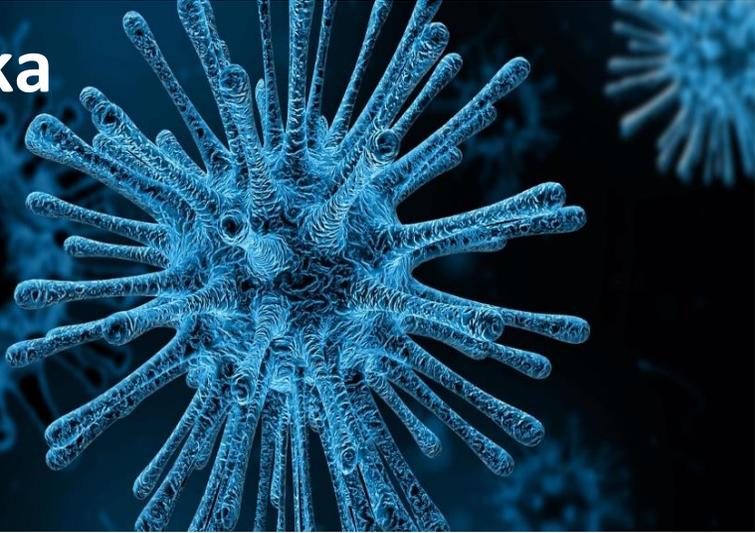


# Simcoe Muskoka Natural Death Surge Plan For Pandemics



April, 2020



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## Acknowledgment

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The Health System Emergency Planning Committee within Simcoe Muskoka developed an inter-agency pandemic plan to assist in coordinating local services and resources for pandemic response.

As part of health system emergency planning, natural death surge planning was identified as a key priority that required further exploration and coordinated planning. Recognizing this need and the ever growing needs of our communities within the County of Simcoe and District Municipality of Muskoka, a Natural Death Surge Planning Committee was established to develop a strategy to assist health sector and community response agencies with planning and response to incidents resulting in a surge in the natural death of its populations.

The success of this plan is attributed to the hard work and dedication of many individuals in the County of Simcoe and the District Municipality of Muskoka who were involved in planning, coordination, and contribution to the plan's content.

Special thanks to the following:

### **Overall planning & coordination of the Natural Death Surge Plan**

Simcoe Muskoka District Health Unit (SMDHU), Emergency Management  
The County of Simcoe, Emergency Planning  
The County of Simcoe, Paramedic Services  
The County of Simcoe, Social Services  
The District Municipality of Muskoka, Emergency Planning  
The District Municipality of Muskoka, Paramedic Services  
The District Municipality of Muskoka, Social and Community Services  
Royal Victoria Regional Health Centre  
Orillia Soldiers Memorial Hospital  
Office of the Chief Coroner  
Local Funeral Home Directors

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## Introduction

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Emergency situations may be sudden or can develop over a short period of time, often with varying intensity and complexity. In most instances, emergencies are managed by municipalities or communities either as a matter of routine by their first responders, or by implementing their emergency response plans, with or without declaring an emergency as per the *Emergency Management and Civil Protection Act*.

In the case of a natural death surge, this type of emergency will significantly stretch the resources of any one agency therefore a coordinated and effective response is required. According to the Provincial Coordination Plan for an Influenza Pandemic it is anticipated that a pandemic would be a “Natural Death Surge” event rather than a “Multiple Fatality” event.

**Natural Death Surge:** “An increased number of deaths from natural causes that can occur over a period of time (weeks to months) rather than one incident or event.” (Ministry of Health and Long Term Care, 2008).

**A Multiple Fatality Event:** “Incident or events (single or multiple) as a result of, but not limited to, natural and human caused events such as fire, flood, earthquake, structural collapse, transportation disasters, or CBRNE incidents where several persons die, and where the number of deaths exceeds the capabilities of the local resources (personnel, equipment, facilities) to respond with appropriate investigation, recovery of remains, examination of the bodies, identification of the decedents, reporting of findings, and ultimate disposition of the human remains (repatriation, burial, cremation).” (Emergency Management BC, 2011).

