minimum, the carrying out of death scene investigations, as well as the transportation, identification, autopsy (if warranted) and proper release of decedents.



To carry out disaster response functions, as required by the Citywide Incident Management System, or CIMS. As the lead agency for fatality management in the event of a disaster, OCME must be able to perform its designated responder function.



Plan Background

Biological Incident Fatality Surge Plan For Managing In- and Out-of-Hospital Deaths



The City of New York

Office of Chief Medical Examiner

Biological Incident Fatality Surge Plan for Managing In- and Out-of-Hospital Deaths

Annex to NYC OCME All Hazards Mass Fatality
Management Plan

Barbara A. Sampson, MD, PhD Chief Medical Examiner

Updated: 2016

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- Originally derived from Pandemic Influenza Plan written in 2008
- Updated to all Biological Hazards Plan in 2016
- Hospital updates requested in 2019

Plan Purpose

Biological Incident Fatality Surge Plan For Managing In- and Out-of-Hospital Deaths



The City of New York

Office of Chief Medical Examiner

Biological Incident Fatality Surge Plan for Managing In- and Out-of-Hospital Deaths

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- Operational response strategies to arrange for the recovery, transport, storage, tracking and processing of disaster and non-disaster decedents.
- Expansion of the OCME's capability when mortuary affairs resources will likely be limited.
- Increasing the capacity for fatality management allows healthcare facilities to continue to care for the living.

Biological Incident Surge Response Triggers



- Majority of biological outbreaks will not cause significant strain or fatalities to activate this plan
- Decision to activate will be made by OCME leadership, HCFs and other city agencies and officials
- OCME has established daily caseload hazard trigger points to help signal an incident is underway

Biological Incident Surge Response Triggers



- Early increased numbers of daily fatalities will manifest at all stages of decedent processing:
 - An increase in the number of requests by health care facilities for OCME to hold decedents
 - An increase in funeral directors being unable to pick up decedents from HCFs or OCME in a timely manner
 - An increase in cases that exceeds OCME's standard storage capacity
 - Inability of cemeteries and City Burial to keep up the number of requested burials

Biological Incident Surge Response Triggers



- A majority of the Body Collection Point (BCP) operations are the responsibility of the hospital
 - Family notification
 - Remains storage
 - Decedent tracking
 - Personal effects management
 - Issuance of death certificates (when appropriate)
 - Release of remains

Jurisdictional Authority

The origin of the biological incident will affect how fatality management operations are handled:

Criminal Act / Homicide /

Risk to Public Health

ME Case

Naturally Occurring Outbreak of Disease

Claim Case

Case Storage

	Natural Occurrence	Criminal Act			
Incident-Related Cases	<i>Claim Cases</i> Stored in BCP	<i>ME Cases</i> Stored in BCP			
Non-Incident Claim Cases	Can be stored in BCP with incident-related claim cases	Must be stored separately			
Non-Incident ME Cases	Must be reported to OCME, in accordance with day-to-day protocol, and stored separately				



NYC COVID-19 Timeline





3/1 - First confirmed case in New York State (Manhattan, NYC)



3/7 – New York State declares state of emergency



3/11 – WHO declares COVID-19 a pandemic, OCME establishes initial ME criteria over specific COVID-19 related deaths



3/12 – NYC declares local state of emergency



3/13 – US declares federal state of emergency, first COVID+ case reported to OCME



3/16 – NY Governor issues statewide lockdown (<1,000 cases in NYS)



3/16 – OCME rescinds all permission for outside employment



3/19 – Air National Guard FSRT arrives in OCME, OCME jurisdiction update – decline all +/suspected COVID deaths

NYC COVID-19 Timeline





3/21 – NYCEM deploys first round of BCPs to NYC hospitals



3/22 – NYC surpasses 10,000 total confirmed COVID-19 cases



3/23 - NYC surpasses 100 total confirmed COVID-19 deaths



3/30 – USNS Comfort arrives to expand NYC hospital capacity



3/31 – NYC surpasses 1,000 total confirmed COVID-19 deaths, ~200 Labs staff receive JITT for Investigations



3/31 – DHHS DMORT (56) and NYS Army National Guard (158) arrive at OCME



4/1 – DPMU 1 operational, receives first decedent



4/4 – for first time, >200 out-of-hospital deaths reported to OCME in 24 hours

NYC COVID-19 Timeline





4/4 – US Army 54th Quartermaster personnel (49) arrive in NYC, from Fort Lee, Virginia



4/6 – 247 out-of-hospital deaths reported to OCME in 24 hours (peak)



4/10 - First BCP "Strike Team" hospital visits (3)



4/11 – NYC Health Commissioner issues order – all death certificates to be filed *electronically*



4/22 – NYC surpasses 10k confirmed COVID-19 deaths, plus >5k probable COVID-19 deaths



