



Hospital Body Collection Point Guide for COVID-19

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I. Important Definitions

- **Body Collection Point:** a Body Collection Point (BCP) is a temporary refrigeration unit used to store decedents until transport is arranged. It allows a hospital to store a larger number of cases until they can be released to funeral homes or until OCME takes possession. The purpose of a BCP is to decompress the hospital morgue to give the funeral director community the time to get to the facility to make the removal and follow the wishes of the family.
- **Claim Only:** a term used by OCME to describe a case where OCME is requested to take custody of the remains for storage while contact is made with the family and/or the family make arrangements.
 - **Claimed Remains:** cases with confirmed private disposition arrangements (a funeral home has been hired and is claiming the case). This includes cases where a funeral home has been hired but cannot make the removal.
 - **Unclaimed Remains:** cases with no expressed intent or confirmed final disposition arrangements. This includes cases with unknown next of kin (NOK).
- **Fixed Facility Morgue:** a hospital's in-house morgue space.
- **Medical Examiner Case:** any decedent that dies from a suicide, homicide, accident, or suspicious circumstances. For a full explanation of cases that fall under OCME jurisdiction please visit www.nyc.gov/ocmereportacase. These cases should be reported to OCME for medicolegal investigation.

II. Body Collection Point Requests

To request a BCP, hospitals are instructed to complete the following, as directed by the Citywide Logistics Center:

- Submit requests through the appropriate healthcare association, [NYC Health + Hospitals \(H+H\)](#) or [Greater New York Hospital Association \(GNYHA\)](#), who will contact NYCEM on their behalf.

The requesting network/facility must provide the following information upon making the request:

1. Facility Name
2. Facility Address
3. Point-of-Contact for Mortuary Operations or Fatality Management Operations (including name, position, phone number, and email)
4. Location designated for the BCP

III. Management of a Body Collection Point

Management of the BCP is the responsibility of the receiving hospital. As an extension of the facility's morgue space, the hospital will be responsible for the following:

- **Case Transport:** Movement of cases from patient care areas to the BCP for temporary storage.
- **Family Management:** Communicating with families to make notification of death and enable arrangement for final disposition.
- **Release Cases:** Hospitals should release cases to funeral homes on demand and in accordance with normal procedures.
- **Temperature Monitoring:** Remains should be stored between 37-44°F. Hospitals must **monitor the ambient temperature** inside the BCP to ensure the storage remains within this temperature range.
- **Fuel Management:** Hospitals are responsible for monitoring fuel levels. NYCEM has facilitated refueling operations.
- **Case Management/Tracking:** Hospitals must maintain a morgue census for all cases stored in the BCP. A sample tracking form has been distributed with this guide.

- **Security:** The hospital must ensure that the unit is secure 24 hours a day. Depending on the placement of the unit, this may include taking measures to ensure privacy, deploying lighting elements or cameras, deploying tents or covered walkways, etc.
- **Personal Effects:** The hospital is responsible for the management of personal effects. As is current protocol, OCME will not take possession of personal effects when picking up the BCP.
- **Morgue Census:** OCME is requesting that all hospitals provide their daily morgue census (including both fixed facility and BCP(s), if one is deployed). This will assist OCME in monitoring case storage capabilities and manage transport resources citywide. The census can be found at:

<https://www.surveymonkey.com/r/HCFMorgueCensus>

Please complete this survey by 3:00PM every day.

a. Cases That Can and Cannot be stored in the Body Collection Point

Claim Only cases, claimed remains, and unclaimed remains can all be stored in the BCP, both COVID-19 and non-COVID-19 related cases. Cases which fall under the jurisdiction of OCME must be reported to OCME according to normal protocols and CANNOT be stored in the BCP.

