COVID-19
Fatality Management Plan

Annex F to COVID-19 CO-COEM-I070 UCC State Support Plan #2 (27 Mar 2020)

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13 April 2020

COLORADO
State Emergency Operations Center

COLORADO
Department of Public Health & Environment

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APPROVAL AND IMPLEMENTATION

1. Changes to this plan may be made at any time.
2. The Unified Command Group (UCG) has the authority to approve all changes and revisions.
3. Effective upon implementation, this plan augments the State Support Plan (SSP), to include the Base Plan and all Annexes.

APPROVED

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Colorado Division of Homeland Security and Emergency Management

REFERENCES

1. CDPHE Pandemic Influenza Plan (09 April 2018)
2. CDPHE Mass Fatality Management Annex
3. Colorado Revised Statute section § 25-2-103 (3)(a) Centralized registration system for all vital statistics
4. Colorado Revised Statute section § 30-10-606 Coroner - inquiry - grounds - postmortem - jury - certificate of death
5. Colorado Revised Statute section § 12-34-202 Public officers and unclaimed bodies
6. Colorado Revised Statute section § 15-19-103 Declaration of disposition of last remains
7. Colorado Revised Statute section § 15-19-105 Right to dispose of remains
8. Colorado Revised Statute section § 26-2-129 Burial and cremation expenses
9. Colorado Revised Statute section § 12-54-101 - 12-54-105 Mortuary Science Code
10. Colorado Revised Statute section § 25-2-110 Certificates of Death
11. Colorado Vital Statistics Regulations 5 CCR 1006-1, Section 2.3
12. Colorado State Emergency Operations Plan (SEOP) (30 September 2019)
13. National Governor's Association Memo Re: Gubernatorial Considerations for Mass Fatality Management (07 April 2020)
14. "Projections of the COVID-19 epidemic in Colorado under different social distancing scenarios." Prepared by the COVID-19 Modeling Group (06 April 2020)

APPENDICES

1. Appendix A: Information Flow
2. Appendix B: Executive Order 1 (death certification) (CDPHE OSRVS)
3. Appendix C: Executive Order 2 (crematory burning) (forthcoming from CDPHE AQCD)
4. Appendix D: Vital Statistics Capacity Survey Dashboard (CDPHE OSRVS)

SITUATION

1. The purpose of this plan is to provide the necessary and requested coordination of these efforts to support coroner/medical examiners (C/ME), funeral homes, hospitals, healthcare facilities, and other death care workers in recovery, storage, transportation, processing, identification, and final disposition of remains, as well as next-of-kin notification.
2. The COVID-19 pandemic in Colorado will quickly overwhelm medical and mortuary resources. Out of the approximately 5.8 million people in Colorado, over 73,000 people could die from COVID-19 by June 1, 2020 if there is no social distancing implemented. If 60% of Coloradans practice social distancing, over 4,500 people could die from COVID-19 by June 1, 2020. The fatality rate depends on the R Naught Values (RO) and social distancing implementation. (COVID-19 Modeling Group, 12)
    2.1. Current projections are from the COVID-19 Modeling Group from the Colorado Department of Public Health and Environment (CDPHE), Colorado School of Public Health, and University of Colorado School of Medicine. These projections do not include non-COVID-19 deaths caused by an overwhelmed healthcare system. This will contribute to increased death rates across the state, straining C/ME, funeral home, crematory, hospital, healthcare facility, hospice, cemetery, and law enforcement resources.

	Cumulative deaths*		Cumulative non-ICU hospitalizations		Cumulative ICU bed need**	
	As of 6/1/2020	As of 1/1/2021	As of 6/1/2020	As of 1/1/2021	As of 6/1/2020	As of 1/1/2021
0% Efficacy	73,162	80,260	239,501	256,074	127,195	160,519
40% Efficacy	29,783	68,827	101,082	219,612	48,282	137,656
50% Efficacy	13,828	60,089	50,185	191,844	24,235	120,211
60% Efficacy	4,516	43,158	20,480	139,430	10,365	86,828
80% Efficacy	1,030	1,406	3,836	4,487	2,232	2,811

FIGURE 1 ESTIMATED CUMULATIVE NUMBER OF COVIC-19 DEATHS, NON-ICU, AND ICU HOSPITALIZATIONS. (COVID-19 MODELING GROUP, 12)

3. Pre-pandemic, Colorado experiences approximately 110 deaths per day. The surges from COVID-19 would severely strain the 63 C/ME offices, 260 funeral homes, and 102 cremation retorts across the state.
4. The CDPHE Department Operations Center (DOC) is consolidated at the State Emergency Operations Center (SEOC) to form the Unified Coordination Center (UCC). The UCC is operating at Level 1 for the Colorado COVID-19 Pandemic.
5. A Fatality Management Unit including UCC, Colorado Coroners Association (CCA), Colorado Funeral Directors Association (CFDA), CDPHE Fatality Management Planner, and CDPHE Office of the State Registrar of Vital Statistics (OSRVS), is supporting C/MEs, funeral homes, hospitals, and other death care workers in addressing resource needs.
6. Cremation is the most preferred method of disposition already, making up 72% of all dispositions in 2018.
7. Cremation time is determined based on numerous factors, including weight of the remains, and cannot be decreased.

