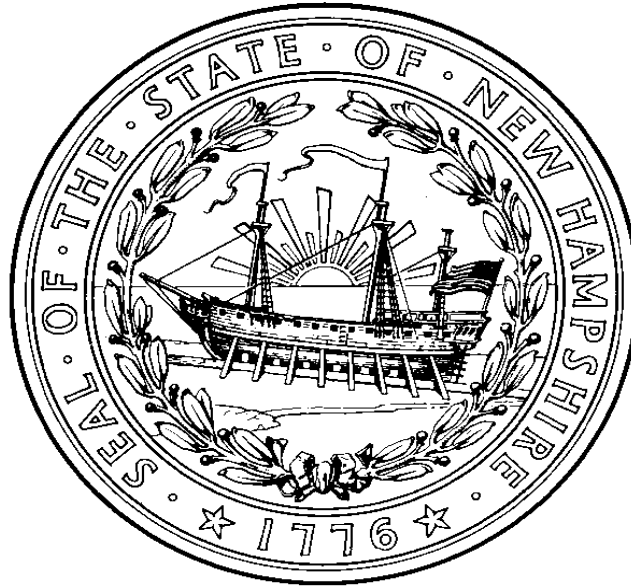


**North Country Regional Public Health Emergency Annex  
Appendix 7 ~ Fatality Management**



**Naturally Occurring Disease Event  
Fatality Management  
For  
North Country Public Health Region  
Coös County and Northern Grafton County**

May 2011  
Based on State of New Hampshire Plan of July 14, 2008

**North Country Regional Public Health Emergency Annex  
Appendix 7 ~ Fatality Management**

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# North Country Regional Public Health Emergency Annex Appendix 7 ~ Fatality Management

## Public Health Regional Fatality Management North Country Public Health Region (NC PHR): Coös and Northern Grafton Counties

### A. Purpose

The purpose of this plan is to outline the preparedness plans and response capabilities for the North Country Public Health Region (NCPHR) to prepare for and respond to a mass fatality event.

### B. Scope

The scope of this plan includes mass fatality events that are from naturally occurring disease events and are not events for which the Office of the Chief Medical Examiner would assume jurisdiction. This plan **covers the geographical area of Northern Grafton and Coös Counties, NCPHR.**

### Description of Coös County:

Coös County borders Quebec, Canada to the north, Maine to the east, and Vermont on the west. The total population of this region is approximately 31,487(2009 US Census Data). This Northern most area of the state of NH has two critical access hospital and one rural health hospital. Coös County is mostly rural with one city, Berlin, and towns, townships and unincorporated areas. The county is divided north to south by the Appalachian Mountains, with Mount Washington located on the southern end.

### Description of Northern Grafton County

Northern Grafton County is home of the county seat, which include the sheriff's department, the county nursing home, court house, and department of corrections. The towns in the region have signed mutual aid agreements for fire, police, and EMS coverage in the event of an emergency; some of these agreements extend across the border into Vermont. This is a rural area with significant seasonal population fluctuations due to tourism, with highs in the winter and fall, and a low in the spring. The area is covered by two critical access hospitals, each of which has a 25 bed capacity.

The table below contains population of the city/towns, location of Point of Dispensing (POD) and Emergency Operation Centers North Country Public Health Region.

<b>POD Group</b>	<b>POD Group 1</b>	<b>POD Group 2</b>	<b>POD Group 3</b>	<b>POD Group 4</b>	<b>POD Group 5</b>	<b>POD Group 6</b>
<b>Town</b>	<b>Colebrook</b>	<b>Berlin</b>	<b>Lancaster</b>	<b>Littleton Area</b>	<b>Franconia Area</b>	<b>Haverhill Area</b>

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<b>POD Location</b>	Colebrook Elementary	Berlin High School	Lancaster Elementary	Littleton High School	Lafayette Elementary	Haverhill Cooperative Middle School
<b>EOC Location</b>	45 <sup>th</sup> Parallel	Berlin Town Hall	Lancaster Ambulance	Littleton FD	Franconia FD	GSO
	Pittsburg (851)	Dummer (301)	Stratford (913)	Littleton (6404)	Bethlehem (2457)	Bath (981)
	Clarksville (290)	Errol (321)	Stark (491)	Lyman (559)	Easton (295)	Benton (334)
	Stewartstown (953)	Cambridge (0)	Northumberland (2,308)	Monroe (855)	Franconia (1030)	Haverhill (4812)
	Colebrook (2,216)	Berlin (10,089)	Jefferson (955)		Sugar Hill (659)	Landaff (402)
	Unincorporated townships	Milan (1,255)	Lancaster (3,139)			Lisbon (1731)
		Randolph (392)	Kilkenney (0)			
		Shelburne (360)	Whitefield (1,928)			
		Gorham (2,745)	Dalton (905)			
		Success (0)	Carroll (663)			
	Population: 5,042	Population: 15,463	Population: 11,302	Population: 7,818	Population: 4,441	Population 8,260
	Est. Surge: 1,000	Est. Surge: 3,000	Est. Surge: 3,000	Est. Surge: 3,000	Est. Surge: 1,678	Est. Surge: 3,000
	<b>Total: 6,042</b>	<b>Total: 18,463</b>	<b>Total: 14,302</b>	<b>Total: 10,818</b>	<b>Total: 6,119</b>	<b>Total: 11,260</b>

### C. Concept of Operations

The fundamental assumption in this plan is that local capability to handle the number of deceased is exceeded. When this occurs, much of the response will be coordinated with the State *Naturally Occurring Disease Event Mass Fatality Management Plan (see Annex F)*. The regional public health Multi Agency Coordinating Entity (MACE) will be the primary coordinating entity with the State.

### D. Capacity

The Public Health Regional Coordinator will bi-annually assess the capacity of the local hospital/s and funeral homes. Record of this capacity will be kept with this plan. A sample survey and letter can be found in the State of New Hampshire Plan in Appendix. In addition to an annual survey, updates should be made whenever PHR planners become aware of significant events within the region, such as a funeral home opening or closing.

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### E. Temporary Storage

When the region reaches 80% (451.69 bodies) capacity during this type of event, the MACE (Multi Agency Command Entity) will notify the Department of Health and Human Services (DHHS) Incident Command Center (ICC) that the region is nearing capacity and request at least 2 refrigerated trailers.

The refrigerated trailer with a capacity of up to 12 (twelve) bodies will be placed at a site with capacity for proper security. The Multi Agency Coordinating Entity (MACE)/Unified Command (UC) will determine the site based on number of casualties in each of the six (6) POD Group Areas (Colebrook, Berlin, Lancaster, Bethlehem, Littleton, and Haverhill). The trailer will serve as a temporary morgue and one will be located at the White Mountains Community College, 2020 Riverside Drive, Berlin, and the other will be located at the Daughters of Charity premises on Grove Street, Littleton. Determination will be made at the time of the event as to who or what agency will have responsibility for the trailer and for tracking of bodies and security from the entities mentioned below.

Personnel from Police Departments in the PHR, Northern Grafton County Sheriff Dept., Coös County Sheriff Dept, and/or NH State Police Troop F or other security detail which the MACE/ UC designate -will be responsible for the security of the trailer.

### F. Temporary Interment

If refrigerator trailer capacity is also exceeded, more refrigerated trailers may be requested from the State. If refrigerated trailer capacity is **exceeded and resources are exhausted**, the Governor may determine that temporary interment should be implemented. The State will coordinate this effort and supply land, resources, and personnel. Bodies may need to be moved out of the region to temporary interment sites. The MACE/UC or Incident Command of PHR will coordinate these efforts with the State ICC.

### G. Security and Tracking of Bodies

MACE/Unified Command will assign the security function to an appropriate local agency and ensure that security officers are assigned to the site of the temporary morgue and any interment sites located within the region. A single entry access will be maintained to discourage unauthorized access. Access will be limited to State and Federal personnel, PHR authorities, and funeral home staff. Family members will be directed where to call by the MACE/UC Public Information Officer to arrange for the identification, removal, and burial/cremation of those who have been temporarily held or interred.

