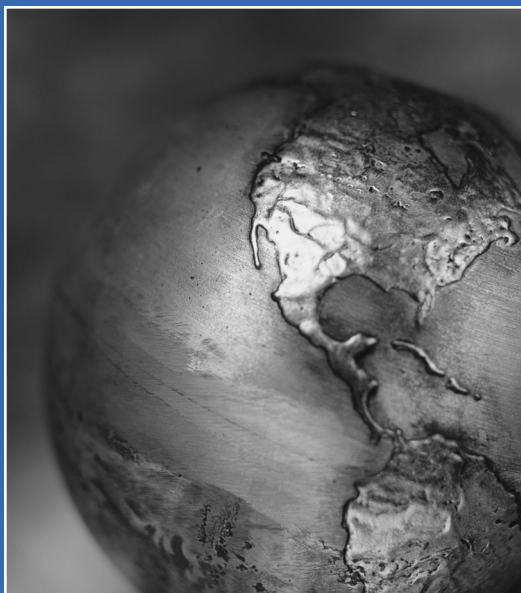


# Pandemic Avian Flu



A Funeral Service Guide to Survival



National Funeral Directors Association

\*Informs \*Educates \*Advocates

# INTRODUCTION

The purpose of this brochure is to outline the key issues funeral directors must be aware of and plan for with a pandemic influenza outbreak. It also provides recommendations for managing this most daunting task and properly serving the families in your community.

Mass-fatality events contribute enormous burdens across multiple sectors of the fatality-management community, including disaster workers, law enforcement, medical examiners/coroners (ME/C), physicians and hospitals, funeral directors, faith-based organizations and other mortuary affairs personnel. Since the 2001 attacks on the World Trade Center and Pentagon, and hurricanes Katrina and Rita, there has been heightened awareness of the limited capabilities to comprehensively and swiftly provide the spectrum of fatality-related responsibilities to families, communities and governments.

Planning for a mass-fatality event requires acknowledging the complexity and diversity of America's cultures, religions, socio-demographics, communities of faith and legal/regulatory systems, among others. The implementation of finite resources during an intense period of individual and collective grief suffered during a catastrophic event will present the most challenging of circumstances.

The current forecasts for the spread of a strain of highly pathogenic avian influenza have raised fatality-management concerns because of the high levels of morbidity and mortality. Based on rates from the 1918 Spanish Flu, experts have hypothesized that as many as 5%-7% of the infected population (estimated to be 25% or 3,612,500-5,057,500 million Americans) would contract the H5N1 influenza strain, resulting in 1.9 million deaths. This scenario would overwhelm the capacity of the existing fatality-management sector. Governmental authorities, primarily medical examiners/coroners, law enforcement, public health officials and associated funeral service professionals, will need to manage not only these fatalities but the 2.4 million deaths that occur annually as well.

# INFULENZA OVERVIEW

## What is a Pandemic?

An outbreak is classified as a pandemic when three conditions have been met: A new influenza virus subtype emerges; it infects humans, causing serious illness; and it spreads easily and sustainably among humans. The H5N1 virus amply meets the first two conditions: It is a new virus for humans (H5N1 viruses have never circulated widely among people), and it has infected more than 100 humans, killing more than half of them. No one will have immunity should an H5N1-like pandemic virus emerge.

All prerequisites for the start of a pandemic have therefore been met except for one: the establishment of efficient and sustained human-to-human transmission of the virus. The risk that the H5N1 virus will acquire this ability will persist as long as opportunities for human infections occur. These opportunities, in turn, will persist as long as the virus continues to circulate in birds, and this situation could endure for some years to come.

## What is Influenza?

Influenza is a viral respiratory illness that may require outpatient healthcare visits or hospitalization. Secondary infections include sinusitis, otitis media, tracheobronchitis and pneumonia.