Assumptions

1. The COVID-19 pandemic will take place over an extended period of time, with the possibility of subsequent pandemic waves.
2. The entire nation is affected, straining available federal and regional resources.
3. The federal Disaster Mortuary Operational Response Teams (DMORT) will be limited and potentially unavailable.
4. Colorado remains storage capacity will be exceeded.
   4.1. Alternative, temporary storage will be required.
   4.2. Body collection points (BCPs) will be required at hospitals and regionally to recover and store remains.
5. Transportation capacity will be strained.
6. Coroner staff and their resources will be severely strained.
7. Funeral homes will not be able to process remains in the traditional manner due to the increased volume and lack of personnel and other resources.
8. There will be delays in the filing and issuance of death certificates.
   8.1. This will delay management of decedents' estates.
9. Funeral homes may not be able to fulfill pre-need contracts.
10. PPE will be limited for C/MEs and other death care workers.

11. Families may be unprepared to bear costs associated with temporary morgue operations, transportation, and storage (including refrigerated trucks, buses, rail cars, cold storage facilities, etc.).

MISSION

1. Beginning 11 Apr 2020, the Unified Coordination Center supports state agencies and local jurisdictions, including C/MEs, funeral homes, other mortuary service providers, and hospitals and healthcare facilities to ensure the timely, safe, and respectful disposition of the deceased and in order to ensure the capacity of mortuary systems across Colorado are not exceeded.

EXECUTION

Leader's Intent

Operational Emphasis

1. Synchronize and coordinate federal, state, and local-level fatality management activities.
2. Reduce the risk to Colorado communities.
3. Maintain public trust through effective communications.

Objectives

1. Coordinate synchronized recovery, storage, transportation, tracking, processing, identification, and final disposition of remains, as well as collection of antemortem information and provision of family assistance in accordance with the SEOP Base Plan, Mass Fatality Management Annex, Biological/Highly Infectious Disease Incident Annex, the State Support Plan, other applicable annexes, and this plan.

Critical Information Requirements

1. Standing UCC Critical Information Requirements (CIRs).
    1.1. Death of a first responder.
    1.2. Deaths/injuries within the population.
    1.3. Extended closure of 4 hours or greater/opening of airports and major highways.
    1.4. Ordered (not voluntary) evacuation of the general public.
    1.5. Opening or closing of shelters.
    1.6. Any event that could result in the loss of public trust/confidence in state government.
2. Incident Specific CIRs.
    2.1. Hospitals are approaching remains storage capacity, resulting in inability to store additional remains.
    2.2. Funeral homes or other death care workers are approaching storage and processing capacities.

Concept of Operations

Overview

1. C/MEs with local authority are responsible for and lead all decisions regarding fatality management in their jurisdictions. For assistance, C/MEs can coordinate with the county emergency managers, local public health agencies (LPHAs), healthcare coalitions (HCCs) and county operations centers.
2. The timely, safe, and respectful disposition of the deceased is an essential component of an effective COVID-19 response. COVID-19 is a catastrophic incident that will result in mass fatalities, placing extraordinary demands on local jurisdictions and family members of the deceased, including religious, cultural, and emotional burdens. The state may require federal assistance to transport, process, and store decedents and support final disposition and personal effects processing.

Phasing

1. Operations will occur in four distinct phases: Normal, Surge, Exceeded, and State Assistance.
    - 1.1. Phase 1 Normal Operations: C/MEs continue to process decedents in accordance with current procedures. Coordinating with hospitals and other death care workers to include funeral homes and crematories.
    - 1.2. Phase 2 Surge Operations: The surge goal is to alleviate strain on hospital remains storage space and transportation capacity by ordering and placing refrigerated trailers at key hospitals to serve as body collection points (BCPs).
        - **1.2.1.** Resource distribution will be evaluated by FM Unit and prioritized based on data from EMResource, hospital fatality management survey, and vital statistics capacity survey, to include, but not limited to ICU usage, ventilator usage, and storage capacity.
        - **1.2.2.** UCC Leadership will make the final decision on resource distribution. C/MEs should request assistance through existing mutual aid agreements where possible.
        - **1.2.3.** Collaboration for resources with other C/MEs, funeral homes, and other death care workers may provide a temporary relief.
        - **1.2.4.** Sourcing and distributing additional personal protective equipment (PPE) and resources, such as body bags.
        - **1.2.5.** Additionally, executive orders may be implemented to ensure death certification processes continue unimpeded and crematories can continue processing remains at a rate that may exceed current regulations.
    - 1.3. Phase 3 Local/Regional Capacity Exceeded: The goal of Phase 3 is to alleviate further strain on storage space, transportation capacity, and C/ME staffing by placing refrigerated trailers regionally to serve as regional BCPs.
        - **1.3.1.** Volunteers from Colorado Human Remains Extraction and Recovery Team (CO-HEART) and Colorado Voluntary Organizations Active in Disaster (COVOAD) may be required to support C/ME staffing for administrative work or assistance.
        - **1.3.2.** Volunteers from universities may be able to support and assist in more technical areas (e.g. dental students for odontology, medical students/residents for C/ME, secretarial/administrative students for data entry).
    - 1.4. Phase 4 State Assistance Required: In Phase 4, state capacity is exceeded.