A catastrophic health event can either be derived from a natural or human-caused incident. These events often overwhelm the capabilities of immediate local or regional emergency response resources including the health system. Moreover, these events increase mortality and morbidity, meaning an increase in the number of ill, injured or dead. (Dauphinee, 2009).

There are multiple agencies and stakeholders who are involved in the planning and response to a natural death surge. Entities include, but are not limited to, municipalities, coroners public health, social services, hospitals, paramedics, police and funeral homes. In Ontario, another key stakeholder is the Bereavement Authority of Ontario (BAO), established as a Delegated Administrative Authority (DAA) in 2016, under the Safety and Consumer Statutes Administration Act, 1996. The BAO administers provisions of the Funeral, Burial and Cremation Services Act, 2002 (FBCSA) and sets standards for funerals, burials, cremations and related services within the province of Ontario (Bereavement Authority of Ontario, 2020).

In the early stages of a pandemic, the role of the Office of the Chief Coroner (OCC) may be quite significant, and their role could expand or diminish depending on the situation. The Coroners Act provides the legal framework and context in which coroners in the province conduct investigations into deaths.

## Scope

Local preparedness planning is essential for the health system, community stakeholders and response agencies to ensure that systems and procedures are in place to effectively and respectfully manage a surge in natural deaths including the proper screening, recognition, reporting of, and disposition of human remains.

The intent of the Simcoe Muskoka Health Sector Natural Death Surge Plan is to provide information to assist in the event of an infectious or contagious disease population outbreak (i.e., influenza or other type of pandemic) resulting in the rapid increase of mortality rates in local population. An event this size would have significant impact on health system and community resources, response capacities and infrastructure.

Natural death surge planning involves examination of each step in the management and processing of human remains to determine what issues might arise during an infectious or contagious disease.

This plan contains tools and strategies to assist the health sector and community response agencies with response and the building of local surge capacity to incidents of Natural Death Surges within Simcoe Muskoka.

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## Assumptions

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An infectious or contagious disease population outbreak (i.e., influenza pandemic) may result in a “Natural Death Surge” and therefore would not likely lead to a coroner’s investigation of any resulting deaths (Ministry of Health and Long Term Care, 2008). Therefore communities should not assume that Coroners will respond to such events, and should only request the Coroners presence under exceptional circumstances, with the caveat that the Coroners availability is not guaranteed (Ministry of Health and Long Term Care, 2008).

An increase in mortality is expected during a pandemic, but accurate predictions of mortality cannot be made before the pandemic virus emerges. The World Health Organization (WHO) advises that death rates are largely determined by four (4) factors:

- number of persons who become infected;
- virulence of the virus;
- underlying characteristics and vulnerability of affected populations; and
- effectiveness of preventive/public health measures.

In order to have a plan that is realistic and practical the following planning assumptions are to be considered:

1. The variability in the extent and severity of illness. Variability depends on the causative agent as well as its virulence, therefore:
  - The population may have had limited or no prior exposure to the virus.
  - Children and otherwise healthy adults may be at greater risk.
  - For agents that have already been in circulation elderly people may have some residual immunity from exposure to a similar virus earlier in their lives if the pandemic is caused by a recycled viral strain.
  - Depending on the severity of illness, the attack rates will vary.
  - Some persons may only experience mild illness or demonstrate no symptoms, but still be able to transmit the virus to others. This will make case identification and contact tracing more difficult.
  - Individuals who recover from illness with the pandemic strain will likely have some immunity to infection from that strain. *SMDHU Pandemic Influenza Plan (2010)*.

See [Appendix 1: COVID 19: Projected Deaths by Various Interventions](#) for statistical analysis that will guide natural death surge plan for Simcoe Muskoka

2. For Novel infectious agents, direction related to management of the Infectious disease and public health measures will be provided at the time by the Ministry of Health (referred to as “Ministry”) as the situation unfolds and epidemiological data becomes available. The local Medical Officer of Health would also provide direction for local situations based on consultation with the Ministry and local assessment and needs. The implementation of restrictive public health measures such as physical distancing and societal closure will help to reduce the number of cases and deaths within our community.