STORE IN BCP	DO NOT STORE IN BCP (STORE IN HOSPITAL FIXED FACILITY MORGUE)
Claimed <u>or</u> Unclaimed Cases	Medical Examiner Cases Cases which fall under OCME jurisdiction must be reported according with normal operations and Fetal Remains

Hospitals are encouraged, though not required, to get at least **two separate BCPs** and aim to maintain one type of decedent in each BCP:

1. A BCP for cases that are expected to be **picked up by Funeral Homes** (imminently)
2. A BCP for cases that which require **pick up by OCME**

	Cases with NO Funeral Home Involvement*	Cases claimed by a Funeral Home that are DELAYED	Cases claimed by a Funeral Home that are NOT Delayed
Placement	Group with other cases that will need to be picked up by OCME for LONG TERM STORAGE	Group with other cases that will need to be picked up by OCME for LONG TERM STORAGE	Group with other cases that will be picked up imminently by funeral homes
Required Action	Fax to OCME: <ol style="list-style-type: none"> 1. Facility Facesheet 2. Clinical Summary Worksheet 3. Work Copy of Death Certificate (<i>preview version in eVital</i>) indicating City Burial as the method of disposition 4. Burial Permit indication City Burial 	Fax to OCME: <ol style="list-style-type: none"> 1. Facility Facesheet 2. Clinical Summary Worksheet 3. Work Copy of Death Certificate (<i>preview version in eVital</i>). There is no need to amend the method of disposition if the Funeral Home has already claimed it 4. Burial Permit does <i>not</i> need to be sent 	Do not need to send any paperwork to OCME

*If a funeral director **later** becomes engaged with these cases and arrives to receive the decedent **before** the BCP is sealed by OCME, hospitals must **release on demand** to the funeral director AND remove the decedent from the manifest (or otherwise note that it is no longer in the BCP or crossing it out). The funeral director will file an amendment to change the method and place of disposition to reflect the final disposition wishes of the family

Hospitals SHOULD continue to release cases in their custody to funeral directors on demand until the case is physically transferred to OCME custody. No releases should be done after OCME has inspected and locked the BCP immediately prior to removal.

b. How Decedents Should be Stored in the Body Collection Point

The following guidance should be followed by any hospital staff handling decedents and/or assisting in the BCP operation:

- **Decedents should always be handled in a manner denoting respect, including the loading and unloading of cases from the BCP**
- Decedents should always be placed face up and should **never** be stacked
- Decedents should be properly positioned to allow for efficient case storage.
 - During BCP management, cases should be arranged on each side of the BCP, leaving a center aisle for walking to facilitate the release of cases to funeral homes.
 - Once the BCP is nearing capacity and a request for retrieval is prepared, additional cases **can** be stored in the center walkway to maximize the storage of cases.
- Body handlers should use sliding boards and other lifting devices, when applicable, to make it easier and safer to move cases.
- Decedents as well as the decedent body bags/**human remains pouches should be properly labeled:**
 - The decedent must have a wrist band and toe tag indicating the decedent's full name and medical record number (MRN)
 - Each body bag should have a tag affixed to it that identifies the decedent's full name and medical record MRN

c. Decedent Personal Effects

- OCME will **not** take custody of any personal effects of decedents transferred to OCME facilities
- Hospitals must maintain chain of custody and document from when the items are collected after death to their release to family members
- Hospitals should prepare for storing personal effects for an extended period of time and in an increased amount.
- A secure facility should be chosen that will be large enough to handle a large amount of personal effects.
- Decedent personal effects can be packaged per hospital protocol.
- Personnel should ensure items are sealed well prior to labeling.
 - Plastic bins may be useful in organizing large amounts of personal effects
 - All personal effects should be tagged with a unique identifier as well as the unique identifier of the decedent to allow for reassociation.

IV. Chain of Custody Paperwork Required by OCME

OCME requests that you fax the paperwork for each case as it is placed in the BCP that require removal by OCME. Claimed cases that will imminently be picked up by a funeral director do NOT need to be reported to OCME, and no paperwork needs to be submitted to OCME.

All paperwork for each case requiring OCME pick up should be faxed to:

332-900-8581

1. No Funeral Home Involvement

- a. The hospital must provide all four (4) of the following to OCME for **each** case as it is stored in the BCP that **does not have funeral home involvement**:
 - i. **Healthcare Facility Face Sheet**
 - ii. **Completed OCME Clinical Summary Worksheet 3.0**
 - iii. **A work copy of the signed Death Certificate**
 - iv. **The Burial Permit**

2. Funeral Home Involvement (but with significant delay)

- a. The hospital must provide all three (3) of the following to OCME for **each** case stored in the BCP that **has a funeral home but is delayed in pickup and therefore requires OCME removal**:
 - i. **Healthcare Facility Face Sheet**
 - ii. **Completed OCME Clinical Summary Worksheet 3.0**
 - iii. **A work copy of the signed Death Certificate**
**no burial permit required*

3. Funeral Home Involvement (with NO significant delays)

- a. If you are placing a decedent in the BCP and there is a funeral home attempting to claim the body within 2 WEEKS, and the hospital does not require OCME removal, **no paperwork needs to be submitted to OCME**.