1.4.1. The FM Unit will evaluate and determine the best non-traditional facilities and processes.
1.4.2. The Colorado National Guard may be able to provide additional assistance when other state resources can no longer provide sufficient assistance.
1.4.3. Federal support from the Department of Homeland Security (DHS) and Federal Emergency Management Agency (FEMA) may be required when Colorado National Guard and/or other resource providers can no longer provide sufficient assistance. Note: Due to the national nature of this emergency, federal support may not be available.
1.4.4. Only under the harshest and most extreme conditions will temporary interment be considered.

2. Phase Transitions: Fatality Management (FM) Unit will provide recommendations to UCC leadership to transition between phases based on information gathered from the UCC Situation Section, UCC Consequence Management Section, and Regional Field Managers.

3. When fatality rates return to pre-pandemic levels, additional resources will be demobilized and behavioral health support will be available to all responders.

Organizational Structure

1. The FM Unit is organized within the Public Health and Medical Section of the UCC.
2. The FM Unit reports directly to the Director of the Public Health and Medical Section due to the sensitive nature of fatality management and the possible impact on public trust if necessary actions are not taken immediately.

ASSIGNMENT OF RESPONSIBILITIES

Federal

Note: Due to the national scope of this event, federal resources may not be available.

Department of Health and Human Services (HHS)

Office of the Assistant Secretary for Preparedness and Response (ASPR)

1. Assist in provision of mortuary services, temporary morgue facilities, and victim identification including latent fingerprinting, forensic dental, and pathology/anthropology methods as requested by the state.
2. Assist in processing, preparation, and deposition of remains.
3. Disaster Mortuary Operational Response Teams (DMORT).
   3.1. Provide technical assistance and personnel to recover, process, and identify deceased victims.
   3.2. Teams are composed of funeral directors, medical examiners, coroners, pathologists, forensic anthropologists, medical records technicians and transcribers, fingerprint specialists, forensic odontologists, dental assistants, x-ray technicians, and other personnel as identified or requested.
   3.3. HHS also maintains several Disaster Portable Morgue Units (DPMUs) that can be used by DMORTs to establish a stand-alone morgue operation.
4. Victim Identification Center (VIC).

4.1. Ante-mortem data collection.
4.2. Support for victim families.

Department of Homeland Security

1. Provide transportation assets, including refrigerated trucks, refrigerated containers, trailers, and other vehicles to support morgue operations.

Federal Emergency Management Agency (FEMA)

1. Support fulfillment of resource requests by sourcing from other federal agencies, including Department of Transportation, Department of Defense, and Department of State.

Department of Defense

1. May provide general personnel support to assist in operations, to include transporting remains.

Department of State

1. May assist in managing foreign decedents by contacting next-of-kin and by facilitating coordination required to transport remains to another country.

State

Colorado Department of Public Health and Medical (CDPHE)

Office of Emergency Preparedness and Response (OEPR)

1. Provide staff to lead and coordinate the FM Unit.
2. OEPR Volunteer Coordinator will request volunteers through the Colorado Volunteer Mobilizer (CVM) as requested.
    2.1. Request volunteers through CVM who are willing and able to transport remains during Phase 2.
    2.2. Request volunteers through CVM for data entry and other technical support during Phase 3.

Office of the State Registrar of Vital Statistics (OSRVS)

1. Provide support to C/MEs, funeral homes, and other death care workers in processing death certificates and disposition permits. Permits will be issued electronically via Electronic Death Registration System (EDRS).
2. Develop and deploy daily capacity surveys for C/MEs, funeral homes, and crematories in collaboration with the FM Unit.
3. Monitor capacity survey with FM Unit to determine decision making.
4. Add a COVID-19 flag in the EDRS.
5. Participate in FM Unit.
6. Advise CDPHE and UCC leadership on executive order development, including.
    6.1. Mandating that medical certifiers use EDRS for death certification.
    6.2. Waiving the time limit restrictions to submit a death certificate.
    6.3. Allowing additional advanced practitioners, such as nurse practitioners, to document and certify death.
7. Aid CDPHE Chief Medical Officer in reporting of COVID-19 death statistics.