3. The availability of vaccines and antiviral drugs, and other therapeutics could significantly reduce the expected number of deaths.
4. Simcoe and Muskoka are growing communities with several diverse cultures that living within the regions. There is a need to recognize and accommodate the needs of various religious, social and/or cultural practices of those involved in an incident involving a natural death surge. All efforts should be made to facilitate these needs, where significant or restrictive public health measures are required these accommodations may be limited.

## **Ethical Decision Framework and Core Values**

During a pandemic, it is expected that the communities and health system partners may have to make difficult decisions. The process by which these decisions are made is strengthened when working within an ethical framework. Ethical considerations include honesty and transparency with clear reasons provided for decisions related to the allocation or prioritization of scarce resources (e.g., access to vaccine and antiviral medications). There should be stakeholder involvement in the decision-making process, with clear, accurate communication. [Appendix 2: Ethical Decision Making](#) provides an example of how to use an ethical framework for decision-making.

In addition to the ethical decision framework, each health entity will operate under its own ethical values that will guide their organizational commitment and activities. [Appendix 3: Core Ethical values](#) provides an example that can be adapted by any responding agency or organization.

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## Legislations and Authority

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Emergency Management in Ontario is governed by the *Emergency Management and Civil Protection Act*, RSO, 1990, Chapter E.9. (EMCPA). Administration of the Act is assigned to the Solicitor General of Ontario under whom the Commissioner of Emergency Management Ontario (EMO) is responsible to coordinate, monitor, and assist in the formulation and implementation of emergency plans. The *Emergency Management and Civil Protection Act* provides the framework for emergency planning and preparedness in Ontario. It establishes the mandate for local municipalities to develop emergency plans, and organize the deployment of all services or resources that may be required to manage the emergency. Under the EMCPA, all municipalities are required to have emergency plans in place to help manage emergencies within their area of jurisdiction.

It is anticipated that the following statutes will play a role and provide legal authority to respond to a natural surge in death during a pandemic of influenza at the provincial and the local level:

- Health Promotion and Protection Act R.S.O. 1990 c. H. 7 (HPPA)
- Emergency Management Act R.S. O. 1990, c. E.9
- Personal Health Information Protection Act, 2004 S.O. 2004, c. 3 Sched. A (PHIPA)
- Coroners Act R.S.O. 1990 c. C.37
- Safety and Consumer Statutes Administration Act, 1996, S.O. 1996, c.19
- Funeral Directors and Establishment Act RRO 1990
- Funeral Burial and Cremation Service Act, 2002
- Occupational Health and Safety Act R.S.O. 1990 c.O.1
- Cemeteries Act (Revised), R.S.O. 1990, c. C.4
- Vital Statistics Act, R.S.O. 1990, c. V.4
- Ambulance Act R.S.O. 1990, c. A.19

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## Activation and Implementation

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### Activation

The decision to activate the Natural Death Surge Plan in association with the regional Pandemic Influenza Plan will be made by the County and/or District emergency control group in consultation with the Medical Officer of Health, as Incident Commander.

The Incident Management System (IMS) will be utilized to respond to this incident as outlined in the regional plan. It is anticipated that municipal and regional emergency plans will be activated as local conditions escalate and the need for response measures increases.

IMS permits response organizations to work together effectively to manage multi-jurisdictional incidents while improving communication and coordination of resources. It further facilitates collaboration, cooperation and coordination between agencies.

### Triggers to Activate the Plan

In order to activate the Natural Death Surge Plan either in part or whole there are several factors that can be considered. However the decision to activate the plan will be determined by the Medical Officer of Health in consultation with local health stakeholders such as the regional coroner, first responders, emergency managers, hospitals and long term care facilities, funeral homes, cemeteries, crematoria, and/or death registry offices, and epidemiological evidences.