## How is it Transmitted?

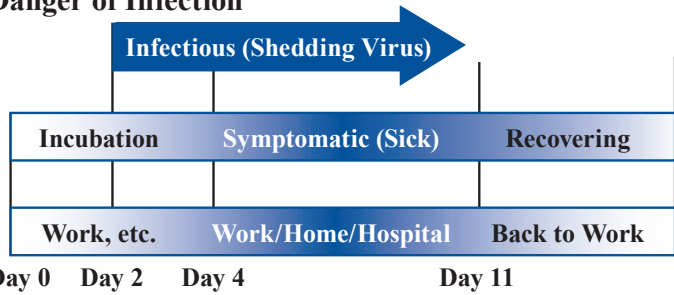
- Primarily person to person
- Touching something with the virus on it (fomite) and then touching your mouth, nose or eyes.

## Influenza Symptoms

Fever (usually high), headache, fatigue, dry cough, sore throat, congestion and muscle aches. Nausea, vomiting and diarrhea can occur and are much more common in children.

# Flu Contagion

## Danger of Infection



### H5N1 HPAI Avian Flu Basic Facts:

- Current focus is H5N1, found in birds.
- Migratory patterns of wild birds allow for spreading.
- The disease is moving westward from Asia; confirmed in Europe and Africa; anticipated in the Americas in late 2007 during the traditional flu season.
- Maintains highly pathogenic form, passing from wild to domestic birds.

### H5N1 HPAI in Humans:

- Sporadic human cases related to infected wild or domestic bird exposure.
- No evidence of human-to-human transmission to date.
- Mortality remains at 50%.

### General Health Protections:

- Annual flu vaccination
- Prophylactic antiviral medications such as Tamiflu®
- Respiratory hygiene/cough-sneeze etiquette
- Wash hands frequently/use of alcohol-based hand sanitizers
- Observe family members and co-workers for symptoms of respiratory illness
- Workplace restrictions/exclusions
- Consideration of isolation and quarantine
- Travel restrictions
- Limit exposure by limiting public gatherings
- Universal precautions for handlers
- Particulate respirators (N95)
- Eye protection

## **Estimated Economic and Social Impact:**

The United States departments of Health and Human Services (HHS), Homeland Security and Defense estimate that if this strain of flu mutates into a virus that can be spread from human to human, at least 30% of the workforce will be sick or dead, with another 10% at home taking care of a sick family member or afraid to go to work. They also estimate that approximately 1.9 to 2 million Americans will die from the flu, thereby doubling the total number of deaths that will need to be managed.

## **Funeral Service Facts and Figures**

- The number of U.S. deaths in 2005 was 2,432,000.
- 30% of the dispositions were cremations and 70% were earth burials.
- There are 21,495 funeral homes, 25,000 cemeteries (including all national and state-owned/-managed) and 2,000 crematories in the United States.
- The average funeral home handles 112 calls per year and employs three full-time and three part-time employees.
- It takes about one and a half to two hours to embalm the average body.
- It takes an average of two to four hours to cremate one body.

## **CHALLENGES AND ISSUES FACING FUNERAL SERVICE**

In the event of a mass fatality, such as a pandemic flu, there are a number of challenges facing funeral service professionals that are important to be thinking about now and working with and planning for accordingly. These include:

- The capacity to conduct normal operations in a surge environment and with a reduced skilled workforce. This is especially critical in rural areas where the proximity to other funeral homes, health facilities, nursing homes, crematories and cemeteries and the ability to quickly and easily share workers, vehicles and facilities to conduct embalmings, funeral services and final dispositions in a timely manner will be a significant issue.

- The ability to meet the expectations of the families of the deceased who die either from the event or normally and who demand that the funeral director fulfill his/her obligation to conduct a funeral and final disposition in accordance with their wishes.
- The development of “resource sharing” plans between and among neighboring funeral homes to be able to serve the families in those areas.