Air Quality Control Division (AQCD)

1. Advise CDPHE and UCC leadership on executive order development, to include.
    1.1. Allowing crematories to burn for longer hours.

UCC

Fatality Management (FM) Unit

1. In coordination with CDPHE OEPR, the FM Unit supports C/MEs, funeral homes, and other death care workers in coordinating the recovery, storage, processing, tracking, identification, and final disposition of remains.
    1.1. The FM Unit is led by CDPHE OEPR and includes representatives from
        1.1.1. CDPHE OSRVS
        1.1.2. UCC Consequence Management Section
        1.1.3. UCC Resource Management Section
        1.1.4. UCC Situation Section
        1.1.5. CCA
        1.1.6. CFDA
        1.1.7. North Central Region Fatality Management Committee (NCR FMC)
        1.1.8. UCC Voluntary Agency Liaison (VAL)
        1.1.9. Regional Field Manager Supervisor
        1.1.10. Others as appointed by UCC Director
    1.2. The FM Unit will:
        1.2.1. Maintain daily operational oversight of statewide fatality management capacity and needs.
        1.2.2. Provide lead indicators for fatality management.
            1.2.2.1. Number of patients in ICU.
            1.2.2.2. Number of patients on ventilators that exceed 2 weeks.
            1.2.2.3. Remains storage capacity.
        1.2.3. Maintain survey data to inform decision making, including when to transition to the next Phase.
        1.2.4. Establish statewide priorities.
        1.2.5. Identify and address resource gaps.
        1.2.6. Recommend executive order implementation to leadership.
        1.2.7. Identify temporary storage facilities (e.g., ice rinks, local closed business with refrigerators and freezers) during Phase 4.
        1.2.8. Recommend requesting Colorado National Guard, DMORT, and Emergency Management Assistance Compact (EMAC) to support local morgue operations (e.g., personnel and resources for remains transportation, storage capacity, remains processing, and final disposition) during Phases 3 and 4 for UCC Leadership approval.
        1.2.9. If required, recommend temporary internment during Phase 4.

Resource Management Section

1. Identify and provide resources for remains removal and processing as requested by FM Unit.
2. Source transportation resources as requested.
    2.1. Contract with funeral home companies with excess transportation capability to support neighboring jurisdictions during Phases 1 and 2.

2.2. Rent or purchase vans from moving companies for transportation of remains, as needed throughout all phases to support local needs.

3. Source cold storage resources as requested.
   3.1. Buy reefers and place them at major hospital systems and/or hospitals most overwhelmed by remains during Phase 2 and place them regionally for BCPs during Phase 3.
4. Source PPE and equipment resources as requested.
   4.1. Incorporate C/ME, funeral homes, and other death care worker PPE and equipment resource needs into UCC orders during all phases to ensure the same access to PPE as healthcare workers and first responders.

Situation Section

1. Monitor lead indicators of death and coordinate with the Consequence Management Section and FM Unit on capacity gaps, resource gaps, and death projections
2. Monitor ventilator and intensive care unit bed use.
3. Monitor storage capacity of hospitals, C/MEs, funeral homes, and crematories to identify where additional storage capacity is most needed.
4. Monitor PPE and resource needs of C/MEs, funeral homes, and crematories to identify where additional PPE and resources are most needed.
5. Monitor staffing needs of C/MEs, funeral homes, and crematories, to identify where additional staffing is most needed.

Consequence Management Section

1. Monitor Emergency Support Functions (ESFs) to identify prioritization issues and report to leadership.

Voluntary Agency Liaison (VAL)

1. Request and coordinate volunteers as needed throughout all phases.
2. Request volunteers through Help Colorado Now and COVOAD who are willing and able to transport remains during Phase 2.
3. Request volunteers to sew masks and gowns, and make plastic face shields for C/ME, funeral homes, and other death care workers during Phase 3.
4. Request volunteers through Help Colorado Now and COVOAD for data entry and other technical support during Phase 3.
5. Request Governor's Clergy Council to support funeral homes during Phase 3.

Joint Information Center (JIC)

1. Develop public information strategy in coordination with FM Unit and local jurisdictions, including C/MEs, funeral homes, other death care workers, emergency managers, local public health agencies, and Tribal governments.
2. Inform the public about how to obtain death certificates, what happens if a person dies at home, what to expect regarding funeral/burial practices, changes to crematory burning, and other critical needs.

Plans Section

1. Develop, publish, and distribute FM planning framework in coordination with state, local, and federal agencies.

Behavioral Health Unit

1. Coordinate virtual assistance to families of the deceased.

Colorado Coroners Association (CCA)

1. Provide C/ME subject matter expertise to the FM Unit.
2. Advise C/MEs on remains transportation, storage, processing, release for final disposition, and death certification.
3. Share vital statistics capacity survey with C/MEs.
4. Communicate with C/MEs about COVID-19 Fatality Management State Support Plan.
5. Coordinate with FM Unit about C/ME resource and staffing needs.