Some factors that may be used to trigger the activation of the plan are:

- Surveillance data- hospital and long term care
- Hospital Surge Plans- noting surge in the deceased holding capacity
- Emergency Medical Service /Paramedics - anecdotal information
- Natural Death Emergency Declaration (Provincial or local) resulting in escalating mortality rates
- Existence of a death surge emergency
- Morgue capacity exceedances within hospitals or funeral home facilities
- Death pronouncement, registration or certification support needed

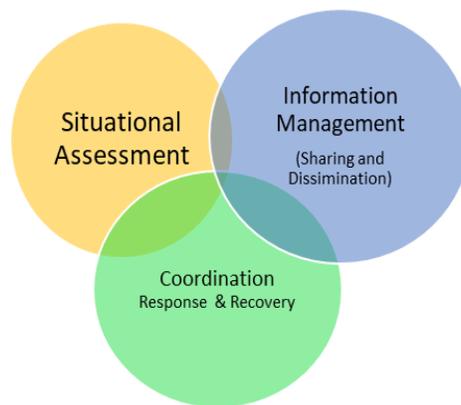
### Emergency Operation Centres

In the event of a large scale incident, impacting on all or several municipalities, or in the event of a provincial declaration, the upper-tier Emergency Operation Center (EOC)'s will be set up and function according to their Emergency Management Plan. Emergency Control Group (ECG) members will meet in person or virtually at the Emergency Operation Centers. To effectively coordinate a health response to a pandemic, the Medical Officer of Health will provide public health direction using various modes of communication either in person or virtual.

The ECG membership may be modified upon activation of a natural death surge plan to include critical community response partners such as:

- Liaison staff from provincial ministries (Regional Coroner)
- Municipal leaders
- Local coroner
- Officials, experts or representatives from the health system
- Hospital or Long Term Care Services Representatives
- Funeral Home Directors
- First Responders
- First Nations
- Public or private sector as deemed

EOC's discuss the status of the emergency, share -relevant information and coordinate an effective response.



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## Communications

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Local communication systems will be activated to facilitate communication among partners for incident response. These partners may include health-sector, government organizations and community partners. Communication systems may include video conferencing, email and telephone communications. Communication channels and systems that will be utilized within this plan will mirror the pre-established crisis communication systems in the Regional Pandemic Plan. There are several areas to consider:

- Interagency Communication – plan activation and response expectations
- Public Communications- messaging re: safe handling of bodies
- Public Health Measures- Isolation, public precautions and restrictions (if required)

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## Corpse Management

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The management of a natural death surge requires examination of each step in the management of a corpse. This includes understanding of the normal circumstances, limiting factors in a pandemic and the strategies that would likely be employed in such circumstances.

Areas to be considered include:

- Identification and Reporting of Institutional and Community Based Death
- Pronouncement and Certification of Death
- Death Registration
- Transporting Corpses
- Temporary Morgues
- Autopsies
- Cremations and Burials

It is important that emergency planners, municipalities, hospitals, first responders, funeral homes, cemeteries, crematoria and public health be actively engaged in the planning for such events.

When a death has occurred there are several considerations that should be determined: confirmation (pronouncing) of death; determining whether the coroner should be called or not; ascertain whether the death was likely due to the pandemic; determining where the body of a deceased person in the community can be taken (funeral home, central body storage facility or morgue) in anticipation of completion of a Medical Certificate of Death by a legally qualified individual, and finally for ultimate disposition (funeral, burial, cremation). [Appendix 4: Guideline for Management of Mass Fatalities](#) and [Appendix 4B Routine Process for Body Management](#).

Moreover, deaths that are suspected or attributed to a pandemic must be reported to Public Health in a timely manner to allow for reporting and decisions around testing. [Appendix 5: COVID- 19 Coroner's Case Management and Testing](#) and [Appendix 5B Guidelines for Medicolegal Autopsies in Ontario during the COVID-19 Outbreak](#)

### Identification and Reporting of Death

The identification and Reporting of death will differ when a death occurs in an institution and when it occurs in the community (e.g., at home). There are preexisting processes in place for managing deaths, and in a pandemic situation these process may be modified or enhanced to support management of natural deaths. Although it is anticipated that the majority of natural deaths will occur within institutional settings, a smaller percentage of deaths may also occur within a home setting. The general public will also need to know the reporting and management process if a death occurs in the community.