Additionally, there are a number of broader issues for state and local authorities, such as public health officials, emergency response teams, medical examiners, etc., to consider and address in their emergency response plans, including:

- What is the plan for handling the *dignified* recovery, storage, identification and processing of remains, as well as the timely issuance of death certificates and the orderly conduct of the funeral and final disposition, especially during surge situations?
- How will funeral homes, cemeteries, crematories and morgues and their suppliers be included as a priority for logistical and workforce support and protection, including vaccinations and personal protective equipment, during emergency situations that may involve quarantines, restrictions on transportation, travel and public gatherings, as well as the actual conduct of the funeral and final disposition.
- Temporary suspension of certain federal, state and local laws, rules and regulations governing the conduct or practice of funeral directing, cemetery or crematory operations which may otherwise hinder the proper conduct of fatality services in an emergency situation. These would include, but not be limited to, the FTC Funeral Rule, and various workplace, wage and hour, and environmental policies.
- Emergency licensing reciprocity for medical examiners, coroners, funeral directors and other licensed fatality-service personnel to allow them to support the needs of fatality services in other jurisdictions.

**It is critical that all parties involved – government and the private sector – recognize the needs of families grieving the death of a loved one and the importance of the funeral ceremony and final disposition to them when establishing policies and procedures for handling mass fatalities.**

## **HOW FUNERAL HOMES CAN PREPARE**

Funeral directors will play a very important role in the event of a mass fatality like a pandemic flu, particularly as large numbers of people will be grieving the deaths of their loved ones. Funeral directors will be counted on to provide the same high level of care and compassion for families during such a challenging time as they do today.

Here are recommendations from the World Health Organization for how you can prepare your funeral home and staff.

### **Removal of Influenza-infected Bodies**

The World Health Organization (WHO) recommends the following Personal Protective Equipment (PPE) for individuals handling bodies of H5N1 patients:

- Disposable, long-sleeved, cuffed gown (waterproof if potentially infectious body fluid is visible on the outside of the body)
- Single-layer gloves
- Surgical mask (a particulate respirator if handling the body immediately after death)
- Balaclava-type cap and face shield if splashing of body fluids is anticipated.

For complete recommendations, visit the WHO Website:

[www.who.int/csr/disease/avian\\_influenza/guidelines/infectioncontrol/en/index.html](http://www.who.int/csr/disease/avian_influenza/guidelines/infectioncontrol/en/index.html)

Proper hand washing is recommended after removing PPE.

Transfer of the body to a mortuary should occur as soon as possible after death. The body, tissues, secretions and excretions should be fully sealed in an impermeable body bag, and the bag should be kept clean and free of leaks.

## **Embalming Influenza-infected Remains**

The World Health Organization also recommends the following for mortuary personnel:

- Have at least two autopsy personnel wear full mortuary personnel personal protective equipment.
- Scrub suits
  - Disposable, waterproof, long-sleeved gowns
  - Particulate respirators (National Institute for Occupational Safety and Health-certified N95, EU FFP2 or equivalent) if small-particle aerosols may be generated; otherwise surgical masks
  - Face shield
  - Autopsy gloves or double layers of latex gloves
  - Balaclava-type caps
  - Boots, canvas or similar slip-on shoes, or overshoes
- Avoid having extraneous personnel in the area.
- Avoid splashing when excising the lungs.

## **OTHER WAYS YOU CAN BE PREPARED**

### **Work Force:**

- Expect to double or even triple the number of calls your funeral home will receive over a 10- to 12 - month period. Most likely they will come in three surges, each lasting about six to eight weeks: one at the beginning of the outbreak, another about four weeks after the end of the first surge and a third about four weeks after the end of the second surge.
- Plan for additional staffing during a pandemic situation (tasks easily delegated to retired funeral directors in the area, mortuary school students and, finally, to volunteers from church or civic groups).

### **Dispositions:**

- Crematoriums and cemeteries must look at surge capacity within their facilities.
- Cremations, which have fewer resource requirements than burials, may be a more expedient and efficient way of managing large numbers of remains.
- If the body is not to be cremated, plans to expedite the embalming process should be in place.
- Remains may need to be stored temporarily before embalming, after embalming or for the duration of the pandemic wave (four to six weeks), so funeral directors should work with local medical examiners/coroners and public health officials to address such a situation, which may include refrigeration, temporary interment or storage in vaults.