Death certificates and related documents will be tracked centrally through Vital Records on-line database through Town Offices. In case of problems with that system, such as a power failure, paper records will reside with both the Town Offices and at the temporary morgue or temporary interment site. Bodies that are received at a temporary morgue or temporary interment site within the region will be tracked at that location using a form like the one attached (See *Appendix C: NH Body Tag*).

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Death certificates, related documents and bodies will be tracked using the web-based death registration system of the State Division of Vital Records Administration (<http://www.sos.nh.gov/vitalrecords/>). In the event that timely web-based registration of death certificates becomes a problem for authorized healthcare practitioners and funeral home directors, town clerks have access to the registration system and may be able to help by entering information from paper death certificates. The City and Town Clerks in PHR will need just in time training and a password assigned to them to be able to enter signed death certificate information into the Vital Records Administration system. In the event that the system is unavailable, a tracking log should be used by the City and Town Clerks or entity designated by the MACE. An example of a tracking log is given below:

Tracking Log				
Name, DOB	Cold Storage Facility	Storage Location Identification	Interment Facility	Date
	-	-	-	

When bodies are temporarily interred, Vital Records will record the locations of bodies interred in the death registration system. If the web-based registration system is unavailable, a tracking log will be kept. A record example is given below:

Interment Tracking Log		
Name, DOB	Interment Row GPS Coordinates	Date of Interment
Smith, Joe DOB 5/23/61	Universal Transverse Mercator (UTM)	01/01/07

The web-based death registration system will be used when filling out the death certificate for a body that is going to be placed in cold storage or temporary interment; the following fields can be used to track the location of the body through Vital Records:

- Field 18. Method of Disposition: Check *Other* and write in the type of storage (cold storage or temporary interment)
- Field 19b. Place of Disposition: Free Text the location of the body
- Field 19c. Location: Free Text City/Town Name

These fields can be updated if the deceased is moved to a different location.

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### H. Cultural and Religious Sensitivity

During a mass fatality event every effort should be made to determine if the deceased came from a cultural or religious community for which certain customs and traditions should be observed in handling the body and making final arrangements. If no relative is available to advise in the final disposition of the body, assistance from local funeral home directors and religious leaders should be solicited to help determine if any customs should be considered regarding the deceased, and if so determined, to assist in observing those customs and rituals.

### I. Behavioral Health

The DHHS (Department of Health and Human Services) PIO (Public Information Officer) in collaboration with HSEM and the Disaster Behavioral Health Response Coordinator will write and disseminate public information messages regarding stress management coping strategies and the occurrence of death at home versus death in a medical facility.

Support for Counseling and Behavioral Health needs may be requested of the State Disaster Behavioral Health Team by contacting Homeland Security and Emergency Management at 800-852-3792.

North Country Public Health Network Contact for the Disaster Behavioral Health Team is: NHDBHRT of Northern NH: 603 444 5358, [mlindberg@northernhs.org](mailto:mlindberg@northernhs.org), [1 800 852 3729](tel:18008523729).

### J. Office of Chief Medical Examiner (OCME)

The main goals of OCME are the following:

- To make positive identification of the decedents
- To establish cause and manner of death
- To release the remains to the families in a timely manner

Any death in the State that is not due to entirely natural causes, including deaths that occur in hospitals, will fall under the jurisdiction of the OCME. OCME staff is charged with determining cause and manner of these deaths. Only OCME staff can certify non-natural deaths.

### K. Assumptions

The following assumptions have been made in drafting this plan:

- There may be limited or no mutual aid between New Hampshire communities, counties, and the Federal Disaster Mortuary Operational Response Team (DMORT).
- An adequate supply of vaccine or post-infection treatments may not be widely available at the onset of a public health emergency.
- Planners should assume that funeral homes and crematoria will be at, if not over, capacity.

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- The presence of a public health emergency may only become apparent days after its arrival.

This plan uses a population estimate of 56,462 residents in the Counties of Coös and Northern Grafton in the State of New Hampshire. The data is taken from DHHS, 2009 information.

### Pandemic Influenza Scenario

State pandemic influenza planners met at the New England Pandemic Influenza/Avian Influenza Regional Meeting and discussed healthcare surge capacity. At this meeting a consensus was reached between the New England States and New York to plan for healthcare surge capacity for pandemic influenza by applying the same assumptions to their respective state populations; a 30% attack rate, duration of 8 weeks, 4% hospitalization rate, and a 1% death rate were agreed upon. The data-population in Table 1 was obtained from the Centers for Disease Control and Prevention Flu Surge 2.0 software. The New England Region adopted the strategy to plan healthcare surge based upon the numbers generated by the Flu Surge 2.0 Software for the peak week of the pandemic wave

Region 1	PHR 1	
<b>Total Population</b>		56,462
<b>Illness</b>	0.3	16938.6
<b>Deaths:</b>		
Most Likely	0.01	564.62
Minimum	0.002	112.924
Maximum	0.02	1129.24
<b>Hospitalizations:</b>		
	0.04	2,258

- PHR planners will assess local funeral home and crematoria capacity in the region bi-annually using the assessment tool in Appendix 4 and submit data to the NH DHHS ESF-8 Coordinator
- PHR planners will encourage funeral homes and crematoria in the region to create COOP plans

#### L. Detail Capacity

The current, normal functioning capacity of private funeral homes and crematoria are described below. During a naturally occurring disease mass fatality event, crematoria may be expected to surge their body processing up to three times their current capacity. Short-term capacity of mortuary services depends on multiple factors, including but not limited to the availability of cemetery space and personnel, type of handling (cremation



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or embalming), and availability of staff at mortuary facilities. Public Health Regions should assess their local capacity bi-annually using the assessment tool in Appendix 4. These data will be collected and compiled by the NH Department of Health and Human Services Emergency Support Function Health and Medical (ESF-8) Coordinator in order to summarize the current capacity of private funeral homes and crematoria in NH.

The following data were compiled using the funeral home/crematoria survey/assessment tool in Appendix 4 in January 2009.

- Number of Funeral Homes in Coös County: 5 (five)
- Number of Crematoria in Coös County: 1 (one)
- Capacity for Berlin/Gorham for storage of bodies is 50-75, dependant on season. There is capacity at some of the area cemetery vaults so this will increase capacity in the region (complete number of vaults and capacity is pending).
- Capacity for Lancaster Area is 12
- Capacity for Colebrook Area is 3
- Number of Funeral Homes in Northern Grafton County: 4
- Number of Crematoria in Northern Grafton County: 0
- Capacity for Northern Grafton County for storage of bodies is dependant on the season. There is capacity for storage at some of the area cemetery vaults and this will increase capacity in the region (Number is pending)

Funeral homes and crematoria may have to hold and/or process up to three times more bodies than normal capacity. Limited embalming and storage supplies during the peak impact of the mass fatality event may also change the way bodies are managed. In addition, crematoria and funeral home absenteeism may be a complicating factor adding to the demand on local funeral homes and crematoria for processing.

#### **M. Roles and Responsibilities**

The OCME, the AHHR and DHHS will utilize the Incident Command Structure established by the Department of Health and Human Services and at the NH Department of Safety the Division of Homeland Security and Emergency Management (HSEM) to coordinate efforts.

Coordination of all health-related emergencies will be between the State Emergency Operations Center (EOC) and the DHHS Incident Command Center (ICC), the DHHS ICC and the Regional Multi-Agency Command Entities (MACE), and from the MACE to local authorities.