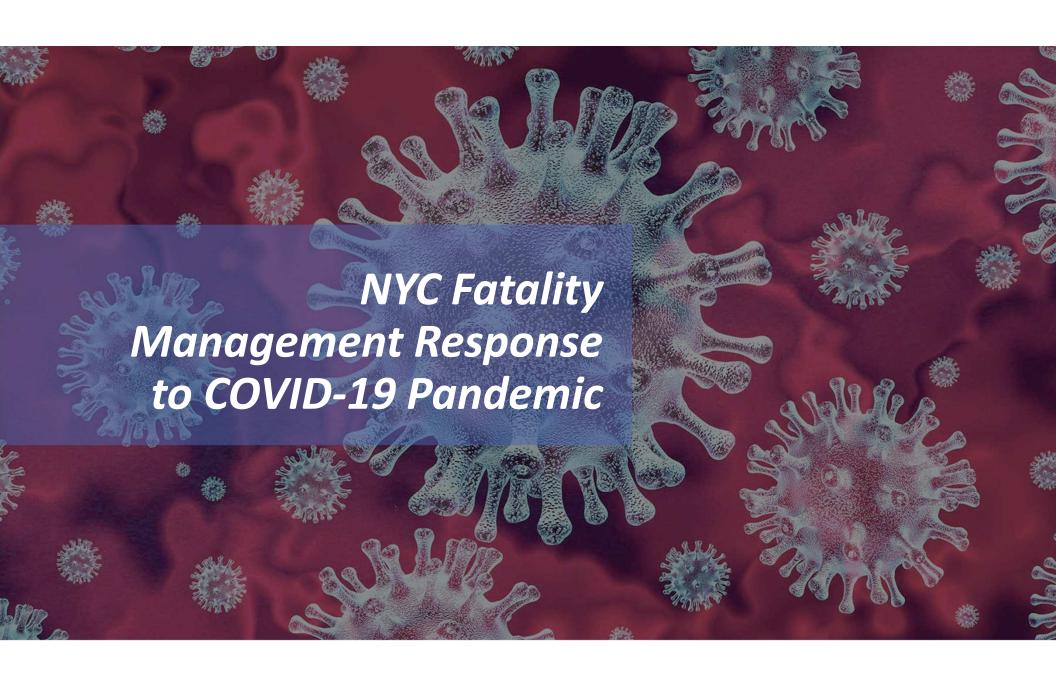
6/1 – Phased return to normal OCME operations begins, most auxiliary staff released back to normal roles, labs reopen



6/26 – OCME no longer certifies home deaths of decedents under care of physician



9/1 – NYC surpasses 50k total deaths since 3/11, including >19k confirmed COVID and >5k probable COVID deaths



NYC Fatality
Management
Response to
COVID-19
Pandemic



Case Intake and Investigations



Case Recovery and Transport



Hospital BCP Operations



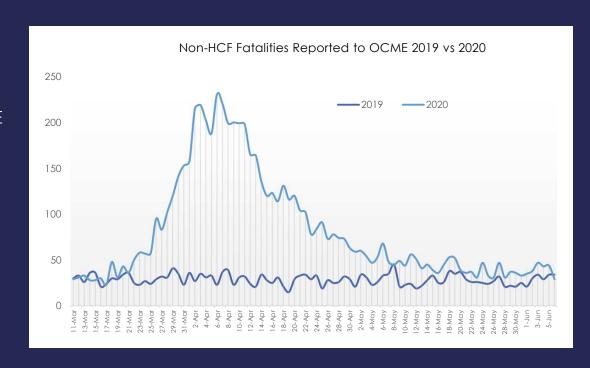
Disaster Portable Morgue Operations and Long-Term Storage



Identifications and Outreach

Case Intake And Investigations

- Call volume reached almost 1,000 calls per day during the height of the pandemic in NYC
- Non-Healthcare Facility deaths reported to OCME reached 400 – 700% the normal volume
- OCME cross trained agency personnel to receive, triage and document death reports
- OCME augmented operations to create efficiencies in the death investigation process.
- OCME leveraged technology applications to support operations



Case Intake And Investigations

- 241 TOTAL STAFF at PEAK
- o 36 COMMUNICATIONS
 - 17 Communications Specialists & Supervisors
 - 19 Auxiliary staff from various departments/units
- o 205 INVESTIGATIONS
 - 44 MLIs and 5 Tour Commanders
 - 156 Auxiliary investigative teams
 - ME, Team Lead, Criminalists
- *51 BCP PAPERWORK PROCESSING
- Peak # of staff (MLIs and ME/Lab Investigative teams) assigned to Investigations in 24hour period = 182

Operation Position		PEAK Personnel #s		
Operation	i osiiloii		Night	
	Tour Commanders	2	2	
	Supervisor	1	1	
CASE INTAKE (INVESTIGATIONS)	Medical Examiners	9	8	
	Medicolegal Investigators	11	9	
	Lab Investigators	75	64	
	Investigations Total		84	
CASE INTAKE	Supervisor	1	1	
(COMMUNICATIONS)	Communications Specialists	17	10	
	Communications Total			

Case Intake And Investigations

Additional

- Briefly utilized NYC 311 call center to assist with answering increasing call volume
- Utilized RingCentral call software (replaced traditional IVR) to better route calls
- Developed "rapid" telephonic investigations worksheets for our newly-minted auxiliary investigative staff