### ***Institutional***

Death in health care institutions would follow the normal process for identifying and reporting deaths. This routine process may be revised during pandemics. The Ministry and the OCC will provide guidance to these institutions regarding amended and processes. In efforts to expedite body management processes to reduce the need for enhanced morgue capacity, the Ministry and the OCC have provided Expedited Death Response guidelines for Hospitals and Long term care to support pandemic response. [Appendix 6: Expedited Death Response for Institutional Settings](#)

### ***Community***

A key concept of planning for a significant increase in the number of natural deaths in the community setting (i.e., outside of health care institutions) is the recognition by caregivers or acquaintances that death has occurred. In Simcoe Muskoka, during the early stages of a pandemic, and depending on the agent, attack and mortality rates, it will be determined whether to establish a contact center with dedicated phone lines where residents who suspect a pandemic related death could call to reduce the burden of calls to 911. Calls would be answered by trained call takers when screening calls from caregivers who may be reporting a suspected pandemic death.

In circumstances where 911 is contacted and paramedics are on scene, they would follow the guidance provided by the **Deceased Patient Standard**. The standard provided direction to all paramedics that are called to respond to situation where a death, either expected or unexpected has occurred. The process is outline in [Appendix 7: Deceased Patient Standard and Flowchart](#).

Requirements	Factors to Consider	Planning Strategies	Local Strategies
<ul style="list-style-type: none"><li>Family/caregiver believes person has died</li></ul>	<ul style="list-style-type: none"><li>May not recognize that death has occurred</li></ul>	<ul style="list-style-type: none"><li>Provide education regarding signs, symptoms of death through pamphlets, TV infomercials, website</li></ul>	
<ul style="list-style-type: none"><li>Call pandemic designated number or emergency number</li></ul>	<ul style="list-style-type: none"><li>Unaware of public education issues</li></ul>	<ul style="list-style-type: none"><li>Provide education on proper steps to take, designated number to call (avoid 911)</li></ul>	<ul style="list-style-type: none"><li>To be determined in the early phases of the pandemic</li></ul>
	<ul style="list-style-type: none"><li>Burden to emergency response system (i.e. 911)</li></ul>	<ul style="list-style-type: none"><li>Set up designated phone number with trained personnel or utilize existing 911 operator system</li></ul>	

## Pronouncement and Certification of Death

### *Pronouncement of Death*

Pronouncement of death is undertaken in practice and by custom to formalize the occurrence of death, and is done to reassure relatives and the public that a patient is, indeed, deceased before being treated as such. The actual pronouncement can be reassuring to the family and can contribute to the dignity of the end of a person's life (Vancouver Coastal Health, 2007).

The pronouncement of death is not a reserved medical act or a delegated medical function. In Ontario there are no statutory requirements defining who is qualified to pronounce. The skills to pronounce death are not exclusive to physicians. Other regulated health professionals and first responders (e.g., paramedic), nurses, police officers have the requisite skills to perform this task, if required.

For deaths associated with pandemic influenza, a questionnaire has been developed by the Ontario Office of the Chief Coroner to assist with determining whether the death requires a coroner's investigation ([Appendix 8: Influenza Pandemic Screening Questionnaire](#)). If the questionnaire forms are completed and suitable arrangements are then made for the body to be removed from the site to a designated location (funeral home or temporary morgue). Reporting of these deaths must also be made to the Medical Officer of Health.

Strategies should be developed to address those issues and ensure the continuity of the death management process. These could include:

- Developing additional documentation to complement the initial screening questionnaire - [Appendix 8: Influenza Pandemic Screening Questionnaire](#)
- It may also include assigning and training appropriately qualified individuals, such as paramedics or community nurses, as pandemic death screeners.
- Ensure that no potential criminal matters are overlooked in the process, discussions should involve the local police service, who may want to assign experienced death investigators.