The role of the State EOC is to coordinate the distribution of resources as requested, by communities and state agencies. For an event that includes mass fatalities, the EOC will perform the following functions:

- Coordinate with the ICC on any public health implications regarding the deceased
- Request state and federal resources, as applicable

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The role of the DHHS ICC is to perform the following functions:

- Provide technical guidance for the prevention of the spread of illness
- Provide information to AHHRs regarding expected deaths, resource allocation, and surveillance
- Request resources for the MACE from the EOC
- Coordinate information between NH Division of Vital Records Administration and the MACE.

**The role of the PHR (Public Health Region) is to:**

- Designate the location in the Public Health Region for a refrigerated trailer according to the need within the region.
- Designate the entity responsible for the refrigerated trailer according to need within the region
- If needed, coordinate transportation of the deceased to funeral homes, crematoria, or refrigerated storage when deaths occur in the home or at the ACS
- Coordinate with Town Clerks to act as a local resource for retrieving information regarding the location of deceased from the state's web-based death registration system
- Maintain a list of the Town Clerks in the PHR

**The Role of the MACE (Multi Agency Coordinating Entity) is to:**

- Request information and resources from the ICC
- Maintain communication with each town in the Public Health Region (PHR)
- Coordinate local funeral home resources and assess the PHRs need for refrigerated storage
- Coordinate with hospitals when morgue resources are exceeded. Hospital morgue capacity for all of Coös County is 4 (four), 2 (two) at Androscoggin Valley Hospital and 2 (two) at Weeks Medical Center. There is no morgue capacity at Upper Connecticut Valley Hospital. (See below.)

**The Role of the Hospital is to:**

- Follow normal procedures for handling the deceased until morgue capacity is exceeded. Hospital Capacity is limited with morgue accommodating 2 bodies at Androscoggin Valley Hospital in Berlin, 2 bodies at Weeks Medical Center in Lancaster, and **NO** morgue facilities at Upper Connecticut Valley Hospital in Colebrook. Funeral Home capacity within Coös County is approximately 95 bodies. There is a larger capacity during winter months.
- Implement emergency plan for the handling of excess bodies, when applicable
- Coordinate with the local MACE when emergency morgue resources are exceeded.

**The Role of OCME (Office of Chief Medical Examiner)**

- To investigate all deaths as designated by statute (RSA 611B)
- To investigate deaths when the deceased is unidentified or are unidentifiable

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### The Role of Vital Records

- Coordinate the parties (funeral directors, medical examiner staff, certifying physicians, and ARNPs) who provide real-time data entry into the death certificate database
- Coordinate with local town clerks and others who may be recruited to assist with providing real-time data entry into the death certificate database
- Conduct queries of the death certificate database and provide reports to the EOC. Potential fields of interest include: date of death, gender, age, method of disposition, place of disposition, and location.

### N. Declaration of a State of Emergency

During an emergency, it is likely that the Governor will declare a state of emergency. This declaration is authorized by state statute (RSA I-4: 45), which gives authority to the Governor to alter typical policy for the purposes of managing the incident and mitigating any public health threat.

### O. Pronouncing, Certifying, and Registering Deaths

#### Pronouncing Deaths

Pronouncing death is to declare that death has occurred. Fields 14 – 31 on the New Hampshire Certificate of Death are to be completed by the person pronouncing the death. According to State of New Hampshire statute 290:1-b, deaths can be pronounced by Registered Nurses if it is an anticipated death that occurs in a hospital, a nursing home, a private home served by a home health care provider licensed under RSA 151, an assisted living residence as defined in RSA 161-J: 2, II, or a hospice. The registered nurse attending at the last sickness may pronounce the death and release the body to the funeral director, next-of-kin, or designated agent after verifying the fact of death and completing the death record by hand or other approved electronic process. When a contagious disease is known to be present at the time of death, that fact shall be indicated on the death record.

#### Certifying Deaths

Certifying deaths is to complete the official death certificate with the cause of death and a signature. Fields 32 – 49 on the New Hampshire Certificate of Death are to be completed by the person certifying the death. Physicians and Advanced Registered Nurse Practitioners (ARNPs) are responsible for completing the death certificates for their patients who die from entirely natural causes, using their best clinical judgment as to the cause of death. This remains true regardless of whether the patient is in a clinical setting or at home, when the death appears to be natural to the person who responds to the scene of the death. It is legal and acceptable for a physician or ARNP to pronounce a death without seeing the body when the death appears to be due to natural causes (RSA 5-C: 62).

RNs, ARNPs, and physicians need to complete their portion of the death certificate before the body is released to the funeral homes if they do not have access to the Internet

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or if their clinical duties hinder their ability to enter information via the web-based registration system.

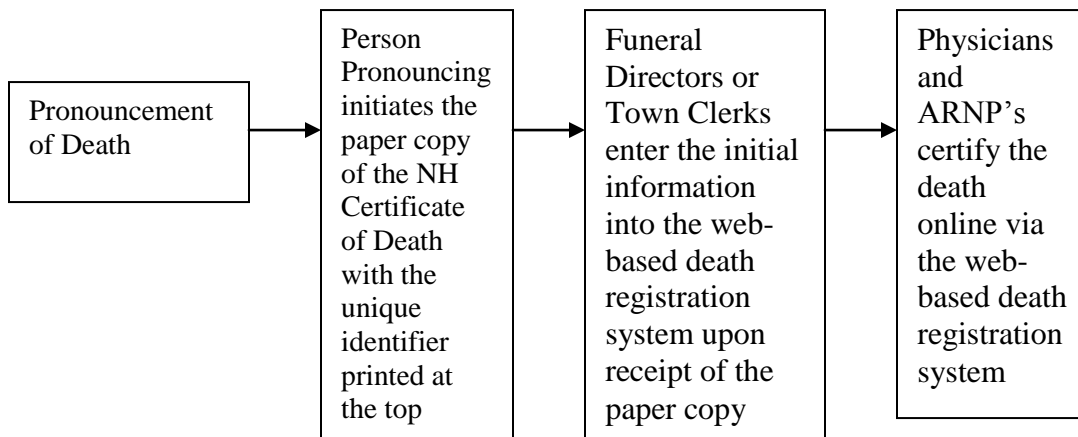
The MACE will facilitate the process of pronouncing and certifying deaths when the treating RN, MD, or ARNP are not available by enlisting other local clinicians or requesting assistance from the ICC. Under a State of Emergency or a Declaration of a Public Health Incident the Governor may authorize the Commissioner of DHHS to deputize others to certify deaths as appropriate.

### Registration

In the event that web-based registration of death certificates becomes a problem for practitioners and funeral home directors, town clerks have access to the registration system and may be able to help by entering information from paper death certificates. Vital Records can also facilitate just in time training for more assistance if needed. Timely entering of death certificates will provide a resource for body tracking and situational awareness for state leadership, clinicians, and incident command.

NH will participate in the *Advancing Strategies to Improve Influenza Surveillance* pilot project, for the project period 7/1/08 to 6/30/10. The main objective is for NH DHHS to collaborate with the NH Department of State's Division of Vital Records Administration (DVRA) to ensure that 100% of death data, including fact of death and basic demographic information, is transmitted to the National Center for Health Statistics (NCHS) within 5 days of death, and the cause of death within 10 days of death. DVRA will be responsible for capturing and reporting death data to NCHS. In addition, DHHS will monitor pneumonia & influenza (P&I) deaths at least weekly and provide reports of incidence, distribution and basic epidemiologic characteristics of P&I deaths. DHHS will also continue to monitor all influenza surveillance systems for increased morbidity and mortality compared to previous influenza seasons, and provide reports at least weekly.

The New Hampshire Death Registration Process



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### Home Deaths

When a death occurs at a home or in a non-clinical setting, it is expected that a funeral home will remove the body from the premises. Deaths must be pronounced before funeral homes can transport bodies out of the home.

The body must be appropriately labeled by the responding funeral home. Identification tags will be distributed to funeral homes to be used in a naturally occurring and biological mass fatality event. Duplicate tags should be completed for each decedent. One tag should be attached to the body and the second tag should be attached to the body bag.