Operation	Position	PEAK Personnel #s		
Орстанон	Operation		Night	
	Tour Commanders	2	2	
	Supervisor	1	1	
CASE INTAKE (INVESTIGATIONS)	Medical Examiners	9	8	
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	Lab Investigators	75	64	
	Investigations Total	98	84	
CASE INTAKE	Supervisor	1	1	
(COMMUNICATIONS)	Communications Specialists	17	10	
Communications Total			11	

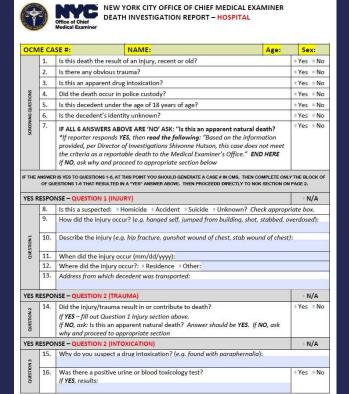
Investigation Forms (Scene)

OCN	AE CA	ASE #: NAME: Age:	Sex:			
	1.	Is this death in a shelter, public place, work location, prison or psychiatric facility?	º Yes ■ No			
		If Yes, what is the location:				
12.5	2.	Is this death a result of an injury, accident, homicide or suicide?	■ Yes ■ No			
Screening Questions		If Yes, describe:				
Sines	3.	Is there any known recent drug or alcohol use, or paraphernalia present?	■ Yes ■ Ne			
ning		If Yes, describe:				
cree	4.	Is the body decomposed (e.g. foul odor, maggots, bloating, green discoloration)?	º Yes □ Ne			
S		If Yes, describe:				
	5.	Are there any obvious injuries or blood noted on the body?	º Yes □ No			
		If Yes, describe:				
If	the a	nswer is YES to any of the above, please immediately refer this case numbe	r to a Tour			
	Con	nmander for assignment to an MLI. Do not continue this form or upload it t	o CMS.			
	6.	Is this an apparent natural death?	Yes Nes Nes			
in in	7.	What is the decedent's COVID-19 status?: Positive Possible/Suspected Uni	_			
Medical History Screening		Did the decedent have any recent influenza like illness (ILI) symptoms?	º Yes □ No			
ory	_	If Yes, select all that apply: # Fever # Cough # Sore Throat # Difficulty Breathing				
H	8.	Does the decedent have any past medical history?	■Yes ■ No			
adica		If Yes, describe:				
ž						
	9.	Was the next-of-kin (NOK) notified of the death?	■Yes ■ No			
NOK		If Yes, who (name / relationship / contact #)?: *Only needed if not already listed in CMS*				
	10.	Was the decedent identified at the scene?	■ Yes ■ No			
		If Yes, how? # Visual # Contextual # Both	1			
Identification		If visual, by who (name / relationship / contact #)?:				
tifica						
ider		If contextual, how?:	1			
		Driver license Passport Benefits Card Benefits Card Mail/documents				
_		Other:	≅Yes ≅ Ne			
7 <u>28</u> 1	11.					
sition		If Yes, funeral home name:				
ositio		If No, is the family requesting City Burial or temporary storage of the decedent at OCME?: « City Burial » Storage at OCME (Claim)				
Disposition			■ Yes ■ Ne			
Police Dispositio	12.	Is there a detective assigned to the case?	H 162 H 146			

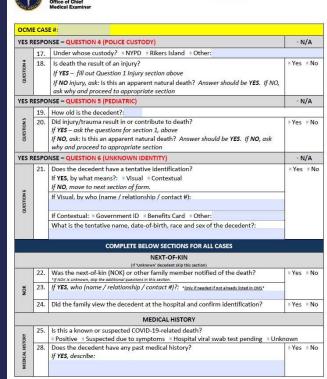
DCI	VIE CA	SE #:					
	13.	13. Did someone from NYPD enter the scene and view the decedent and scene?					
		If Yes, who (name / shield / contact #)?: *Only needed if not already listed in CMS*					
Police	14.	. Was an overall photograph of the decedent and face photo taken?					
8	15.	Location of body?: Bed	Floor = Chair = Toilet = Bathtub = Other:	-			
	Position of body (describe):						
		LKA Date:	LKA By:				
			Found By:				
Ī			Investigative Summary ief story of circumstances surrounding death)				
Investigative Summary							

Investigation Forms (Hospital)

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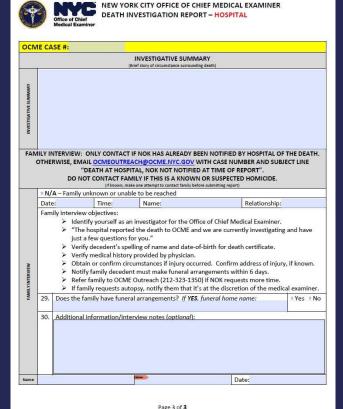
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NEW YORK CITY OFFICE OF CHIEF MEDICAL EXAMINER