Locally for the management of community related deaths during a pandemic situation, a trained team consisting of paramedics and police could be deployed to assist in the pronouncements of deaths. The creation of a "Pandemic Response Team" (PRT) has evolved from the need to conserve the utilization of other valuable first responder resources when a surge of deaths has occurred in the community. Communities may benefit by identifying and training in advance a PRT that will be dispatched to a suspected pandemic death to confirm that death has occurred (Pronounce Death); to determine whether the coroner should be called or not; to ascertain whether the death was likely due to an influenza pandemic; and to initiate the process of having the body removed from the scene for ultimate disposition. [Appendix 8b: County of Simcoe and District of Muskoka Pandemic Response Team](#).

### ***Pandemic Specific Direction***

Where persons have died in their home and the agent causing the pandemic is suspected, normal processes would follow, including the necessary PPE requirements. Notification to the Public Health Unit about the a potential COVID-19 death is critical. Case specific management would be dependent on the individual circumstances. For example, if the person was receiving care from health care professionals, as per normal practice they should provide the necessary support and documentation, i.e., the Medical Certificate of Death. If the circumstances prompt contact of the Office of the Chief Coroner this will continue unchanged, although given potential for an increase in the number of deaths occurring outside a health care facility, the OCC will need enhanced capacity to assist in returning first responders to service by reducing the on scene time.

One area of enhanced capacity is the Coroner's triage/screening team. When an apparent natural death is reported to their office, a health care professional coroner investigator will speak with the first responders (police/paramedics/fire), the family and family physician to determine if a coroner will be required to attend or if the deceased person can be transferred into the care of the funeral service provider. The Coroner's team would provide a medical certificate of death directly to the funeral service.

### ***Certificate of Death***

In Ontario, death can only be certified by a physician or by a Registered Nurse, Extended Class. Once the medical certificate is completed, it is submitted to the funeral home who takes it along with the Statement of Death for the Death Registration.

#### **Physician**

At the time of death any legally qualified medical practitioner who has been in attendance during the last illness of a deceased person or who has sufficient knowledge of the last illness shall:

- immediately after the death complete and sign a medical certificate of death stating the cause of death according to the classification of diseases

#### **Registered Nurse – Extended Class**

A registered nurse who holds an extended certificate of registration under the *Nursing Act, 1991* and has:

- a. had primary responsibility for the care of the deceased during the last illness of the deceased;
- b. knowledge that the death was expected during the last illness of the deceased;
- c. verified there was a documented medical diagnosis of a terminal disease for the deceased made by a legally qualified medical practitioner during the last illness of the deceased, and there was a predictable pattern of decline for the deceased during the last illness of the deceased;
- d. verified that there were no unexpected events or unexpected complications during the last illness of the deceased shall, immediately after the death of a person complete and sign a medical certificate of death stating the cause of death according to the classification of diseases (Vital Statistics Act, R.R.O. 1990, Regulation 1094).

If there are no other qualified individuals available to sign the certificate of Death, the Regional Supervising Coroner and/or local investigating coroners may be contacted and will attempt to facilitate or expedite any requisite paperwork, such as completion of Medical Certificates of Death and cremation applications, so as to allow for death registration and disposition of the remains as quickly as possible.

