

Pandemic planning

As communities gear up for increasing numbers of pandemic flu cases,

Robert Jensen and **Kelly Amoroso** look into preparational guidelines

PANDEMICS ARE A HOT TOPIC, WITH the United Kingdom, US and Mexico reporting high numbers of cases, which are only expected to rise. There are three key problems frequently identified in pandemic fatality plans. The first problem is a lack of co-ordination between mass fatality planners and public health officials. The second problem is clear identification of the potential areas of difference between current mass fatality plans and those for pandemics. The third problem, and perhaps the hardest area to change, is the various bureaucratic processes following death.

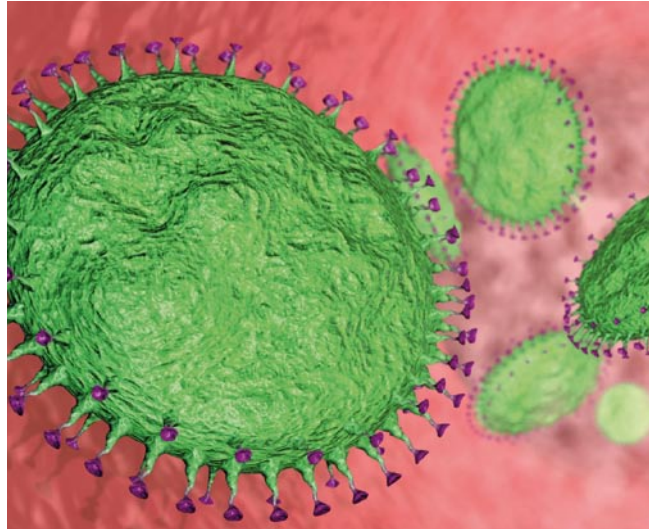
Most pandemic fatality plans are either created by public health officials, independent of existing mass fatality planners, or by mass fatality planners, independent of public health officials. Time is wasted rewriting plans that already exist and processes are duplicated or made unrealistic. The simple solution to this problem is to ensure that public health officials and mass fatality planners work together to develop pandemic plans.

MASS FATALITIES

Most mass fatality plans focus on events which occur in a single jurisdiction over a short period of time. Pandemics, on the other hand, result in a large number of fatalities over a longer period of time and across multiple jurisdictions. While today's mass fatality plans focus on search, recovery and identification of fragmented remains, those are not pandemic issues. In previous pandemics, various shortfalls were identified and have been grouped into two categories.

The first of these covers delays in certifying deaths and completing death certificates, transit permits and burial and cremation documents. The challenge of increasing a government's ability to certify and document deaths is made more difficult by the fact that many local government pandemic plans call for the dispersion of staff and the closure of various public offices. Potential solutions include: Expanding the pool of people authorised to certify deaths; and/or using online tools for the reporting and documentation of deaths.

The second shortfall is the practical matter of transporting the deceased, holding funeral services, and complying with the individual



An artist's rendering of the pandemic flu virus H1N1, currently the cause of great concern for jurisdictions in terms of how they will handle shortfalls in mass fatality plans

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and family wishes for burial or cremation. Out of the two areas, this is the most problematic because it involves an individual's religious and cultural desires versus the public health debate. It is an emotional issue.

To solve these issues each jurisdiction should look at the capabilities they have to hold and transport human remains from private

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homes and hospitals. Once those capabilities are identified, the jurisdiction can then look at possible solutions, such as creating shared centralised holding facilities. Plans should also consider current and planned cemetery space. Pandemics don't change the number of deaths that will occur, just when they occur.

Another solution is to work with local funeral service professionals and religious leaders to develop guidelines and plans for funeral services that do not include the gathering of people, but meet the specific needs of individuals.

Many creative ideas for addressing the challenges detailed in this article have never found their way into plans because of one final roadblock. Most mass fatality plans work with the current bureaucratic systems because they

do not result in a large, single surge to the process. Identifications and release are carried out over time and often in a single jurisdiction. They do not require legislative changes, or prohibit families' individual wishes or desires. However, this is not true for pandemics. If a faster process of certifying deaths and issuing burial permits is not developed, then that places an increased burden on local hospitals and mortuaries for holding human remains over longer periods of time (see p34).

When a family member dies, there are many things that must be accomplished. Most of them involve interaction with a variety of public agencies and large companies, for example, the settlement of life insurance policies. Typically a certified copy of the death certificate must be provided to the insurance company, who will then release the funds to a bank. Another example is changing real estate titles or selling a loved one's home.

BUREAUCRATIC ROADBLOCKS

Potential solutions to bureaucratic roadblocks include educating government officials about what makes pandemics different to other mass fatalities. Public health officials, coroners, public safety officials, and vital records administrators should draft recommended changes together. The way pandemic deaths are certified, extending time requirements for filing of death certificates and a way to expedite burial permits must be considered. Planners will have to be prepared; policies and laws are not likely to be changed without clear justification.

Each jurisdiction has to assess their resources and capabilities to develop a realistic plan. Admitting shortfalls and facing the necessity of changing a bureaucratic system is essential to ensuring a plan can be executed. **CRJ**

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