DEATH INVESTIGATION REPORT - HOSPITAL



Staffing

	ASSIGNMENT LIST (ICS 204)			CONTROLLED UNCLASSIFIED INFORMATION//BASIC		
1. Incident Name:	2. Operational Period:	2. Operational Period:				
2020 COVID-19 OUTBREAK	Date From: 04/18/20	Date To:	04/19/20			
	Time From: 0800	Time To:	0800	Branch:		
4. Operations Personnel:		OCME			Case Intake &	
Operations Section Chief: C. Arno	ne OCME				Investigation	
Branch Director:						
Division/Group Supervisor: N. Schu	Itz OCME					
5. Resources Assigned:				Reporting Locati	on, Special Equipment, and Information	
Resource Identifier	Leader	Personnel	Request #	Time	Location	
Case Intake & Investigation ST A	Dr. Stahl-Herz	8		0700	OCME HQ	
Case Intake & Investigation ST B	Dr. Coleman	9		0700	OCME HQ	
Case Intake & Investigation ST I	Dr. Cederroth	8		0700	OCME HQ	
Case Intake & Investigation ST K	Dr. Landi	9		0700	OCME HQ	
Case Intake & Investigation ST C	Dr. Stork	8		1200	OCME HQ	
Case Intake & Investigation ST D	Dr. Laib	7		1200	OCME HQ	
Case Intake & Investigation ST E	Dr. Georgievskaya	7		1200	OCME HQ	
Case Intake & Investigation ST F	Dr. Hayes	9		1700	OCME HQ	
Case Intake & Investigation ST M	Dr. Rodriguez	9		1700	OCME HQ	
Case Intake & Investigation ST N	Dr. Persechino	8		1700	OCME HQ	
Case Intake & Investigation ST O	Dr. Marks	8		1700	OCME HQ	
Case Intake & Investigation ST P	Dr. Stram	9		0000	OCME HQ	
Case Intake & Investigation ST Q	Dr. Ambrosi	8		0000	OCME HQ	
ADMIN On Duty	TBD	1		0800	OCME HQ	

OPERATIONAL S						
	DATE		SHIFT START	SHIFT END		
Saturday April 18	3, 2020		0700	1900		
				CONTACT#		
		SUPERVISOR Mouer	SUPERVISOR SHIFT			
TOUR COMMAND	TOUR COMMANDER		0700-1900			
DESK: 212-323-1892		Gutteea	0700-1900			
INVESTIGATIONS	SUPERVISOR		-	I		
ADMINISTRATOR	ON DUTY	Rowland	0800-2000			
DESK: 212-323-1597				I		
COMMUNICATION	NS STIDEDVISOD	Smith	0800-2000			
COMMUNICATION	NS SUPERVISOR					
CITYWIDE INVE	STIGATIONS SCH	EDULE (*All MLIS are cit	ywide tour & office)		
ASSIG	NMENT	MLI	MVO	CONTACT#		
MANHATTAN		Hensley				
BRONX	WEST	Ahmad				
BROWN	EAST	Ahmad				
QUEENS		Capellupo				
BROOKLYN	TOUR 1	Moorer				
BROOKETN	TOUR 2	Liggio				
STATEN ISLAND		Moorer				
CITYWIDE (1200-	0000)	Bautista				
CITYWIDE TELEV	WORK (0900-2320)	Vaivao				
CITYWIDE TELEV	VORK (0700-1900)	Tucker				
CITYWIDE TELEV	VORK (0700-1900)	Grande				
CITYWIDE TELEV	VORK (1400-2000)	DeVito				

Case Recovery & Transport

- At the peak of operations, OCME utilized 20 recovery teams per shift
- OCME utilized force multipliers (contract vendor and military) to support scene investigations and recoveries
- Funeral directors continued to pick-up 30 50% of non-Healthcare Facility cases through the pandemic



Staffing

	CONTROLLED UNCLASSIFIED INFORMATION/BASIC					
1. Incident Name:	3.					
2020 COVID-19 OUTBREAK	Date From:	04/21/20	Date To:	04/22/20		
	Time From:	0800	Time To:	0800	Branch:	
4. Operations Personnel:	Group	Recovery				
Operations Section Chief: C. Arnone	Group	Recovery				
Branch Director:						
Day Group Supervisor: Maj D. Gus	tave DOD					
Night Group Supervisor: Lt. J. Rolst	on DOD					
5. Resources Assigned:					Reporting Locatio	on, Special Equipment, and Information
Resource Identifier	Lead	der	Personnel	Request #	Time	Location
DAY OPERATIONS			<u> </u>			
OCME Recovery TF	Capt. E	E. Ho	25		0800	DPMU 4
			<u> </u>			
Kenyon Recovery TF	F. Ro	ose	37		0800	DPMU 4
			<u> </u>			
Medical Examiner TF	M. De	esire	14		0800	DPMU 4
NIGHT OPERATIONS			<u> </u> '			
NIGHT OPERATIONS	Oont I	Oabill	05		0000	DDMIIA
OCME Recovery TF	Capt. J. Cahill		25		2000	DPMU 4
Venues Decovery TE	C.Chri:	iction	33		2000	DPMU 4
Kenyon Recovery TF	C.Cim	Slidii	33		2000	DPIVIO 4
Medical Examiner TF	C. Boca	anedro	14	 	2000	DPMU 4
Medical Examiner 11	0. 2000	inegro			2000	DI MO 4
			 		+	
				1		