- The hospital face sheet is provided by the hospital. It is a one- or two-page document that is produced by the admitting department that contains basic patient information (such as name, MRN, NOK, DOB, etc.)
- The **OCME Clinical Summary Worksheet 3.0** is available online at www.nyc.gov/ocmereportacase
- **Both the Death Certificate and Burial Permit are completed on eVital, an online database run by DOHMH Bureau of Vital Statistics.**

For questions about eVital please email evital@health.nyc.gov.

a. Clinical Summary Worksheet

On the Clinical Summary Worksheet:

- Please complete **only** the required sections. **Section E is only required for ME cases, not claim only cases.**
- Please indicate '**unknown**' in fields where the requested information is unknown. Do not leave fields blank.
- OCME requires the medical record number (MRN) for all decedents coming to OCME from a hospital.
- OCME requests any aliases known to be used by the decedent.
- OCME requests as much next-of-kin (name and contact) information as possible:
 - Where the NOK are known, the hospital must notify the NOK of the death. **Failure to notify NOK of the death of their loved one interferes with the NOK's right to direct final disposition**

without delay and may therefore be a violation of the NOK's right of sepulchre. If the hospital was unable to reach the NOK, all notification attempts **must** be documented.

- **Where the NOK are unknown and the hospital is requesting city burial for the decedent, the hospital shall notify the Public Administrator (PA) of the death and document notification as indicated. See below for Public Administrators contact information.**

Public Administrators			
Borough	Name	Email	Telephone
Bronx Matilda Sanchez	Joevani Cruz (Intake) Milly Merced (NH Cases) Christine Paulino Heiry Roman (Intake Backup)	jcruz@bronxpa.nyc.gov mimerced@bronxpa.nyc.gov cpaulino@bronxpa.nyc.gov hroman@bronxpa.nyc.gov	718-293-7660 Fax: 718-293-7851
Brooklyn Richard Buckheit	Latoya Richardson (Intake) Julio Chen Kno Nelson Guzman Raymond Paulucci	lrichardson@kingspa.nyc.gov jchenkon@kingspa.nyc.gov nguzman@kingspa.nyc.gov rpaulucci@kingspa.nyc.gov	718-643-3032 Fax: 718-522-4475
Manhattan Dahlia Damas	Dahlia Damas Frank Fang Paulette Pennant Sunita Tamang-Gurung	ddamas@nycountypa.nyc.gov ffang@nycountypa.nyc.gov ppennant@nycountypa.nyc.gov sugurung@nycountypa.nyc.gov	212-788-8430 Fax: 212-385-0220
Queens Lois Rosenblatt	Barbara Banks-Grier (NH cases) Susan Brown (all other cases)	Barbara@queenscountypa.com sbrown@queenscountypa.com	718-526-5037 Fax: 718-526-5043
Staten Island Edwina Martin	Vincent Argenziano Paul Bogdanov	vargenziano@richmondpa.nyc.gov pbogdanov@richmondpa.nyc.gov efmartin@richmondpa.nyc.gov	718-876-7228 Fax: 718-876-8377

- Please provide all available contact information for NOK, Public Administrator and Nursing Home (if decedent was transferred from a nursing home) so that OCME can follow up, as appropriate.
- Please provide a response ("Yes" or "No") for all screening questions.
- If the case is COVID-19 positive, select NO to the question in the Clinical Summary Worksheet Section D regarding public health. While this is a public health issue, selecting yes will cause this case to be flagged as a possible ME case, which will delay its processing.

yes	<input type="checkbox"/>	no	<input checked="" type="checkbox"/>	Does the death pose a threat to public health, such as bacterial meningitis?
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- Please ensure that the form is signed.
- **OCME will follow up with hospitals when there are any issues with the submitted paperwork.** This is why it is requested that the hospital submit paperwork for each case as it is placed in the BCP that will be removed by OCME so that OCME can review and request any changes prior to the BCP getting full.