The process may require the faxing of documentation to the office of the Regional Supervising Coroner, and temporary acceptance of such documentation by Division Registrars and other government officials (Ministry of Health and Long Term Care, 2008)

### **Chief Coroner**

On April 6, 2020, the Deputy Registrar General provided notification of the ability for electronic transmission of death registration documents via fax or secure electronic method. An amendment was made to Regulation 1094 of the Vital Statistics Act adding section 49.1 to permit coroners, funeral directors and division registrars (municipal clerks) to copy the medical certificate of death in order to enable electronic transmission of medical certificates of death by coroners to funeral directors and the Office of the Registrar General. [Appendix 9: Electronic Transfer of Medical Certificates of Death and Warrants to Bury a Body of a Deceased Person](#)

### **Pandemic Specific**

For all deaths attributed to a pandemic (e.g. **COVID-19**) they should be recorded on the medical certificate of cause of death for ALL decedents where the disease caused, or is assumed to have caused, or contributed to death. [Appendix 10: Guidance for Certifying COVID-19 Deaths](#)

### **Applying for the Death Certificate/Permit of Burial or Cremation**

In order to apply for a death certificate(s), the Medical Certification of Death form must be submitted to the Ontario Office of the Registrar General. The funeral director will complete all this documentation. Once the death has been registered, a permit of burial/cremation is issued along with the requested number of original death certificates.

Because mortality rates will increase during a pandemic, it is imperative that processes are put in place to expedite areas such as death registrations. These include:

- Municipalities reviewing their death registration procedures to ensure that they will be able to address increased requests in a timely fashion.
- Potentially increasing hours of operation for registrations, and
- Appointing additional Deputy Division Registrars and Sub-Registrars, as permitted in the *Vital Statistics Act, s.38.8*.

## **Registration of Death**

The registration of a death in the Province of Ontario begins upon the completion of the Medical Certificate of Death by the signing physician, registered nurse with extended class, or coroner attending the death. To register a death, a family member and the Funeral Director complete the Statement of Death with information about the deceased. The Statement of Death form asks personal information about the deceased, including their date of birth and birthplace, family history, occupation, age at death, place of death, and whether he or she was buried or cremated.

The Funeral Director submits both the Medical Certificate of Death and the Statement of Death to the local municipal clerk's office ([Appendix 11: Municipal Death Registry Process](#)). Under normal circumstances, the Registrar General Office for the province will then process the registration 12 weeks from date of death. Following the registration, a burial permit must be obtained. The burial permit is required before funeral services, including cremation, can be performed. This permit is required, even if the burial or other arrangements will take place outside the province (Ministry of Government and Consumer Services, 2020).

[Appendix 12: Temporary measures for Death Registration and Burial Permits](#) outlines special circumstances to be undertaken in a pandemic.

## Transporting Corpses

The deceased must be transported to a funeral home, cemetery or other destination depending on the arrangements selected by the family. This type of service is normally provided by Funeral directors. During pandemic situations, it is necessary to consult the Medical Officer of Health to determine what additional steps or infection control measures, if any, are required prior to the transport of bodies from death scenes. Depending on the pandemic causative agent, deceased person's bodies may or may not be "contagious" after death, therefore infection control measures must be provided by the Medical Officer of Health and processed established by relevant stakeholders. Moreover, funeral homes should always use body fluid precautions when dealing with deaths.

Bodies must be treated with respect and dignity. Although there are no governed driver's license requirements to transport a body, funeral homes will employ trained staff to carry out these functions in accordance to measures outlined by the Funeral Service Association of Canada (FSA). In addition, some families may be devastated by pandemic related deaths and may require intervention by social and mental health services.

The following supports should be considered to assist communities:

- Social Services to assist with funeral arrangements and even basic issues of food and shelter.
- In situations where adult caregivers are deceased the local Children's Aid Society may need to become immediately involved.
- Victim services to assist with grieving individuals and families.
- Agencies such as Animal Control may need to be alerted to circumstances that require their involvement where care givers are deceased and no one is available to care for animals.

## Temporary Morgues

In many communities, morgue capacity is often limited whether it be in a hospital, Coroner's office, removal services or funeral home, therefore during pandemics where there is natural death surge, alternate solutions to create temporary morgues must be explored and arrangements put in place. Furthermore, following a funeral there may be backlogs with cemeteries and crematoria that necessitate further short-term storage of bodies. It is imperative that considerations be given to the placement of temporary body storage facilities (i.e., close to hospital morgue or funeral home). The Hospital and funeral home morgue capacities are outlined in [Appendix 13: Hospital Morgue Capacity](#) and [Appendix 14: Funeral Home, Cemeteries and Crematoria](#).