Colorado Funeral Directors Association (CFDA)

1. Provide funeral home and death care worker expertise to the FM Unit.
2. Advise funeral homes and other death care workers on final disposition and death certification.
3. Share vital statistics capacity survey with funeral homes and other death care workers.
4. Communicate with and advise funeral homes and other death care workers about COVID-19 Fatality Management State Support Plan.
5. Coordinate with FM Unit about funeral home and other death care worker resource and staffing needs.

Tribal Nations

Southern Ute Indian Tribe (SUIT)

1. SUIT works across its Tribal Government to ensure traditional funeral and burial practices can continue. In the event that these practices need to be altered, SUIT is providing alternative options, as well as support services to meet Tribal members' needs.

Ute Mountain Ute Tribe (UMUT)

1. Ute Mountain Ute Tribe is working closely across Tribal Government and the Tribal Council to address fatality management needs.

Local and Regional

Coroner/Medical Examiner Offices

1. Establish the cause and manner of death of cases within their jurisdiction.
2. Coordinate and conduct scene investigation as needed, to include
    2.1. Evidence collection
    2.2. Scene interviews
    2.3. Examination of the body and circumstances
    2.4. Additional interviews with family, friends, physicians
    2.5. Procurement of medical records and other needed material to determine cause and manner of death
3. Take custody of decedents' bodies within their jurisdiction.
4. Make positive identification of the deceased within their jurisdiction.
5. Identify and notify next-of-kin within their jurisdiction.

6. Electronically sign and issue death certificates and approve body release for final disposition to funeral homes/families when a case is within their jurisdiction.
7. Oversee records management within their jurisdiction.
8. Issue guidance to hospitals and healthcare facilities regarding C/ME jurisdiction in COVID-19 cases.
9. Direct the set up and implementation of regional BCPs.
10. Coordinate local public messaging with LPHA and/or state JIC.
11. Complete daily vital statistics capacity survey to inform statewide picture.
12. Source C/ME staffing as needed.
    12.1. Request CO-HEART volunteers.
    12.2. Request retired and former C/ME staff return to assist.
    12.3. Request medical students/residents for morgue operations, including data entry.
    12.4. Request dental students for morgue operations, including odontology.
    12.5. Request students for data entry.
    12.6. Request administrative, secretarial, or other staff that have been furloughed or unemployed for data entry.

Funeral Homes and Other Death Care Workers

1. Public gatherings are limited by Executive Order. Funeral homes are considered a critical business and are still operating and allowing viewings, though they are practicing social distancing at all times.
2. Assist in the transportation, preparation, and disposition of decedents.
3. Coordinate with state and federal entities to ensure timely and efficient acquisition of necessary funeral supplies.
4. Aid in the provision of family assistance.
5. In cooperation with C/ME, obtain necessary information from next-of-kin in order to complete death certificates.
6. Identify needs and coordinate response to address limited resources (e.g. utilize only a few centralized cemeteries).
7. Complete daily vital statistics capacity survey to inform statewide picture.
8. Source funeral home and other death care worker staff as needed.
    8.1. Request retired and former funeral home or other death care workers return to assist.
    8.2. Request cemetery personnel to support funeral homes.
    8.3. Request students for data entry.
    8.4. Request administrative, secretarial, or other staff that have been furloughed or unemployed for data entry.

Hospitals and Healthcare Facilities

1. Follow guidance from the C/ME with local authority to report COVID-19 cases to the C/ME.
2. Submit requests for BCPs through their local Emergency Operations Center (EOC), who will submit a 213RR in WebEOC.
    2.1. The request needs to include facility name, facility address, point of contact for mortuary operations or fatality management operations, and location designated for BCP.
3. Place claim cases (not under the jurisdiction of the C/ME) in the BCP.
4. Communicate with families of decedents to make notification of death and arrange for final disposition.
5. Release cases to funeral homes in accordance with normal procedures.

6. Safely and respectfully load and release cases from the BCP.
7. If needed, outfit refrigerated trailers with shelving to increase the storage capacity of the BCP.
8. Monitor fuel levels and refuel BCP.
9. Maintain a morgue census for all cases stored in the BCP and track these cases.
10. Complete required paperwork, including death certificate and burial permit.
11. Ensure BCP is secure 24/7.
12. Manage personal effects in accordance with normal procedures.
13. Maintain appropriate supplies for packaging decedents for storage. If unable to source supplies internally, submit a resource request to their local ESF-8.
14. Respond to the hospital survey to inform the statewide picture of storage capacity.

North Central Region Fatality Management Committee (NCR FMC)

1. Provide C/ME expertise to the FM Unit.
2. Communicate with and advise NCR C/MEs about COVID-19 Fatality Management Annex to the State Support Plan.
3. Coordinate with FM Unit about NCR C/MEs resource and staffing needs.