The following information will be requested if known on each tag:

- Name
- Address
- DOB
- Date of death
- Sex
- Race
- Location of death
- Next of Kin (NOK) name/address/phone number
- Funeral Home
- Religious affiliation

When a body is found at home and cannot be identified, the local police or funeral home (if they have been called by the police or any other entity) will contact the MACE. The MACE will contact the ICC and the ICC will contact the OCME in order to investigate the death. An unidentified body is under the jurisdiction of the OCME and would be investigated by the medical examiner.

### Deaths in Healthcare Settings

When a death occurs in a hospital, nursing home, rehabilitation center, or other healthcare setting the standard practice for death management should be followed. The same tag system as outlined in the Home Deaths section above should also be followed. If problems with pronouncement, certification, storage or transportation of bodies occur, a representative of the institution will contact the MACE for assistance.

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#### **Personal Effects**

When a death occurs at home, the personal effects should be left in the home. Healthcare settings and funeral homes should follow their normal procedures. When a death occurs in an ACS and/or a body is temporarily stored or interred, the ACS should make arrangements to secure personal effects. The personal effects will be inventoried at the ACS upon admission. Witnessing staff/family/personnel will sign form listing personal effects. The deceased's personal effects will be inventoried again in the presence of the funeral home staff before body is removed, and appropriate forms will be signed by witnesses/family/staff. Local Funeral Homes have such forms.

#### ***P. Infection Control***

Special infection control measures may be required for the handling of persons who died as a result of a biological incident. Some incidents may require decontamination of human remains prior to handling. Standard precautions should be used when handling bodies unless otherwise directed by DHHS through the MACE.

#### ***Q. Information to Families***

Public Health Region planners will provide a hotline number or contact number for families to call, when necessary, in order to arrange to identify remains held in refrigerated storage. Public Health Region planners should coordinate with Town Clerks to act as a local resource for retrieving information regarding the location of deceased from the web-based death registration system. The web-based death registration system can be searched using many fields including name of deceased, date of death, and place of death.

#### ***R. Temporary Interment***

Temporary interment or burial of bodies is an extreme measure reserved for the circumstance when hospital and funeral home morgues are at capacity, and when other interim measures, such as refrigerated trucks, are unavailable or at capacity. Cremation or burial using established systems and cemeteries should always be the first option. In the event of the need for temporary interment, identifying information about the person will be buried with the body, and the Division of Vital Records Administration, NH Department of State, will keep a record of where each body is buried using Global Positioning System (GPS) coordinates. Several fields currently on the Certificate of Death may be used for this purpose (See Identification and Tracking of Bodies).

The decision to temporarily inter bodies would be made by the Governor in accordance with RSA 21-P: 37. Under a declared state of emergency the Commissioner of Health and Human Services has the authority to temporarily inter bodies in accordance with RSA 21-P: 54. Local and State authorities will coordinate efforts if assistance is needed from the State (land, personnel, etc.).

The State has identified several state-owned pieces of land that would be appropriate for temporary interment. Workers and equipment from the Department of Transportation will be used to prepare the site(s) for temporary interment. The ICC will request assistance

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from funeral home directors and religious leaders regarding proper handling and giving due respect to the deceased. Personal Protective Equipment (PPE) for workers at such sites would be at the recommendation of DHHS. Request for PPE will be made through the MACE to the ICC.

### **Security**

Once the situation has been determined that it is not a crime, security will need to be maintained to prevent desecration of remains, potential scavengers, and improper handling of remains. The PHR fatality plan should assign the responsibility for security to an appropriate local entity to be assigned to the site of the refrigerated trailers and any local interment site. A single entry access will be maintained to discourage unauthorized access. Entry will be limited to State and Federal personnel, PHR authorities, and funeral homes. Family members should call the PHR designated hotline to arrange to identify the remains of relatives being temporarily held or who have been temporarily interred and arrange to remove for burial or cremation.

### **Moving Bodies to other States**

When a death occurs in N.H. a death certificate must be issued. Transportation to another State will be coordinated through funeral homes and burial societies per routine procedures.

### **Moving Bodies to other Countries**

Returning a body to another country involves understanding the process specific to that country and the relevant country should be consulted. Since Canada borders New Hampshire, help with returning the body of a Canadian citizen to Canada may be found with the Canadian Operations Centre of Foreign Affairs and International Trade (<http://www.voyage.gc.ca/main/sos/emergencies-en.asp>). For deaths of foreigners to other countries notify the nearest consulate of the corresponding country.

## Document Review

Version and Nature of Change	Revision Date
Addition of Information for North Country Public Health Region	January 2009 <u>March 10, 2009</u> <u>May 22, 2009</u>
Version 4.0	May, 2011 by Amy Holmes

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**APPENDIX A: New Hampshire Body Tag**

Death Certificate #: \_\_\_\_\_  
(If/when known—must be a 6 (six) digit number)

Decedent's name:

\_\_\_\_\_

Decedent's address:

\_\_\_\_\_

DOB (if unknown, estimate approximate age) \_\_\_\_\_

Date of death (if unknown, estimate): \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Location of Death: \_\_\_\_\_

Next of Kin Name/address/phone number:

\_\_\_\_\_

\_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

FUNERAL HOME:

\_\_\_\_\_

Comments:

\_\_\_\_\_



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### APPENDIX B: Pandemic Influenza

#### Fatality Assumptions in an Influenza Pandemic

Below is the list of expected fatalities in an influenza pandemic, stratified by most likely and maximum scenarios for each of the 19 All Health Hazards Regions. Using population data with statewide hospital data, the estimated most-likely and maximum number of fatalities during an influenza pandemic were calculated using CDC's FluSurge2.0 software (see Table 1). It is important to note that these numbers serve only as estimates of potential impact, and they are not indications of how or when individuals will die. The disease incidence is estimated to be approximately 22.5% with an 12-week duration of pandemic, 4% rate of hospitalization, and mortality rates at 1% (for the most likely scenario) and 2% (for the maximal scenario). Attack, hospitalization and mortality rates used in the calculations were determined by consensus of regional medical surge planners at the New England Pandemic Influenza/Avian Influenza Regional Meeting in August 2006.

Table A1. Estimated Numbers of Deaths by AHHR for the Most-Likely Scenario and the Maximum Scenario

<b>AHHR Region</b>	<b>Death rate (likely)<sup>a</sup></b>	<b>Death rate (maximum)<sup>b</sup></b>
<b>Bristol-Franklin</b>	<b>78</b>	<b>156</b>
<b>Claremont- (Sullivan)</b>	<b>96</b>	<b>191</b>
<b>Concord</b>	<b>294</b>	<b>589</b>
<b>Conway</b>	<b>43</b>	<b>87</b>
<b>Dover</b>	<b>158</b>	<b>316</b>
<b>Exeter</b>	<b>229</b>	<b>459</b>
<b>Great North</b>	<b>76</b>	<b>151</b>
<b>Keene</b>	<b>147</b>	<b>294</b>
<b>Laconia-Meredith</b>	<b>122</b>	<b>245</b>
<b>Lebanon-Hanover</b>	<b>102</b>	<b>203</b>
<b>Lisbon (N. Grafton)</b>	<b>49</b>	<b>98</b>
<b>Manchester</b>	<b>414</b>	<b>828</b>
<b>Nashua</b>	<b>468</b>	<b>935</b>
<b>Peterborough</b>	<b>85</b>	<b>170</b>
<b>Plymouth</b>	<b>42</b>	<b>84</b>
<b>Portsmouth</b>	<b>82</b>	<b>163</b>
<b>Rochester</b>	<b>110</b>	<b>219</b>
<b>Southeastern</b>	<b>304</b>	<b>608</b>
<b>Southern Carroll</b>	<b>49</b>	<b>98</b>
<b>Totals</b>	<b>2947</b>	<b>5895</b>

<sup>a</sup> Most Likely Scenario calculated using a 1% death rate. Estimates are calculated using NH's age demographic data, number of non-ICU hospital beds, number of ICU beds, and number of ventilators.