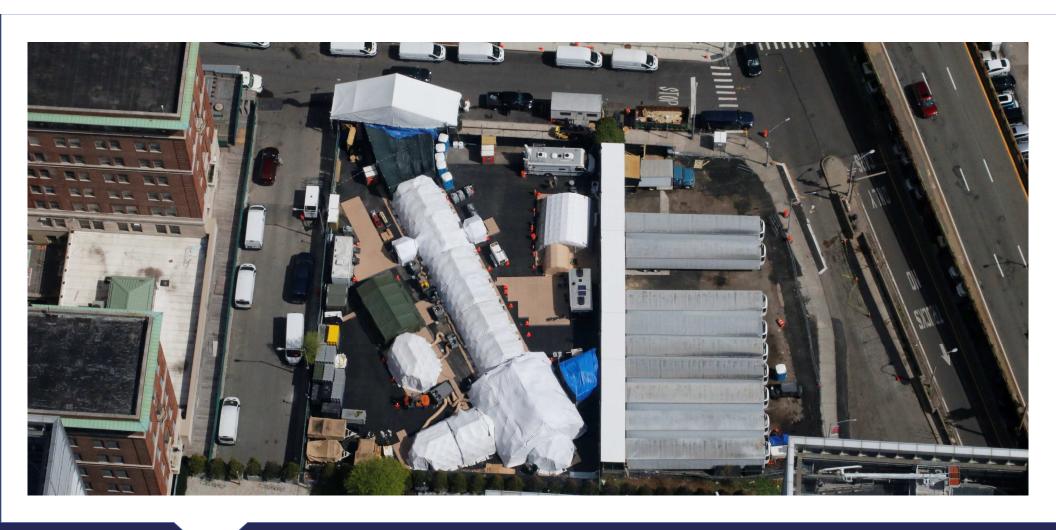
Hospital BCP Operations

- OCME planning with NYC hospitals started in 2008; the resulting plan was developed to support hospitals in treating the living by ensuring facilities can efficiently manage the fatality surge.
- Some hospitals experienced staffing and supply limitations resulting in a challenge to manage the surge in fatalities
- Hospitals provided with a refrigerated trailer to increase morgue capacity (known as a Body Collection Point – BCP)
- OCME led an interagency BCP taskforce to facilitate administrative requirements and recover cases to OCME custody