County Emergency Operations Centers or Equivalent

1. Coordinate and communicate with C/MEs, funeral homes, crematories, LPHAs, HCCs, and other locally identified partners to maintain situational awareness about C/ME, funeral home, and crematory capacities and needs.
2. Support C/MEs, funeral homes, and crematories as requested, including sourcing PPE and other resources.
3. Seek mutual aid to fulfill resource requests.
4. Inform UCC about local gaps and request resources as required.

Local Public Health Agencies (LPHAs)

1. Support C/MEs, funeral homes, and crematories as requested.
2. Serve as the liaison between C/MEs and the county EOC or equivalent as coordinated with C/MEs.

Healthcare Coalitions (HCCs)

1. Coordinate and communicate with C/MEs, funeral homes, crematories, LPHAs, EOCs, healthcare organizations, and other locally identified partners to maintain regional situational awareness about C/ME, funeral home, and crematory capacities and needs.

Coordinating Instructions

1. Direct interagency coordination is authorized. Keep the UCC informed of interagency coordination.
2. FM Unit coordination calls will be scheduled as required.
3. Public information will be coordinated through the JIC, led by the SEOC PIO/ESF-15.

ADMIN, FINANCE, AND LOGISTICS

Financial Overview

1. In accordance with section 502 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the "Stafford Act"), eligible emergency protective measures taken to respond to the COVID-19 emergency at the direction or guidance of public health officials may be reimbursed under Category B of FEMA's Public Assistance program. FEMA will not duplicate assistance provided by the U.S. Department of Health and Human Services (HHS), to include the Centers for Disease Control and Prevention (CDC), or other federal agencies.
2. State, territorial, tribal, and local government entities and certain private non-profit organizations are eligible to apply for Public Assistance. FEMA assistance will be provided at a 75 percent federal cost share. This assistance will require execution of a FEMA-State/Tribal/Territory Agreement, as appropriate, and execution of an applicable emergency plan. Local governments and other eligible PA applicants will apply through their respective state, tribal or territorial jurisdictions.
3. Supporting agencies shall capture incident costs for potential reimbursement.
4. All resource ordering will follow the 2020 Resource Mobilization Annex.

COORDINATION AND COMMUNICATION

Coordination

1. The C/ME with local authority is the lead in their jurisdiction, and the FM Unit, including the UCC, serve to support them.

Communications

1. Email, Google Hangouts, and cell phone are the primary forms of communication and will be used to update the FM Unit as needed.
2. Vital records capacity survey will be made available through the EDRS external webpage, the CCA webpage, and the CFDA webpage. It will be updated three times a week by C/MEs and funeral homes to inform planning efforts and decision making.
3. Information will flow according to the process outlined in the Information Flow Appendix.

Points of Contact

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18.2. 303-692-2164
19. OSRVS Program Support Manager: Grahame Dryden
19.1. Grahame.Dryden@state.co.us
19.2. 303-692-3344
20. OSRVS Field Unit Supervisor: Michelle Cowell
20.1. Michelle.Cowell@state.co.us
20.2. 303-692-2183
21. NCR Fatality Management Committee Chair: Steve Castro
21.1. steven.castro@denvergov.org
21.2. 720-337-7622
22. Colorado Coroners Association President: Randy Keller

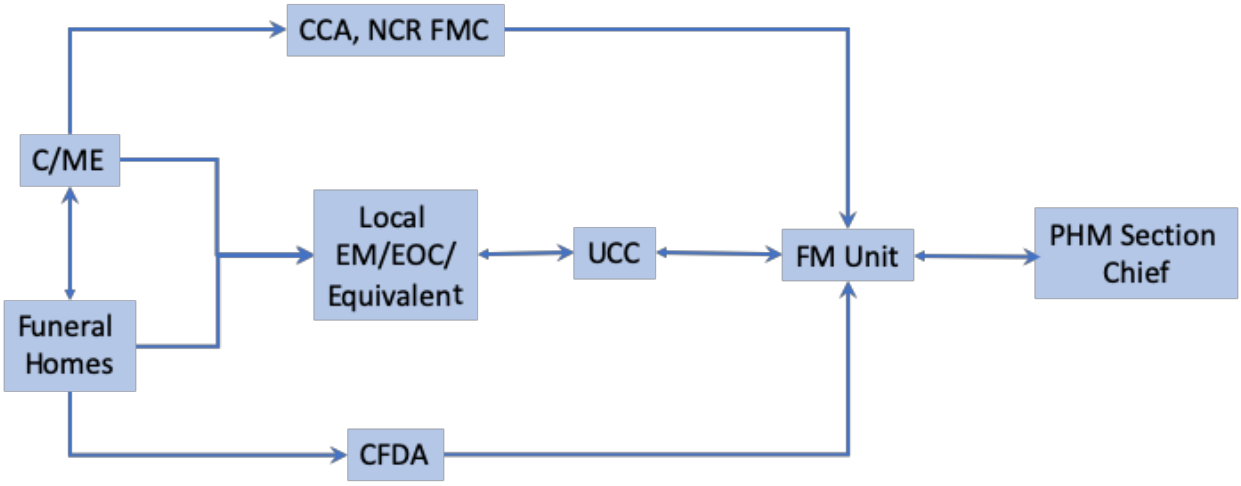
22.1. randy.keller@fremontco.com
22.2. 719-276-7358
23. Colorado Funeral Directors Association Executive Director: Steffani Blackstock
23.1. mail@cofda.org
23.2. 720-940-4880
24. Denver Mortuary Service: Ed Karber
24.1. edward.karber@sci-us.com
24.2. 785-493-1044
25. Southern Ute Indian Tribe Risk and Emergency Manager: Don Brockus
25.1. dbrockus@southernute-nsn.gov
25.2. 970-563-0100 Ext 2449
26. Ute Mountain Ute Tribe Acting Executive Director: John Trocheck
26.1. jtrocheck@utemountain.org
26.2. 970-749-6791
27. CDPHE Tribal Liaison: Rachel Bryan-Auker
27.1. Rachel.Bryan-Auker@state.co.us
27.2. 303-692-3361