<sup>b</sup> Maximum scenario calculated with a 2% death rate.

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### **Appendix 7 ~ Fatality Management**

Funeral homes and crematoria should take the following mitigation steps in preparation for an influenza pandemic:

- Keep all seasonal influenza vaccinations for staff up to date.
- Keep adequate supplies on hand to deal with an unexpected influx of bodies.
- Maintain communications with the Office of the State Medical Examiner to ensure information and emergency status is current.

# North Country Regional Public Health Emergency Annex

## Appendix 7 ~ Fatality Management

### APPENDIX C: Contamination Control Measures

***Handlers of the deceased should ALWAYS use standard precautions as a minimum level of protection, unless higher levels of protection are warranted.***

- Handlers may include volunteers and/or other individuals involved in search and recovery operations, transport of bodies, body identification and disposition. See the job action sheet in the appendix.

***Specific precautions for transporting & moving bodies, or other superficial handling:***

- Wear gloves
- Wear boots, if available
- Wash hands with soap & water after handling bodies
- Avoid wiping face or mouth with hands
- Wash & disinfect all equipment, clothing, and vehicles used
- Masks are optional
- If body has been decomposing for several days, allow time for air circulation & release of gases that have built up before handling
- Decontaminate surface of body bag before transporting
- Family members viewing bodies should be issued disposable gloves and gowns during the viewing

***When an airborne agent is involved***

*(These procedures may change according to CDC guidance)*

- Consider alterations or discontinuations of embalming practices
  - Direct burial without embalming
  - Cremation without embalming

**North Country Regional Public Health Emergency Annex**  
**Appendix 7 ~ Fatality Management**  
**APPENDIX D: Annual Funeral Home and Crematoria Local Assessment**

Date

Dear,

If you attended the 107<sup>th</sup> Annual NHFDA Meeting on January 20<sup>th</sup> 2007 in Meredith, you may recall hearing about the ongoing preparations being made for a localized response to a mass fatality event here in New Hampshire.

Currently, the NH Public Health Regions (PHRs) are trying to involve all of the funeral homes in this process by determining just how prepared we are when something happens. Nationally, the focus appears to be the Avian Flu, but I assure you, we are trying to be prepared for any mass fatality event that may happen here in New Hampshire.

One of the steps in this process is to come up with an approximate inventory of the equipment and other funeral resources that are routinely on hand, as well as gathering a geographical idea of where these resources are located throughout the State. This has become part of the planning process in New Hampshire, and this information will be collected bi-annually.

The easiest way to do this is with the enclosed survey. Recently, you may have filled out a similar survey and while it may seem repetitive, this survey is an extremely valuable tool for us to update the information specific to New Hampshire annually.

We ask you to please take a moment to complete this survey and fax it to me at XXX-XXXX .

Please understand that this information will be kept confidential and will only be used to better prepare us in New Hampshire for whatever may come in the future.

I thank you very much for your time.

Signature

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**Name of Funeral Home:** \_\_\_\_\_

**Towns / Area of Service** \_\_\_\_\_

1. What is the realistic storage capacity for remains at your funeral home?
2. Do you have access to additional, appropriate storage?     Yes     No  
(“Appropriate” meaning able to be secured and information as possible refrigeration – for example, tombs, out buildings, refrigerated trailers)
  - a) If you answered “yes,” what type? \_\_\_\_\_
  - b) What is the capacity? \_\_\_\_\_
3. Does your firm have a crematory?     Yes     No
  - a) If you answered "yes," what is the capacity? \_\_\_\_\_
  - b) If you answered "yes," how many cremations can be performed daily?
  - c) If you answered "no," is there a crematory available for your use in your area?     Yes     No
  - d) If you answered "yes," what is the capacity? \_\_\_\_\_  Do not know
4. Approximately how many “typical” embalmings could you perform with the quantity of embalming chemicals that you routinely have in stock? \_\_\_\_\_
5. How many body bags do you routinely have on hand that could be available for immediate use?    Standard: \_\_\_\_\_ Heavy Duty: \_\_\_\_\_
6. What Type(s) and Quantities of PPE do you typically have on hand for immediate use? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. How many vehicles do you have available for immediate use?
  - a) Hearses \_\_\_\_\_
  - b) Vans \_\_\_\_\_

# North Country Regional Public Health Emergency Annex

## Appendix 7 ~ Fatality Management

### APPENDIX E: Mass Fatality Management Plan Development Checklist

#### Preparedness Phase

##### Cultural and Religious Sensitivity:

X Plan to assist in observing cultural and religious customs and rituals. Funeral Directors have resources available to them for assistance in observing cultural and religious customs.

##### Current Capacity:

X Assess the local capacity using the survey in Appendix 4 Letters with survey mailed December 02, 2008 by Coos County Public Health Coordinator AHHR #1. **State of NH estimates fatality from a pandemic for the County to be 76 to 151.**

X Mail the funeral homes and crematoria the cover letter and the assessment tool in Appendix 4 and follow up with non-responders via telephone. Followed up by email in January 2009/EB.

Assess the local capacity bi-annually

X Submit data to DHHS ESF-8 Coordinator ([data received in Jan 2009 survey submitted to ESF-8 Coordinator](#))

##### Temporary Interment / Storage during a Mass Fatality Incident:

Designate the location in the AHHR for the refrigerated trailer

##### Security:

Assign an entity to provide physical security and controlled access to the areas of temporary storage of bodies. Security also ensures the security of all personnel, equipment, and storage.

##### Identification and Tracking of Bodies:

- Coordinate with Town Clerks in the PHR to plan for data entry into the death certificate database (see list of City/Town Clerks contact information) (Right now Town Clerks do not enter data into Vital Statistics Website, this is done by Funeral Home Directors.)
  - Attempt to have Town Clerks identify a back up person in the town office to be trained on entering death certificates into the death certificate database.

##### Encourage funeral homes and crematoria to take the following mitigation steps in preparation for influenza pandemic:

- Keep all Seasonal Influenza vaccinations for staff up-to-date
- Keep a surplus of supplies on hand to deal with an unexpected influx of bodies

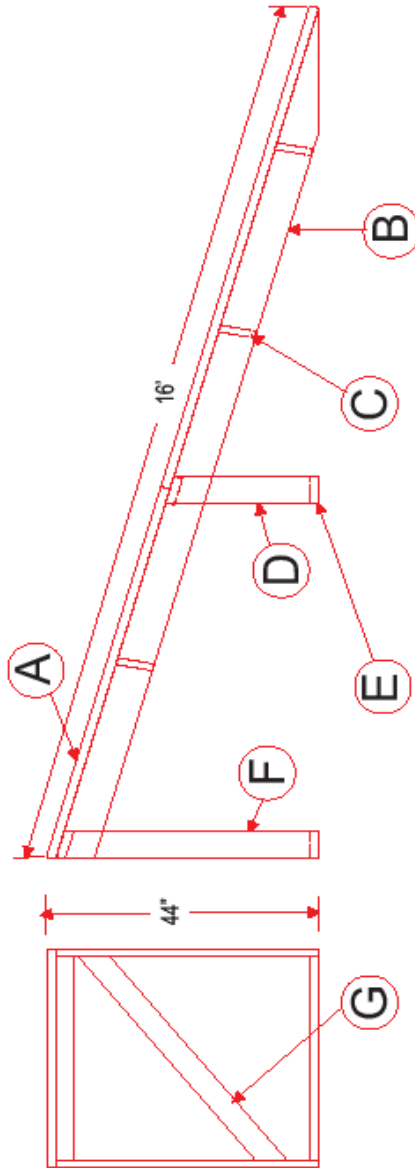
#### Response Phase

- Plan for fulfilling the roles and responsibilities of the MACE and Local Authorities in a Natural or Biological Mass Fatality Event as outlined in the State of New Hampshire Natural and Biological Event Mass Fatality Management Plan