This consideration requires the involvement of Municipalities and revisions to Municipal By-laws.

Strategies that could be further employed include but are not limited to:

1. Refrigerated Trucks.
2. Increasing capacities at storage facilities or vaults often used for holding remains when the ground is frozen.
3. Funeral sector pooling of resources, i.e., refrigerated units on site, etc.

## Autopsy Examination

During a pandemic, it is unlikely that autopsies will be required to confirm a pandemic death. However medical staff may take samples for confirmation and Public Health surveillance in the early stages of a pandemic. Permission would be required from the next of kin if the death was not subject to a coroner's investigation.

[Appendix 5B: Guidelines for Medicolegal Autopsies in Ontario during the COVID-19 Outbreak](#)

## Cremations and Burials

Normal funerary practices may be significantly altered by a surge in natural deaths. Supplies used by funeral services may be limited. Visitations may, of necessity, be shortened dramatically or curtailed by the Medical Officer of Health to prevent spread of disease.

There may also be further limitations on public gatherings and on the number of persons that can attend a funeral service. These public health measures in addition to observing the funeral rites of the deceased and cultural practices will need to be taken into consideration.

### ***Cremations***

Where cremation is the choice selected by the deceased family, most cremation facilities can complete one cremations every 4 hours. During a pandemic, some crematoria may need to run 24 hours a day. Addressing the following areas is necessary to meet demands for this option:

- Exploring the capacity of different crematoria and the speed of process.
- Identifying alternate vehicles that could be used for mass transport.
- Exploring the availability of coroner to review and issue certificates.
- Examining the general capacity and surge capacity of crematoria.
- Identifying if there are Public Health requirements or By-law amendments required.
- Discussing and planning appropriate storage options if the crematoria become backlogged.
- Explore expediting cremation certificate completion processes through Regional Supervising Coroner's Office.

See [Appendix 14: Funeral Home, Cemeteries and Crematoria](#) for the locations and Capacities of Cemeteries and crematoria within Simcoe County and District of Muskoka.

### ***Pandemic Specific***

Special directions related to cremations and burials can be accessed in [Appendix 15 Crematorium Pandemic Specific Direction](#) and [Appendix 16 Cemeteries Pandemic Specific Direction](#).

### ***Burials***

A burial permit is required to inter either a body or cremated remains. The following is required for all burials:

- If the death occurs in Ontario, but the burial is to take place outside Ontario, the body cannot be removed until an Ontario burial permit has been obtained.
- If the death occurs outside Ontario, but the burial or other disposition is to take place in Ontario, then a burial, transit or removal permit is required from the jurisdiction where the death occurred.

Burial services will increase during a pandemic but the delivery of the services may require significant alternations.

The Bereavement Authority of Ontario has provided guidelines for arranging and prearranging funerals in Ontario. The guideline includes routine and additional precautions. [Appendix 17: BOA Guidelines for Funeral Arrangements](#).

As with any pandemics there may be additional limitations on funerals, see [Appendix 18: Ministry of Health: COVID-19 Guidance: Funeral and Bereavement Services s for Funerals](#).

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## References

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## Appendices

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Appendices	Description
<a href="#">Appendix 1</a>	Pandemic Specific Projected Deaths by Various Interventions
<a href="#">Appendix 2</a>	Ethical Framework for Decision Making
<a href="#">Appendix 3</a>	Core Ethical Values
<a href="#">Appendix 4</a>	Guidelines for Management of Mass Fatality
<a href="#">Appendix 4b</a>	Routine Body Process of Management Flow Chart
<a href="#">Appendix 5</a>	Pandemic Specific Coroner's Case Management and Testing
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<a href="#">Appendix 17</a>	BOA Guidelines for Funeral Arrangements
<a href="#">Appendix 18</a>	Ministry of Health: Pandemic Specific Guidance: Funeral and Bereavement Services

**Appendices are intentionally removed from public version**