### **Death Certificates:**

- In a pandemic, there could be as many unattended deaths as attended deaths. The former will require that the remains be processed by the medical examiner or coroner. In a surge situation with a reduced workforce and doctors otherwise occupied, it is expected that death certificates will be batch processed on a daily or weekly basis. The latter will be processed normally.
- Plan in advance for this situation and the potential delay in receiving remains or obtaining a death certificate.

### **Infection:**

- Take special precautions to protect yourself and your employees from infection (see “How Funeral Homes Can Prepare” on page 6 of this brochure and go to [www.pandemicflu.gov](http://www.pandemicflu.gov) and download the CDC Pandemic Flu Business Checklist.)
- Making arrangements for visitations, memorial services and gravesite services may be a concern because of possibility of contagion.
- Consult with your local or state public health officials to determine if such gatherings would be permissible. If not, you should plan now how to conduct all of these activities in a restricted environment.
- All staff shots and vaccinations should be up to date.

### **Supplies:**

- Stock at least six months of supplies to handle the first wave of a pandemic.
- Families with multiple deaths are unlikely to be able to afford multiple higher-end products or arrangements.
- Your funeral home could quickly run out of lower-cost items, so be prepared to offer alternatives or plan to have these items in stock.
- Contact suppliers and develop a plan for timely delivery in the event of a pandemic.

### **Transportation:**

- Transporting bodies from place of death or morgue to the funeral home and then to the place of burial may become an issue. Transporting remains from the place of death to their hometown may also be difficult, especially if air service is restricted.
- Work with your state and local emergency response and public health officials to plan for these eventualities, especially in a surge environment.

### **Religious and Ethnic Groups:**

- Reach out now to religious and ethnic leaders in your community and involve them in planning for funeral management, bereavement counseling and communication. This is especially important in communities where large numbers of people do not speak English and where traditional funeral and burial rituals and ceremony may have to be curtailed.

### **Preneed Contracts:**

- A funeral home may not be able to fulfill the terms and conditions of a preneed contract due to the unavailability of specific merchandise or other conditions.
- Consult with the state attorney general or local city/county attorney to provide some sort of legal immunity against a lawsuit that might be filed for noncompliance due to the pandemic.

## WHY PLANNING AND WORKING TOGETHER IS SO IMPORTANT

“Without identifiable bodies to ground our responses and absent funeral rituals that can provide an orderly manner to dispose of them individually, close family members and all Americans were left with literally nothing to focus their hearts and minds on.... In ordinary circumstances, the dead body cries out for ritual, and whether it is ultimately cremated and dispersed to the wind, embalmed and put on display or cared for by community members and placed in the ground, Americans rely on its temporary presence to properly and meaningfully say good-bye.”

*Rest In Peace, A Cultural History of Death and the Funeral Home in Twentieth-Century America.* Author: Dr. Gary Laderman, speaking of our cultural reaction to the terrorist attacks of Sept. 11th.

## OTHER RESOURCES

[www.pandemicflu.gov](http://www.pandemicflu.gov)

World Health Organization: [www.who.int](http://www.who.int)

Center for Disease Control: [www.cdc.gov](http://www.cdc.gov)

Occupational Safety and Health Administration:  
[www.osha.gov](http://www.osha.gov)

[www.nfda.org/tools/pandemicflu](http://www.nfda.org/tools/pandemicflu)

## NFDA Mission

*The National Funeral Directors Association is the worldwide resource and advocate across all facets of funeral service dedicated to high ethical standards and helping members provide meaningful service to families.*

NFDA is the world's leading funeral service association, serving 19,000 individual members who represent more than 10,200 funeral homes in the United States and internationally. From its headquarters in Brookfield, Wis., and its Advocacy office in Washington, D.C., NFDA informs, educates and advocates to help members enhance the quality of service they provide to families. For more information, visit [www.nfda.org](http://www.nfda.org). Licensed funeral directors, embalmers, mortuary science students and retired funeral service professionals are all eligible for NFDA membership. NFDA members stand for credibility, ethics, excellence and trust.

For a free copy of this brochure, call NFDA at 800-228-6332 or visit [www.nfda.org/tools/pandemicflu](http://www.nfda.org/tools/pandemicflu) to download a PDF.



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