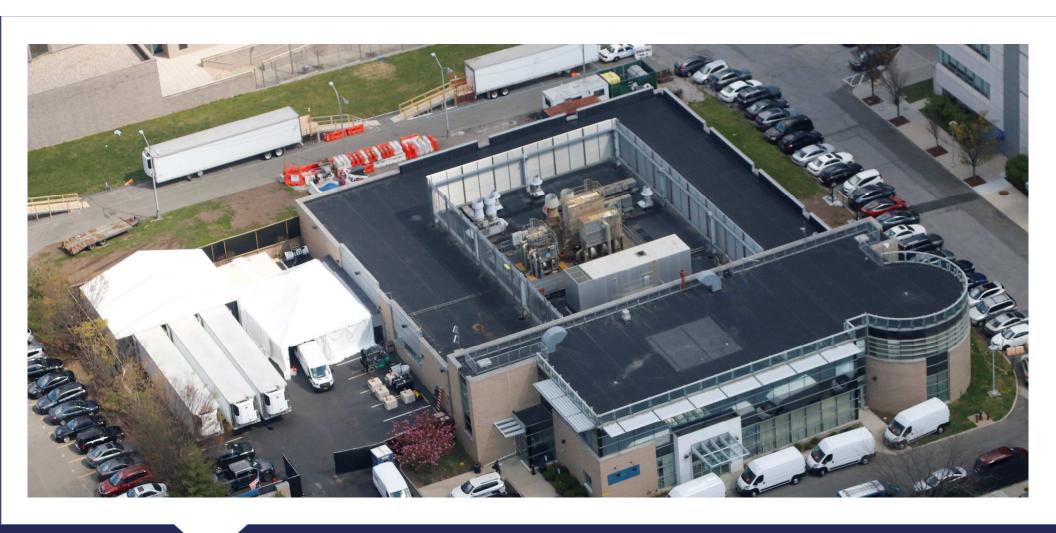


Disaster Portable Morgue Operations

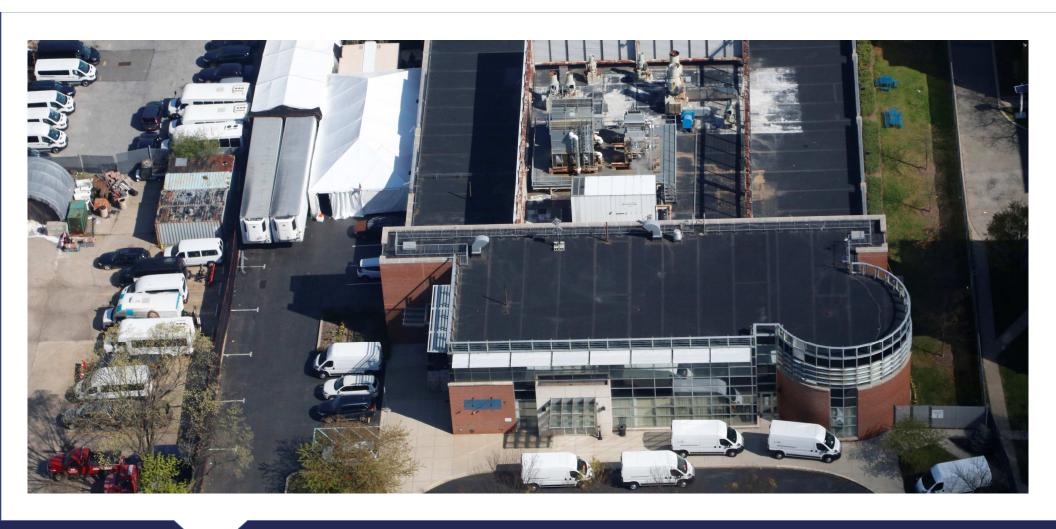
- OCME established four (4) disaster portable morgue operations in response to COVID-19
- Disaster Morgues received, processed, stored, and released non-medical examiner cases (non-forensic cases)
- Refrigerated trailers utilized to expand storage capacity
- Long-Term storage operation established to appropriately store, track and release cases as families and the funeral
 industry can make final disposition arrangements
- OCME utilized federal assets as force multipliers NYS National Guard, DOD military personnel, and Disaster
 Mortuary Operations Response Teams (DMORT) from the US Department of Health and Human Services (DHHS)



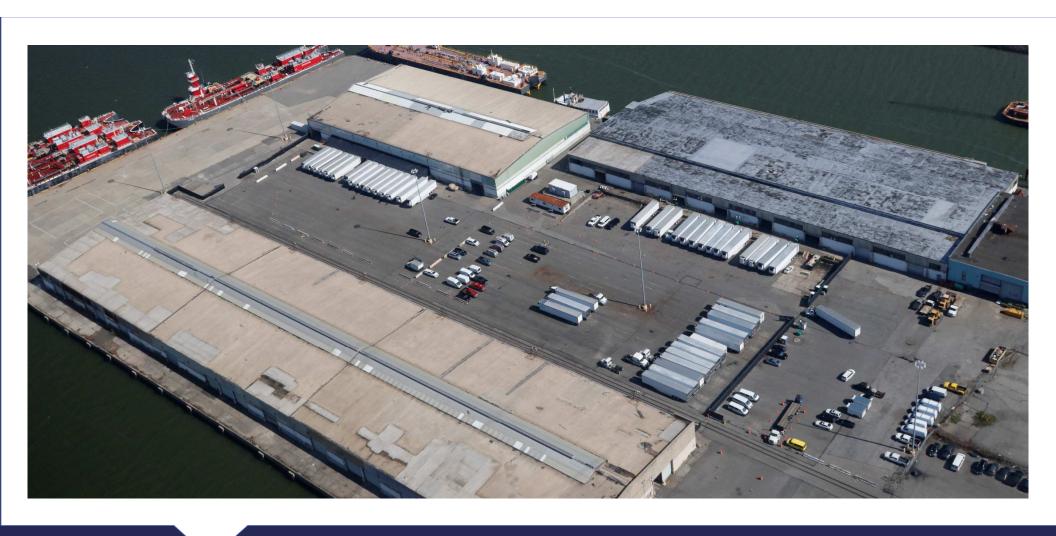
DPMU 1 – Manhattan



DPMU 2 – Queens



DPMU 3 – Brooklyn



DPMU 4 – 39th Street Pier, South Brooklyn Marine Terminal







Identification and Outreach Investigations

- O Primary Functions Identifications/Outreach
 - Confirm decedent identification
 - Locate and contact next-of-kin
 - Work with families to prepare death certificates (demographic information)
 - Work with families to provide for funeral arrangements/City Burial
- Surge Operations
 - 100 Department of Health School Nurses added to remote auxiliary teams
 - Adjusted identifications policies to improve efficiency, expedite release
 - Leveraged new technology, particularly RingCentral for call routing to new teams

Identification and Outreach Investigations

ID STAT Monthly Report: 01/01/2020 to 01/31/2020

IDTypeName	IDOutcomeName	Count	
Contextual	Identification	97	4
Dental Radiographic	Identification	6	
DNA	Identification	1	
Fingerprints/ Footprints/ Both	Identification	402	
Medical Radiographic	Identification	37	•
Medical Radiographic	Inconclusive	1	
Visual	Exclusion	1	
Visual	Identification	640	•
Visual	Inconclusive	2	



IDTypeName	IDOutcomeName	Count
Contextual	Identification	3836
Dental Radiographic	Exclusion	1
Dental Radiographic	Identification	2
Fingerprints/ Footprints/ Both	Identification	393
Fingerprints/ Footprints/ Both	Pending	1
Medical Radiographic	Identification	3
Visual	Attempted	1
Visual	Identification	227

Average monthly total range: 700-900

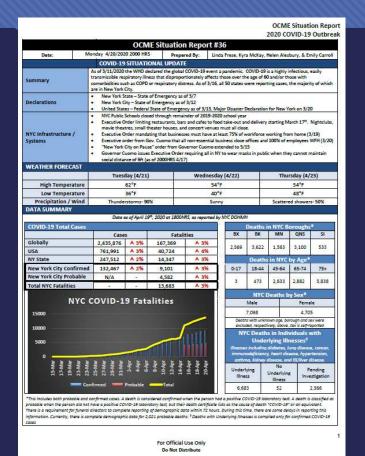
Identification and Outreach Investigations