APPENDIX A: INFORMATION FLOW

Information Flow: Critical Information (not including data)

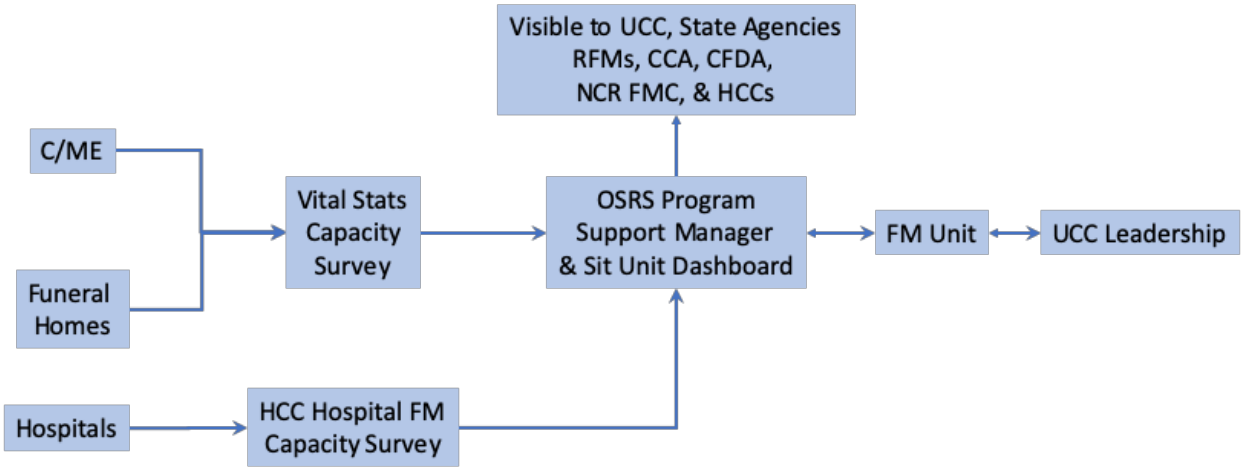
This is a strategic level process and is not exhaustive of all communications. Funeral homes and C/MEs are communicating directly with their associations. They should be communicating with their local EM, EOC, or equivalent through standard channels. CCA, NCR FMC, and CFDA may communicate directly with the FM Unit if there are issues they cannot address.

When the UCC receives FM-related information, it coordinates directly with the FM Unit.



Information Flow: Data

This process outlines the flow of FM data including storage, transportation, PPE, and other resource capacity information and needs.



APPENDIX B: EXECUTIVE ORDER 8.0

Note on use: This Executive Order suspends law relating to the registration of death certificates and burial practices in the event that a significant number of deaths make observance of the statutory requirements impractical or impossible during the public health emergency.

EXECUTIVE ORDER 8.0

Concerning the Suspension of Certain Statutes Pertaining to Death Certificates in Response to the Current Disaster Emergency

Pursuant to the authority vested in the Office of the Governor of the State of Colorado, and pursuant to relevant portions of the Colorado Disaster Emergency Act, § 24-33.5-2701 *et seq*., C.R.S., I, Jared Polis, Governor of the State of Colorado, issue this Executive Order that, due to the presence of coronavirus disease 2019 (COVID-19) in Colorado, hereby suspend the provisions of section 25-2-110(1) and (4), C.R.S. regarding the time for filing a death certificate and completing a medical certification of death.

1. Background and Need

On ____, 2020, acting pursuant to § 24-33.5-704.5, the Governor's Expert Emergency Epidemic Response Committee ("Committee") determined that a public health emergency exists in the State of Colorado [or name county]. I issued Executive Order D 2020 003, dated March 11, 2020, declaring the existence of a Disaster Emergency, pursuant to C.R.S. § 24-33.5-704, in the State of Colorado and activating the State Emergency Operations Plan.