Please visit the OCME official website which includes a "Case Reporting Criteria for Clinicians" page and the clinical summary worksheet and instructions at www.nyc.gov/ocmereportacase.

b. Death Certificate & Burial Permit

For cases that have **NO funeral home involvement** (unclaimed, unidentified, or when family chooses City Burial), fill out the Death Certificate and Burial Permit as follows:

Death Certificate	
Death Certificate Field	What Should Be Entered
21a Method of Disposition	Interment / City Burial
21b Place of Disposition	City Cemetery at Hart Island
22a Funeral Establishment	Office of Chief Medical Examiner
22b Address	520 1 st Ave, NY, NY 10016

Burial Permits	
Burial Permit Field	What Should Be Entered
Type of Disposition	City Burial
Method of Disposition	Interment / City Burial
Place of Disposition	City Cemetery at Hart Island

- ALL spellings of names, dates and times of birth / death must agree throughout ALL paperwork: cover letter, face sheet, clinical summary worksheet, death certificate, burial permit.
- All required decedent paperwork **must be faxed to OCME Communications at 332-900-8581** as decedents that will be transferred to OCME's custody are placed into the BCP and must be complete and competent before case pick-up can occur.
- Next of Kin Authorization is preferred, **but not required** for adults. OCME continues to require NOK authorization for fetal remains.

*For decedents that have funeral homes that have claimed the death certificate, facilities do **not** need to change the Death Certificate for OCME pick up. These cases also do not require the hospital to prepare the Burial Permit.*

c. eVital Guidance

The health code does require the medical provider to report and certify a death in eVital within 24 hours of the event and if there is no funeral home involved, the disposition, within 72 hours. Given the pandemic, it is more likely than usual, to not know if a funeral director is involved within the 72 hours. To prevent medical facilities from having to update the responsibility of the disposition after the initial certification, we are suggesting, **if there is no knowledge of funeral director involvement at that time, that facilities indicate in eVital that they are responsible for the disposition.**

It is suggested that the medical provider should indicate one of two options for disposition in eVital:

1. No, Medical Institution is not responsible for the final disposition (when funeral director is involved)
2. Yes, Medical Institution is responsible for the final disposition (when no known funeral home involvement at time of report) and enter the Method of Disposition as City Burial.

This requires certification in eVital once rather than twice. If a funeral director becomes involved at a later time, subsequent changes to the disposition information can be completed by them by filing an amendment in eVital.

Questions regarding eVital should be directed to: eVital@health.nyc.gov

V. Body Collection Point Retrieval / Case Pick Up Procedure

OCME will remove claim only, claimed, and unclaimed decedents from hospitals, when appropriate. Hospitals should continue to try and separate decedents that will be imminently picked up by a funeral home and those that will not, when possible, and continue to release to funeral homes directly, when able. However, due to the delays in pickup of case by funeral directors, OCME will pick up claimed cases, especially those that have been in a BCP for an extended period of time.

1. OCME will remove unclaimed decedents with no known NOK
 - a. Following a thorough investigation to find NOK, these cases will be buried at City Cemetery at Hart Island
2. OCME will also remove claimed decedents that have not yet been picked up by a funeral home, or where the family needs more time to hire a funeral home.
 - a. These cases will be transferred to OCME's custody and placed in long-term storage

BCP Retrieval Request Submission:

While hospitals should attempt to separate decedents by type in each BCP, OCME **will** take custody of BCPs with mixed cases (e.g., both claimed and unclaimed).