- One more wrench to throw in...
 - O "Brooklyn Funeral Home Has License Suspended After Storing Bodies In Unrefrigerated Trucks" – CBS New York – April 29 (story from May 1)
 - 061 decedents, stored unrefrigerated in funeral home, and in U-Haul trucks outside of funeral home
 - OCame to attention of authorities after multiple complaints from neighbors about foul smell and fluids leaking from trucks
 - O Confirmation of identity, contact with family, review/creation of appropriate documentation
 - Mostly resolved in only a few days
 - O Highlighted need for OCME and NYC to develop a process by which overwhelmed funeral directors can relinquish remains back to OCME

Information was key



Information was key



2020 COVID-19 Outbreak **OCME DATA SUMMA** Caco Evaminati (for 4/20) ¥ 200% 22 A 41% 24 A 33% 24 A 148% 87 V 28% 4 A 100% 1 V 0% 116 V 11% Non HCF Deaths (2019 vs 2020) Investigations **2019** 2020 Non-OCME Transport 4/19 4/20 4/21 4/22 4/23 4/24 4/25 Totals 296 1027 35 1.337 % transported 3096 4/19 4/20 4/21 4/22 4/23 4/25 Totals METT/No case-claim 81 METT/Certified- claim 56 1,607 248 METT Total 81 1,936 DPMU Cases (DPMU1) (DPMU2) (DPMU 3) Received 48 48 96 ¥ 25% midnight on 4/19, totals as of 20:00 Hrs 4/19) 16 ¥ 13% 257 184 1,845 Total 941 ¥ 5% ¥ 196 Less than 15 days 1.491 Cases in Storage (as of 1000 HRS on 4/20) 15-29 days ¥ 7% 167 227 A 5% 23 60 - 89 days 10 A 10% V 25% 14 896 Over 90 days 17 V 6% 11 ¥ 996 28 ¥ 7% Daily Case Release to DPMU#4 (as of 0900 HR5 on 4/20) 17 ¥ 6% 121 ¥ 10%

OCME Situation Report

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Information was key

2020 COVID-19 **OUTBREAK**

INCIDENT #04112020



OPERATIONAL PERIOD

May 3, 2020 – May 4, 2020 0800-0800 HOURS

APPROVED BY FDNY IMT LEADER: RICH DEPRIMA



1. Incident Name: 2020 COVID-19 OUTBREAK 2. Operational Period: D. 3. Objective(s): - Provide for the health and safety of personnel operating at the assisting/cooperating agency safety officers as requested. - Provide and support fatality management operations and coording of the sale of the safety of personnel operations and coordinating and efficient ordering protocol that will document and - Work within existing OCME protocols and guidelines to establist awareness to OCME leadership. - Evaluate mission needs and adjust operations and resource leadership of the safety of th	ne From: ncident and provide se inate resource manage ID-19 Outbreak and pr d track logistical needs h and maintain formal rels to provide a fiscall	afety recommement for NY ovide assists as and orders, reporting to p	Time To: rendations to C OCME. ance by provide situation response.	
3. Objective(s): Provide for the health and safety of personnel operating at the assisting/cooperating agency safety officers as requested. Provide and support fatality management operations and coord. Establish and maintain a logistics surge capacity for 2020 COV coordinating an efficient ordering protocol that will document atWork within existing OCME protocols and guidelines to establist awareness to OCME leadership Evaluate mission needs and adjust operations and resource leteral company and the safety of the safety o	ncident and provide sa inate resource manage ID-19 Outbreak and pr d track logistical needs h and maintain formal els to provide a fiscalli els to provide a fiscalli	afety recommement for NY ovide assists as and orders, reporting to p	rendations to C OCME. ance by provide situation or response.	onal
- Provide for the health and safety of personnel operating at the assisting/cooperating agency safety officers as requested Provide and support fatality management operations and coord Establish and maintain a logistics surge capacity for 2020 COV coordinating an efficient ordering protocol that will document ar - Work within existing OCME protocols and guidelines to establic awareness to OCME leadership Evaluate mission needs and adjust operations and resource left of the surge of th	inate resource manage ID-19 Outbreak and pr d track logistical need: h and maintain formal rels to provide a fiscall; ples.	ement for NY rovide assista s and orders. reporting to p	C OCME. ance by provide situation response.	
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- Establish and maintain a logistics surge capacity for 2020 COV coordinating an efficient ordering protocol that will document ar - Work within existing OCME protocols and guidelines to establic awareness to OCME leadership. - Evaluate mission needs and adjust operations and resource let be a surgery of the country of	ID-19 Outbreak and produced track logistical needs hand maintain formal rels to provide a fiscally ples.	rovide assista s and orders. reporting to p	ance by provide situation or expense.	
coordinating an efficient ordering protocol that will document ar - Work within existing OCME protocols and guidelines to establic awareness to OCME leadership Evaluate mission needs and adjust operations and resource le General Situational Awareness: - Conform to standard handwashing and coughing hygiene princ - Facemasks are required at all times whenever social distancia - Oo not disclose any information to the media, NO EXCEPTION	d track logistical needs h and maintain formal rels to provide a fiscall ples. ples. g is not possible.	s and orders. reporting to p	provide situation eresponse.	
awareness to OCME leadership. - Evaluate mission needs and adjust operations and resource leadership. General Situational Awareness: - Conform to standard handwashing and coughing hygiene prince. Facemasks are required at all times whenever social distancin. Oo not disclose any information to the media, NO EXCEPTION	els to provide a fiscall	y responsible	e response.	
General Situational Awareness: - Conform to standard handwashing and coughing hygiene princ - Facemasks are required at all times whenever social distanci	ples. g is not possible.			
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Officer, Aga Worldy-Davis (040) 2 10-1470.			one information	1
5. Site Safety Plan Required? Yes □ No ☑				
Approved Site Safety Plan(s) Located at:				
6. Incident Action Plan				
	Facilities Map			
	eather Forecast			
	S 214			
=	edical Incident Report			
	nance Message	-(/1	Ma	
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8. Approved by FDNY IMT Leader: R. DePrima Si ICS 202	gnature:	P	7	