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APPENDIX F: Refrigerated Trailer Shelving and Ramp

Refrigerated Trailer Ramp



North Country Regional Public Health Emergency Annex  
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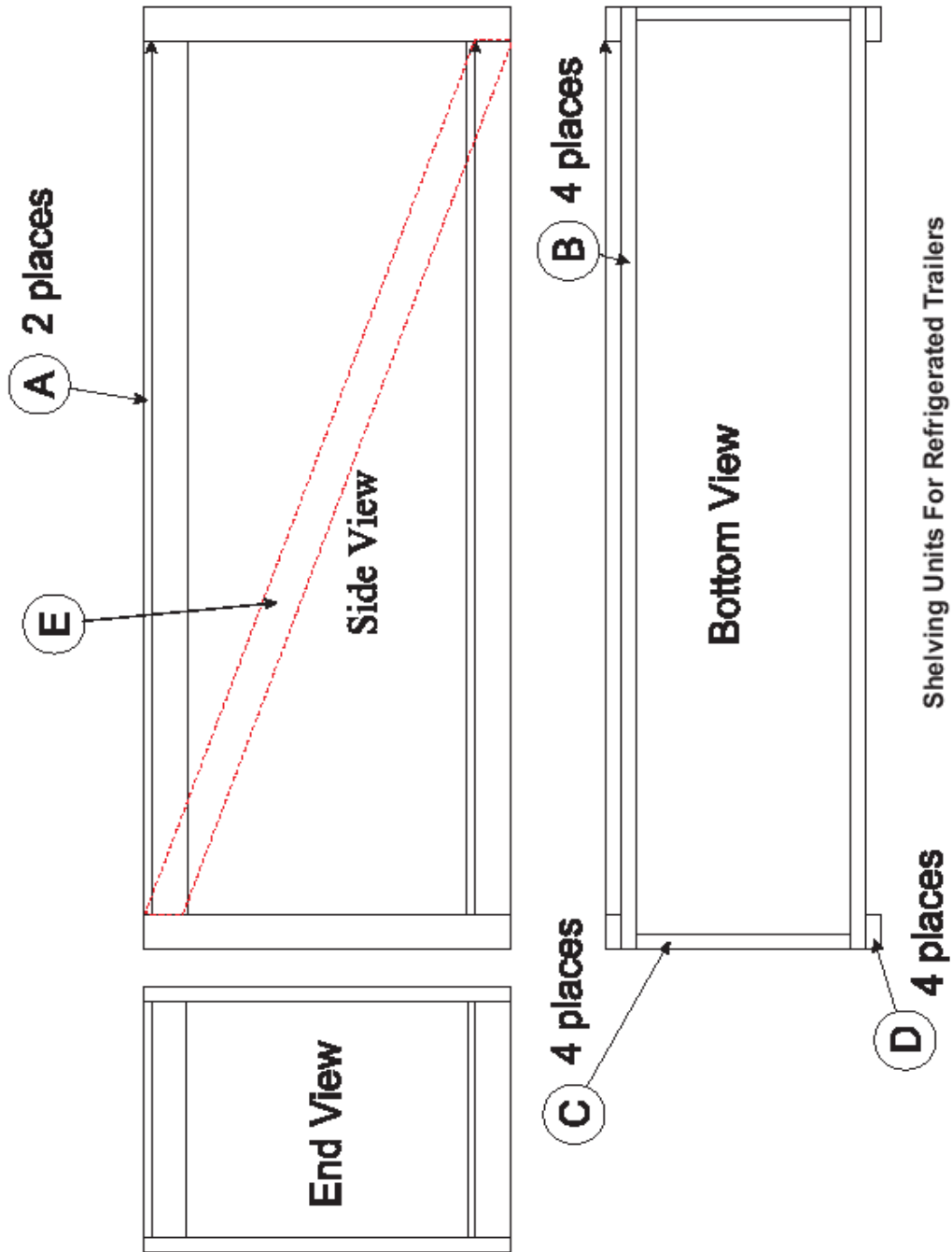
## Refrigerated Trailer Ramp

### Material List

Item	Qty.	Description
A	2	3/4 x 4 x 8 CDX Plywood
B	2	2 x 6 x 16'
C	3	2 x 4 x 46 1/2"
D	2	2 x 4 x 32 1/4"
E	4	2 x 4 x 45"
F	2	2 x 4 x 43 1/2 "
G	1	2 x 4 x 67 1/2



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## Shelving Units For Refrigerated Trailers

Each Unit consists of the following				Qty.
A	Shelf	24" x 96"	3/4" A/C Plywood	2
B	Frame side	2" x 4" x 96",	Framing Stock	4
C	Frame end	2" x 4" x 21"	Framing Stock	4
D	Leg	2" x 4" x 36"	Framing Stock	4
E	Brace	2" x 4" x 96"	Framing Stock	1

12 shelving units required per trailer

Materials Required per trailer:

(12) Sheets 3/4 x 48 x 96 A/C Plywood

(96) 2 x 4 x 96 Framing Stock

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**APPENDIX G: Definition of Deaths under the Jurisdiction of the OCME**

**TITLE LIX  
PROCEEDINGS IN CRIMINAL CASES  
CHAPTER 611-B  
OFFICE OF THE CHIEF MEDICAL EXAMINER  
Section 611-B:11**

**611-B:11 Oath; Duty to Investigate in Medico-Legal Case. –**

I. Each medical examiner shall, before entering upon the duties of the office, take an oath of office.

II. A medical examiner shall make investigations in medico-legal cases. A medico-legal case exists when death is pronounced or remains are found indicating that a human has died and that death is known or suspected to have resulted from:

(a) Any death known or suspected to have occurred during or as a result of any criminal act regardless of the time interval between incident and death and regardless of whether criminal violence appears to have been the immediate cause of death or a contributory factor thereto.

(b) Any death by suicide regardless of the time interval between the incident and death.

(c) Any death due to accidental or unintentional injury regardless of the time interval between the incident and death and regardless of whether such injury appears to have been the immediate cause of death or a contributory factor thereto.

(d) Deaths associated with fire or explosion.

(e) Deaths associated with firearms or other mortal weapons.

(f) Any death which occurs in or associated with any public or private conveyance, including but not limited to any motor vehicle, recreational vehicle, bicycle, aircraft, watercraft, motorcycle, bus, train, or the like.

(g) Abortion or the complications thereof if the abortion was known or suspected to have been performed by an unlicensed practitioner.

(h) Poison, illicit drug use, or an overdose of any drug or medication.

(i) Disease, injury, or exposure to a toxic agent resulting from or occurring during the course of employment.

(j) Disease or agent which constitutes a public health hazard or environmental hazard.

(k) Sudden unexpected death when in apparent good health of a person under the age of 60 years.

(l) Death of a person whose medical care has not been regularly followed by a physician.

(m) Death occurring in legal custody, including any death that occurs in any prison or penal institution.

(n) Death associated with diagnostic or therapeutic procedures, including intra-operative and peri-operative deaths.

(o) Death in which a body is to be cremated in the state of New Hampshire or buried at sea regardless of the jurisdiction in which the death occurred.

(p) Death occurring less than 24 hours after admission to a health care facility or hospital, except when the decedent was known to have been terminally ill from natural

## **North Country Regional Public Health Emergency Annex Appendix 7 ~ Fatality Management**

disease and the death is imminent and expected.

(q) Death of a child under the age of 18 years unless the child is known to be terminally ill from natural disease or congenital anomaly and the death is expected.

(r) The death of any child from any cause when such death occurs at a day care facility, or when the child is in foster care, or when the child is in the custody of or being investigated by the department of health and human services.

(s) Fetal deaths that result from intrauterine trauma when the fetus has attained 20 weeks gestation or 350 grams weight.

(t) Death known to have been improperly certified, including but not limited to any remains brought into the state of New Hampshire without proper certification.