- To request a BCP retrieval, hospitals should email Faiza Haq at GNYHA (fhaq@gnyha.org), who will walk through the process and contact OCME once all information has been confirmed. This request/notification that a BCP is ready for pick up should only be done after you have submitted all paperwork to OCME for each case. Your email to Faiza Haq should include:
 1. Facility Name
 2. Facility Address
 3. Address location of the BCP (this must be exact)
 4. Point-of-Contact for Mortuary Operations or Fatality Management Operations (including name, position, phone number, and email) **This person must be present during the BCP audit and retrieval*
 5. A photograph of the BCP, including any customized ramps, tenting, etc. that have been erected surrounding the BCP.
- After confirmation of the above information, the hospital will be authorized to fax the final BCP manifest to:
(332) 900-8581

Do not fax the manifest to this number until instructed to do so by GNYHA or H+H

Preparation for BCP Retrieval:

Upon submitting a request for retrieval of the BCP, the requesting hospital must do the following to prepare the cases and the trailer for removal:

- Maximize BCP storage capacity within the unit. Utilize all available space in the BCP to store cases for transport; including the center aisle and floor.
- Confirm BCP manifest is current and correct.
 - Remove (or document) any listed cases that have been released to funeral homes.
 - Do not add any more cases once the manifest is submitted.
- Check that all cases in the BCP are properly labeled (including a body tags, tag on the bag, and documented on the exterior of the body bag)
- Ensure all case paperwork has been submitted to OCME and corrections requested have been made.
- The hospital must prepare the space surrounding the BCP, including preparing to remove privacy tenting or structures fixed to the unit
- **The hospital should make request for a replacement BCP if they have not done so already.**
 - If there are capacity concerns and a fatality surge, hospitals are encouraged to submit a request for a replacement BCP at the same time as the retrieval to ensure continuity of storage operations.
- Hospitals are **not** required to provide hard copies of the decedent paperwork package, but *will* need to have a hard copy of the final manifest available

Upon Case Paperwork Approval:

- Submit manifest to OCME when approved to do so by Faiza Haq
- After the final manifest is received, OCME will reconcile all paperwork
- OCME will then dispatch a team to perform an audit of the BCP and its contents.
- With their approval of the state of the BCP and case reconciliation of the manifest on site, OCME will take custody of the remains and then approve for vendor transport of the BCP.

Keep in Mind:

- Please be aware that OCME will not go into BCP without a Mortuary Tech (or other mortuary staff) from the hospital present
- OCME will not operate equipment belonging to the hospital (this includes lifts).
- OCME will not remove decedents from a BCP that has stacked bodies

Following relocation of the BCP, OCME will coordinate with funeral homes to facilitate case release at the family's request.

a. Funeral Home Delay Guidance and Suggested Case Timeline

Due to the surge in fatalities, many funeral homes are unable to pick up decedents. While a family may have made arrangements, they cannot be carried out due to bottleneck issues in various parts of the fatality management system.

OCME recommends the following timeline for cases, though **each hospital is responsible for making their own policy and regulations regarding how long the hospital will maintain custody of a case before requesting for removal:**

- Upon learning that a case has funeral arrangements and has been claimed, get an exact date of when a funeral home will make a removal.

- If that date **LESS THAN 2 WEEKS** and the hospital does not have capacity concerns, keep the case in hospital custody and wait for removal by the funeral director.
- If that date is **MORE THAN 2 WEEKS**, speak to the family and funeral home and explain that the hospital is submitting for OCME removal. Their loved one will not be interred at Hart Island. They will be kept in long-term storage until a funeral home can make a removal.
- For unclaimed cases, OCME recommends the hospital submit paperwork for OCME removal immediately.
- **OCME will not require facilities to make any changes to the death certificate or burial permit that has already been claimed by a funeral home.**

b. OCME Long Term Case Storage

Upon taking custody of decedents from hospitals, OCME will continue to work with funeral homes and release on demand.

Once in OCME custody, decedents will be moved to **Long Term Case Storage**. This will prolong the amount of time that families and funeral homes are able to make arrangements.

OCME will continue to conduct outreach for cases with no known next of kin, if no next of kin is located after a thorough investigation, these cases will be interred at Hart Island. If a family is found following this interment, and they wish to make other arrangements, they may put in a request to DOHMH through a funeral director for disinterment. The city does not charge for this disinterment.

OCME's responsibility as the City mortuary includes caring for all remains in our custody with dignity and respect. There may be times in this work when remains are unidentified and/or unclaimed.

As we aim to accommodate the many New Yorkers who have been impacted by the COVID-19 pandemic, the New York City Office of Chief Medical Examiner (OCME) will provide temporary long-term storage of decedents. We continue to work with families to accommodate their needs during this difficult time.