2. Operational Period: Date From: 05-03-2020 Date To: 2020 COVID-19 OUTBREAK 3. Incident Commander(s) and Command Staff: 6. Logistics Section IC/UC's F. DePaolo OCME
Deputy R. DePrima (t) FDNY
S. Mooney (t) FDNY Chief K. Hietala KJ Logistics Deputy L. Judson FDNY W. Fitch FDNY Safety Officers
J. Dick OCME
G. Dennehey (t) FDNY
J. Martin (t) FDNY Facilities Unit R. Merkle FDNY Liaison Officer M. Cooney FDNY Facilities Unit D. Maniotis OCME Ground Support Unit P. Hespe FDNY Information Officer A. Worthy-Davis OCME Communications Unit D. Share FDNY 4. Agency/Organization Representatives Supply Unit B. Fitzpatrick FDNY Agency/Organization Name Medical Unit W. Patsakos FDNY OCME E. Carroll Food Unit S. McCarren FDNY OCME V. Ruggiero DMORT D. Hunt Dept. of Defense MAJ D. Gustave 152nd Bde Engr Bn CPT E. Ruegger NYCEM KJ Logistics ACV Environmental A. Flores 2LT N. Schnittge 2LT T. Lua 54th QM Co. MA Chief D. Ritchie (t) FDNY Deputy A. Watts (t) FDNY Resources Unit S. Jahangir (t) FDNY R. Leone (t) FDNY Situation Unit C. McCarren FDNY Geo. Info Sys. Spec. T. Merkel FDNY C. Kirwan (t) FDNY J. Costello (t) FDNY Inc. Tech. Sys. Spec. K. Prior FDNY Documentation Unit R. Shen (t) FDNY Training Specialist R. Meuser (t) FDNY Position/Title: ICS 203

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ORGANIZATION ASSIGNMENT LIST (ICS 203)

05-04-2020

1. Incident Name:

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Lessons Learned / Challenges

- 1. Unexpected capacity and willingness to engage by the funeral industry
- 2. Inability for many hospitals to fully manage decedent affairs issues despite previous planning efforts and significant support from the city
- 3. Early implementation of health and safety measures (i.e. mask wearing) resulted in a low infection rate
- 4. Control the message and decrease concerns about postmortem transmission of COVID-19
- 5. Ability to bring untrained personnel from public and private sector into a cohesive operation

Lessons Learned / Challenges

- 6. Ability to utilize technology to solve substantial issues (e.g. call volume approaching 1K calls per day managed through an application called RingCentral)
- Reassigning agency personnel from non-essential services to essential services highlighting skill sets and agency knowledge
- 8. Execution of a long-term storage operation in lieu of previously planned temporary interment
- 9. Utilization of data analytics to support decision-making and provide operational direction
- 10. Difficulty managing a large-scale response operation by telephone

OCME Wellness and Resiliency Program

- Over the past few years, OCME has recognized that the repetitive exposure to traumatic subject matter, compassion fatigue, and cultural pressure have created a unique stress on staff. The agency has prioritized the wellness of agency personnel.
- The OCME Wellness and Resiliency Program works to develop materials, provide resources, host trainings and empower staff to build resiliency holistically – focusing not just on mental health, but also considering the emotional, physical and spiritual health of staff.
- Staff are encouraged to participate in ongoing activities and trainings throughout the year and take advantage
 of resources in an effort to build a strong baseline resiliency, both personally and as a work community.
- During an incident, the OCME Wellness and Resiliency Program planned to implement strategies to support staff through increased stress and challenges.

For further information...

- Time Magazine "'We Do This for the Living.' Inside New York's Citywide Effort to Bury Its Dead"
 - O https://time.com/5839056/new-york-city-burials-coronavirus/
- NPR "Reckoning With The Dead: Journalist Goes Inside An NYC COVID-19 Disaster Morgue"
 - O https://www.npr.org/sections/health-shots/2020/05/28/863710050/reckoning-with-the-dead-journalist-goes-inside-an-nyc-covid-19-disaster-morgue



Questions?

Luke R. Vogelsberg, D-ABMDI

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