NEW YORK CITY OFFICE OF
CHIEF MEDICAL EXAMINER
RESPONSE TO COVID-19

FRANK DEPAOLO
DR. JASON GRAHAM

June 18, 2020
Disclosures

Both presenters are employed by the City of New York and receive no financial benefit from this presentation or any of the recommendations within.
Objectives

• Provide an overview of the NYC Office of Chief Medical Examiner

• Briefly introduce the Biological Incident Fatality Surge Plan for Management of In- and Out-of-Hospital Deaths

• Provide an overview of NYC OCME response to the COVID-19 Pandemic

• Review 10 lessons learned from the NYC OCME response
NYC OCME Agency Overview
Established in 1917
- NYC abolished Coroner System in 1915
- First NYC Chief Medical Examiner, Dr. Charles Norris, appointed in 1918
- Dr. Barbara Sampson serving as Chief Medical Examiner from 2013 - Present

OCME jurisdiction is the City of New York with a population of 8.6 million people spread over 322 square miles

Office Locations: Manhattan administrative headquarters, three (3) Borough Forensic Pathology Centers and two (2) Family Services Centers

Operates the Department of Forensic Biology (DNA) laboratory for the City of New York

Operates City Mortuary Services - also known as the Medical Examiner Transport Teams (METT)
The OCME is responsible for investigating the following deaths:

- Criminal violence or homicide
- Accident
- Suicide
- When unattended by a physician
- Deaths in a correctional facility or in custody
- Any suspicious death or unusual manner
- Threats to public health
- Application for permit to perform cremation
OCME Essential Services

To carry out the investigation, examination, and certification of deaths falling within the OCME’s jurisdiction. This includes, at a minimum, the carrying out of death scene investigations, as well as the transportation, identification, autopsy (if warranted) and proper release of decedents.

To carry out disaster response functions, as required by the Citywide Incident Management System, or CIMS. As the lead agency for fatality management in the event of a disaster, OCME must be able to perform its designated responder function.
Biological Surge Planning for In-Hospital Deaths
Plan Overview
Plan Background

- Originally derived from Pandemic Influenza Plan written in 2008; Updated to all Biological Hazards Plan in 2016
- Operational response strategies to arrange for the recovery, transport, storage, tracking and processing of disaster and non-disaster decedents.
- Expansion of the OCME’s capability when mortuary affairs resources will likely be limited.
- Increasing the capacity for fatality management allows healthcare facilities to continue to care for the living.
NYC Fatality Management Response to COVID-19 Pandemic
NYC Fatality Management Response to COVID-19 Pandemic

- Case Intake and Investigations
- Case Recovery and Transport
- Hospital BCP Operations
- Disaster Portable Morgue Operations
- Identifications and Outreach
Case Intake And Investigations

- Call volume reached almost 1,000 calls per day during the height of the pandemic in NYC
- Non-Healthcare Facility deaths reported to OCME reached 400 – 700% the normal volume
- OCME cross trained agency personnel to receive, triage and document death reports
- OCME augmented operations to create efficiencies in the death investigation process.
- OCME leveraged technology applications to support operations
Case Recovery & Transport

- At the peak of operations, OCME utilized 20 recovery teams per shift
- OCME utilized force multipliers (contract vendor and military) to support scene investigations and recoveries
- Funeral directors continued to pick-up 30 – 50% of non-Healthcare Facility cases through the pandemic
OCME planning with NYC hospitals started in 2008; the resulting plan was developed to support hospitals in treating the living by ensuring facilities can efficiently manage the fatality surge.

Some hospitals experienced staffing and supply limitations resulting in a challenge to manage the surge in fatalities.

Hospitals provided with a refrigerated trailer to increase morgue capacity (known as a Body Collection Point – BCP).

OCME led an interagency BCP taskforce to facilitate administrative requirements and recover cases to OCME custody.
Disaster Portable Morgue Operations

- OCME established four (4) disaster portable morgue operations in response to COVID-19
- Disaster Morgues received, processed, stored, and released non-medical examiner cases (non-forensic cases)
- Refrigerated trailers utilized to expand storage capacity
- Long-Term storage operation established to appropriately store, track and release cases as families and the funeral industry can make final disposition arrangements
- OCME utilized federal assets as force multipliers – NYS National Guard, DOD military personnel, and Disaster Mortuary Operations Response Teams (DMORT) from the US Department of Health and Human Services (DHHS)
DPMU 2 – Queens
DPMU 3 – Brooklyn
DPMU 4 – 39th Street Pier, Brooklyn
Maintaining Essential Forensic Examinations

• OCME had to maintain the essential function to conduct forensic investigations and examine cases while protecting the health and safety of personnel

• Initial challenge of balancing forensic authority with the unknown virus characteristics, including transmission paths and rate

• Confirmed or probable COVID-19 deaths categorized as natural deaths and not under the jurisdiction of OCME

• Standards and protocols adjusted to issue accurate death certificates for those limited cases requiring additional investigation and examination

• All examinations conducted following rigid universal bloodborne pathogen and respiratory precautions as well as CDC guidelines for autopsy of cases with potential COVID-19
Lessons Learned

1. Unexpected capacity and willingness to engage by the funeral industry

2. Inability for many hospitals to fully manage decedent affairs issues despite previous planning efforts and significant support from the city

3. Early implementation of health and safety measures (i.e. mask wearing) resulted in a low infection rate

4. Control the message and decrease concerns about postmortem transmission of COVID-19

5. Ability to reassign agency personnel from non-essential services to essential services – highlighting skill sets and agency knowledge – and bring untrained personnel from public and private sector into a cohesive operation
Lessons Learned

6. Ability to utilize technology to solve substantial issues; including the utilization of data analytics to support decision-making and provide operational direction

7. Execution of a long-term storage operation in lieu of previously planned temporary interment

8. Difficulty managing a large-scale response operation by telephone

9. Consulting the CDC earlier to define case documentation requirements for tracking and consistency purposes

10. Consolidation of forensic operations to create efficiencies in staffing and other resource allocation
Over the past few years, OCME has recognized that the repetitive exposure to traumatic subject matter, compassion fatigue, and cultural pressure have created a unique stress on staff. The agency has prioritized the wellness of agency personnel.

The OCME Wellness and Resiliency Program works to develop materials, provide resources, host trainings and empower staff to build resiliency holistically – focusing not just on mental health, but also considering the emotional, physical and spiritual health of staff.

Staff are encouraged to participate in ongoing activities and trainings throughout the year and take advantage of resources in an effort to build a strong baseline resiliency, both personally and as a work community.

During an incident, the OCME Wellness and Resiliency Program planned to implement strategies to support staff through increased stress and challenges.
For additional information on the NYC OCME Response to COVID-19 these two media reports provide an overview:

Time Magazine. ‘We Do This for the Living.’ Inside New York’s Citywide Effort to Bury Its Dead. W. J. Hennigan (May 21, 2020)

NPR. Reckoning With The Dead: Journalist Goes Inside An NYC COVID-19 Disaster Morgue. Dave Davies (May 28, 2020)