(u) Death of any unidentified person regardless of cause and manner.

(v) Discovery of buried remains which are known or thought to be human and which are uncovered other than by an exhumation order.

(w) The discovery of decomposed remains, including partially or completely skeletonized remains.

(x) Suspicious or unusual circumstances surrounding a presumed natural death.

**Source.** 2007, 324:1, eff. Sept. 14, 2007.

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**Appendix H: Religious and Cultural Resources for North Country  
Public Health Region**

<b>Denomination</b>	<b>Name</b>	<b>Address</b>	<b>City/Town</b>	<b>State</b>	<b>Zip Code</b>	<b>Phone</b>
<b>Assembly of God</b>	Riverside Assembly of God	Rte 16 Berlin/Gorham Rd	Gorham	NH	03581	466 2851
	Assembly of God Church	637 Main St	Lancaster	NH	03584	788 2581
<b>Baptist</b>	Calvary Baptist Church	14 Canal St	Lancaster	NH	03584	788-2604
	Community Baptist Church	Jefferson Rd	Whitefield	NH	03598	837 2469
	First Baptist Church	79 High St.	Berlin	NH	03570	752-6215
	Heritage Baptist Church	207 Jericho	Berlin	NH	03570	752-5423
	Mountain View Baptist Church	Prospect St	Lancaster	NH	03584	788-4867
	Stratford Baptist Church	Main St	Stratford	NH	03590	
<b>Catholic Churches</b>	Holy Family Church	5 Church St.	Gorham	NH	03581	466-2335
	Sacred Heart	Main St	Stratford	NH	03590	636-1047
	St Anne Church	345 Pleasant St	Berlin	NH	03570	752-6692
	All Saints Church	163 Main St	Lancaster	NH	03584	788-2083
	St Agnes Church	Rt 2, Main St	Jefferson	NH	03583	788-2083
	North American Martyrs Parish		Colebrook W. Stewartstown	NH	03576	237-4342
	St Albert Church		Colebrook			
	St Brenden Church		Errol			
	St Pius X Mission Church		Dixville Notch			
	St Francis Xavier	State St	Groveton	NH	03582	636-1047
	St Matthew Parish	9 Jefferson Rd	Whitefield	NH	03598	837-2558
	St Matthew Church		Whitefield			
	Our Lady of the Mountains Shrine		Bretton Woods Twin Mountain			
St Patrick Mission Church		Mountain				

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	Oblate Fathers Shrine	S. Main St	Colebrook	NH	03576	237-5511
<b>Church of Christ</b>	Northern Valley Church of Christ	490 Main St	Lancaster	NH	03584	788-0437
<b>United Church of Christ</b>	United Church of Christ	921 Main St	Berlin	NH	03570	752-3811
	Congregational Church	143 Main St	Gorham	NH	03581	466-2136
	Monadnock Congregational Church	Main St	Colebrook	NH	03576	237-4980
<b>Church of Jesus Christ of Latter Day Saints (Mormon)</b>		Rt 2, Gorham Hill	Randolph		03593	466-3417
<b>Episcopal</b>	St Barnabas	High St	Berlin	NH	03570	752 3504
	St Mark's	Summer St	Groveton	NH	03582	636-2103
	St Paul's	113 Main	Lancaster	NH	03584	788-4654
<b>Evangelical</b>	Grace Brethren Church	Rt. 105 West	Island Pond	VT		
<b>Foursquare</b>	Harvest Christian Fellowship	219 Willow St	Berlin	NH	03570	752 5374
<b>Independent</b>	Heritage Baptist Church	207 Jericho Rd	Berlin	NH	03570	752 4523
<b>Jehovah's Witnesses</b>	Kingdom Hall	Rt 2 Gorham Hill	Gorham	NH	03581	
	Kingdom Hall	709 Main St	Lancaster	NH	03584	788 2438
	Kingdom Hall	Carleton Hill Rd	Colebrook	NH	03576	237 4434
<b>Lutheran</b>	St Paul Lutheran Church ELCA	101 Norway St	Berlin	NH	03570	752- 1410
<b>Methodist</b>	Methodist Church	Bridge St	Colebrook	NH	03576	237-4031
	West Milan United Methodist Church	Main St	West Milan	NH	03588	449-2026
	Groveton United Methodist		Groveton	NH	03582	444-6388 636-1043
<b>Non &amp; Interdenominational</b>	Jefferson Community Chapel	903 Presidential Hwy	Jefferson	NH	03583	586-4428
	Lamb's Chapel Christian Ctr.	214 School St	Berlin	NH	03570	752-5773

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<b>Presbyterian</b>	Faith Presbyterian Church	104 Main St	Lancaster	NH	03584	788-3160
<b>Salvation Army</b>	Salvation Army	15 Cole St	Berlin	NH	03570	752 1644
<b>Russian Orthodox</b>	Holy Resurrection Church	20 Petrograd St	Berlin	NH	03570	752-2254
<b>Seventh Day Adventist</b>	Seventh Day Adventist Church	575 First Ave	Berlin	NH	03570	752 7297
<b>Synagogue/ Temple</b>	Congregation Machzikeihadath	31 Lewis Hill Rd	Bethlehem	NH	03574	869-3336
	Bethlehem Hebrew Congregation	39 Strawberry Hill Rd	Bethlehem	NH	03574	869-5465
<b>River of Life Worship Center</b>	River of Life Worship Center	8 Gould St	Colebrook	NH	03576	237-8370
<b>The Salvation Army</b>	The Salvation Army	15 Cole St.	Berlin	NH	03570	752-1644
<b>Dummer Community Church</b>	Dummer Community Church	Hill & E. Side River Rd.	Dummer	NH	03588	449-6628

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Appendix 7 ~ Fatality Management**

**Appendix I: Funeral Home Resources  
PHR North Country Region Highlighted in Yellow**

	Street Address	City/Town	Zip Code	
AFFORDABLE FUNERAL AND CREMATION SERVICES	172 King Street	Boscawen	03303	
ANCTIL-ROCHETTE AND SON FUNERAL HOME	21 Kinsley Street	Nashua	03060	
ARMSTRONG-CHARRON FUNERAL HOME	100 State Street	Groveton	03582	<a href="tel:6036362744">603 636 2744</a>
BAILEY FUNERAL HOME	210 Main Street	Lancaster	03584	<a href="tel:6037883381">603 788 3381</a>
BAKER-GAGNE FUNERAL HOME	85 Mill Street	Wolfeboro	03894	
BENNETT FUNERAL HOME	209 N Main Street	Concord	03301	
BERNIER FUNERAL HOME	49 South Street	Somersworth	03878	
BREWITT FUNERAL SERVICE AND CREMATORY (EPPING)	8 Pleasant Street	Epping	03042	
BREWITT FUNERAL SERVICE AND CREMATORY (EXETER)	14 Pine Street	Exeter	03833	
BREWITT FUNERAL SERVICE AND CREMATORY (RAYMOND)	2 Epping Street	Raymond	03077	
BROOKSIDE CHAPEL AND FUNERAL HOME	116 Main Street	Plaistow	03865	
BRYANT FUNERAL HOMES INC (BERLIN)	180 Hillside Avenue	Berlin	03570	<a href="tel:6037521344">603 752 1344</a>
BRYANT FUNERAL HOMES INC (GORHAM)	1 Promenade Street	Gorham	03581	603 752 1344
BYKOWSKI AND YOUNG FUNERAL HOME	285 Manchester Street	Manchester	03103	
CAIN AND JANOSZ FUNERAL HOME	74 Brook Street	Manchester	03104	
CATE AND JOHNSON FUNERAL HOME INC	573 Pine St	Manchester	03104	
CE PEASLEE AND SON FUNERAL HOMES	2079 Wakefield Road	Sanbornville	03872	
CHADWICK FUNERAL SERVICE	235 Main Street	New London	03257	