Acting in accordance with C.R.S. § 24-33.5-704.5(1)(d), and the State Emergency Function (SEF) #8 provisions of the State Emergency Plan, the Committee has found that [or, if no GEEERC review] I find that :

A. A public health emergency exists infecting or exposing a great number of people to disease, agents or toxins;

B. The public health emergency has caused a significant number of people to die;

C. The contagion of the public health emergency requires the rapid final disposition of public health emergency victims without following normal funeral procedures or religious practices in all cases; and

D. For purposes of completing a death certificate, the large number of deaths may inhibit timely completion of death certificates. In addition, over 20% of all deaths in Colorado are not electronically signed by medical certifiers (Physicians & Coroners), which results in a manual, labor-intensive process that involves local and state government review, and in some instances an in-person interaction. Each death that contains paper as part of the registration process adds additional layers of back and forth review, which can be eliminated in a purely electronic instance.

Pursuant to C.R.S. § 24-33.5-704(1)(e), the Committee has advised me that suspending certain statutes relating to death certificates and strongly discouraging labor-intensive routes for registering death certificates is a reasonable and appropriate measure to reduce or prevent the spread of the disease, agent or toxin and to protect the public health.

Relevant Existing Statutes

A. **Death Certificates**

Colorado law designates the state registrar as responsible for maintaining and administering vital statistics, including death certificates. C.R.S. § 25-2-103.

C.R.S. § 25-2-110(1) requires that a certificate of death for each death shall be filed with the state registrar within five days after such death occurs and prior to final disposition.

C.R.S. § 25-2-110 (4) requires that a physician in charge of the patient's care for the illness or condition that resulted in the death shall complete, sign, and return to the funeral director or person acting as such all medical certification within forty-eight hours after a death occurs.

B. **Final Disposition Practices**

With regard to final disposition practices, such as but not limited to, cremation or burial, C.R.S. § 25-2-111(1) requires that any person requested to act as a funeral director for a dead body or otherwise whoever first assumes custody of a dead body shall obtain authorization for disposition of the dead body from either the local health department or the county coroner, as may be applicable, before final disposition. However, since the implementation of the statewide Electronic Death Registration system (EDR), 99% of final disposition permits are issued through the system.

C.R.S. § 15-19-104 authorizes a person to declare, through a writing, the disposition of that person's last remains. If there is no written declaration, C.R.S. § 15-19-106 sets forth the persons who are entitled to control disposition of a decedent's last remains.

Colorado's mortuary science code states that it is unlawful for any person to approve or cause the final disposition of a dead human body in violation of the code (C.R.S.§ 12-54-104(1)(c)) and to embalm or cremate a dead human body without obtaining the permission of the person with the right of final disposition. (C.R.S.§ 12-54-104(1)(l).) The mortuary science code also states that its provisions shall not apply to or in any way interfere with "any custom or rite of any religious sect in the burial of its dead, and the members and followers of such religious sect may continue to care for, prepare, and bury the bodies of such religious sect, free from" any provision of the code, so long as the body is interred, frozen or cremated within certain time frames after death C.R.S. § 12-54-108(2)(a) and (b). That statute authorizes the state department of public health and environment or a local health department to issue an order overriding these provisions if the dead human body "likely contained a serious contagious disease." C.R.S. § 12-54-108(2)(c).

2. <u>Mission and Scope</u>

This Executive Order orders the following:

A. Death certificates.

(1) The provisions of C.R.S. § 25-2-110(1), (4) pertaining to those who can complete and sign a death certificate has been modified to include nurse practitioners and physician's assistants.

(2) Physicians, coroners, nurse practitioners, and physician's assistants are required to enroll and use the Electronic Death Registration system (EDR) to electronically sign death certificates, where possible. If it is not possible, then completion and signing of the medical portion of the death certificate must be transmitted via fax, or other electronic means so as to improve the flow of death registration and final disposition permit issuance for the purposes of mass fatality management. In-person signatures are strongly discouraged during the period of this order.

B. Final Disposition

(1) The provisions of C.R.S. § 15-19-106(4)(II)(b)(1) pertaining to the time required to wait by a person who is making an attempt to ascertain the person with the right to control the final disposition of a decedent are suspended.

3. <u>Duration</u>

This Executive Order shall expire sixty (60) days from the date of its signature, unless rescinded or extended by Executive Order.

Given under my hand and
the Executive Seal of the
State of Colorado, this ___
day of _____, 200_.

Jared Polis
Governor

APPENDIX C: EXECUTIVE ORDER (CREMATORY BURNING)

Forthcoming from CDPHE Air Quality Control Division

APPENDIX D: VITAL STATISTICS CAPACITY SURVEY DASHBOARD

https://docs.google.com/spreadsheets/d/1iqd5PeZIkMozKjwCwHK_1ddBLBHmnuUEJ1eFagJLyvk/edit?usp=sharingADMIN,