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CONNOR-HEALY FUNERAL HOME AND CREMATION	537 Union St	Manchester	03104	
COURNOYER FUNERAL HOME AND CREMATION	113 North Street	Jaffrey	03452	
DANIEL B STOCKBRIDGE FUNERAL HOME	141 Epping Road	Exeter	03833	
DAVIS FUNERAL HOME	1 Lock Street	Nashua	03064	
DEWHIRST FUNERAL HOME	1061 Union Avenue	Laconia	03246	
DOUGLAS AND JOHNSON FUNERAL HOME	214 Main Street	Salem	03079	
DUMONT-SULLIVAN FUNERAL HOMES	50 Ferry Street	Hudson	03051	
DUPUIS FUNERAL HOME	9 Hill Ave	Ashland	03217	
DURNING FUNERAL HOME	754 Chestnut Street	Manchester	03104	
EDMUND FOURNIER FUNERAL SERVICE	144 Main Street	N. Woodstock	03626	
EMMONS FUNERAL HOME INC	115 S Main Street	Bristol	03222	
FARRELL FUNERAL HOME	684 State Street	Portsmouth	03801	
FARWELL FUNERAL SERVICE INC	18 Lock Street	Nashua	03064	
FLETCHER FUNERAL HOME AND CREMATION SERVICES	33 Marlboro Street	Keene	03431	
FLEURY-PATRY FUNERAL HOME	72 High Street	Berlin	03570	<a href="tel:6037521212">603 752 1212</a>
FLEURY-PATRY FUNERAL HOME	33 Exchange St	Gorham	03581	603 466 2221
FOLEY FUNERAL HOME AND CREMATION CENTER	PO Box 692	Keene	03431	
FOURNIER FUNERAL HOME	PO Box 224	Greenville	03048	
FRENCH AND RISING FUNERAL HOME	17 S Mast Street	Goffstown	03045	
FURBER AND WHITE FUNERAL HOME	2925 White Mountain Hwy	North Conway	03860	
GEORGE R RIVET FUNERAL HOME INC	425 Daniel Webster Highway	Merrimack	03054	
GOODWIN FUNERAL HOME AND CREMATION SERVICES	607 Chestnut Street	Manchester	03104	
GOUNDREY FUNERAL HOME	42 Main Street	Salem	03079	
H J GRONDIN AND SON FUNERAL SERVICE	177 N Main Street	Rochester	03867	
H L YOUNG AND CO MEMORIAL HOME	175 S Main Street	Franklin	03235	
HOLT-WOODBURY FUNERAL HOMES (HENNIKER)	3 Hall Avenue	Henniker	03242	
HOLT-WOODBURY FUNERAL HOMES	15 Pine Street	Peterborough	03458	

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(PETERBOROUGH)				
J N BOUFFORD AND SONS FUNERAL HOMES	110 Bridge St	Manchester	03101	
J VERNE WOOD FUNERAL HOME	84 Broad St	Portsmouth	03801	
JELLISON FUNERAL HOMES	77 W Main Street	Hillsboro	03244	
JENKINS AND NEWMAN FUNERAL HOME	156 Main Street	Colebrook	03576	603 237 4311
KENT AND PELCZAR FUNERAL HOME	77 Exeter Street	Newmarket	03857	
LAMBERT FUNERAL HOME AND CREMATORY	1799 Elm Street	Manchester	03104	
LORD FUNERAL HOME	Moultonville Road	Center Ossipee	03814	
MAIDEN-PETRIN FUNERAL HOME	4 Corners	Candia	03034	
MAYHEW FUNERAL HOMES (MEREDITH)	PO Box 1136	Meredith	03253	
MAYHEW FUNERAL HOMES (PLYMOUTH)	12 Langdon Street	Plymouth	03264	
MCHUGH FUNERAL HOME	283 Hanover Street	Manchester	03104	
NELSON FUNERAL HOMES INC	32 Maple Street	Wilton	03086	
NEWTON-BARTLETT FUNERAL HOME	42 Main Street	Newport	03773	
O'CONNOR FUNERAL HOME	42 Parker Street	Winchester	03470	
PAQUETTE-NEUN FUNERAL HOME	104 Park Street	Northfield	03276	
PEABODY FUNERAL HOME	15 Birch Street	Derry	03038	
PELHAM FUNERAL HOME	11 Nashua Road	Pelham	03076	
PERKINS FUNERAL HOME INC	60 Main Street	Pittsfield	03263	
PETIT FUNERAL HOME	167 Main Street	Pembroke	03275	
PHANEUF FUNERAL HOMES AND CREMATORIUM	243 Hanover Street	Manchester	03104	
PILLSBURY FUNERAL HOMES INC	101 Union Street	Littleton	03561	
R M EDGERLY AND SON FUNERAL HOME	86 S Main Street	Rochester	03867	
RAND-WILSON FUNERAL HOME INC	111 2 School Street	Hanover	03755	
REMICK AND GENDRON FUNERAL HOME	811 Lafayette Road	Hampton	03842	
RICKER FUNERAL HOME AND CREMATORY (LEBANON)	56 School Street	Lebanon	03766	
RICKER FUNERAL HOME AND CREMATORY (WOODSVILLE)	1 Birch Street	Woodsville	03785	603.747.2717
ROBERGE FUNERAL HOME	298 High Street	Somersworth	03878	
ROBERT K GRAY JR FUNERAL HOME	24 Winnacunnet Road	Hampton	03842	
ROSS FUNERAL HOME	282 W Main St	Littleton	03561	

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ROY FUNERAL HOME INC	93 Sullivan Street	Claremont	03743
SIMONEAU AND LAMBERT FUNERAL HOME	139 Church Street	Laconia	03246
SMART MEMORIAL FUNERAL HOME	PO Box 378	Tilton	03276
SMITH AND HEALD FUNERAL HOME	63 Elm Street	Milford	03055
ST LAURENT FUNERAL HOME	116 Elm Street	Nashua	03060
STRINGER FUNERAL HOMES INC	146 Broad Street	Claremont	03743
TASKER FUNERAL HOME	621 Central Avenue	Dover	03820
THIBAUT-NEUN FUNERAL HOME	143 Franklin Street	Franklin	03235
WATERS FUNERAL HOME	50 S Main Street	Concord	03301
WENDELL J BUTT FUNERAL HOME	42 Washington Street	Penacook	03303
WIGGIN-PURDY-MCCOOEY-DION FUNERAL HOME	655 Central Avenue	Dover	03820
WILKINSON-BEANE FUNERAL HOME	164 Pleasant Street	Laconia	03246
WOITKOWSKI FUNERAL HOME	84 Myrtle Street	Manchester	03104
ZIS-SWEENEY FUNERAL HOME	26 Kinsley Street	Nashua	03060

**North Country Regional Public Health Emergency Annex  
Appendix 7 ~ Fatality Management**

**Appendix J  
Abbreviations Used in this Document**

ARNP	Advanced Registered Nurse Practitioner
CDC	U.S. Centers for Disease Control and prevention
COOP	Continuity of Operations Plan
DBHRT	Disaster Behavioral Health Response Team
DHHS	NH Department of Health and Human Services
DMORT	Federal Disaster Mortuary Operational Response Team
DOC	NH Department of Corrections
DOT	NH Department of Transportation
DVRA	NH Division of Vital Records Administration
EOC	State Emergency Operations Center
ESF-8	Emergency Support Function Health and Medical
GPS	Global Positioning System
HSEM	NH Homeland Security and Emergency Management
ICC	DHHS Incident Command Center
MACE	Regional Multi-Agency Coordination Entities
NCHS	National Center for Health Statistics
NC PHR	North Country Public Health Region
NOK	Next of Kin
OCME	Office of Chief Medical Examiner
PHR	Public Health Region
PIO	Public Information Office
PPE	Personal Protective Equipment
RSA	Revised Statute Annotated
SAMHSA	U. S. Substance Abuse and Mental Health Services Administration