Recent planning efforts

- 2008 – series of 11 Fatality Management (F/M) workshops throughout the state
- Alabama Department of Public Health F/M template
- Annual Coroners Conference – upcoming projects (tool kit and webcast)
Why we are here today

- Planning – short term and long term
- A need for each Coroner to seriously consider how a pandemic will affect their county and how they will respond
Coroner Authority

- Code of Alabama (1975) Act 15-4
  - 15-4-2 – Examination of body and report by Coroner
Lee County could expect:

- 5 extra deaths per day for eight weeks for three waves.
- 761 deaths related to influenza in addition to deaths from other causes.
Deaths at home

- Follow up and decedent pick up may not be timely.
- Who will be available to pick up decedents?
- Where will decedents be taken if funeral homes are at capacity?
Collection points

- Who will be responsible to run/operate?
- Issues –
  - family/community education
  - cold storage or lack there of
  - decedent identification
  - decedent tracking
  - personal effects
Mass burial planning

- Trigger
- Location
- Security
- Interment and Disinterment
- Decedent tracking
- Identification
Coroner’s role during a pandemic

- Change in role with increased death rate
- Reporting (to Coroner from outside agencies)
- Reporting (from Coroner to ADPH and other agencies)
- Expectation
Joint effort with ADPH

- CoronerME
  - Software/laptops grant to standardize day to day operations
- Data collection
- Daily death counts during a pandemic
- Other data elements (future applications)
Coroners must

- be involved with the local fatality management planning
- review the local plan with other authorities
- anticipate difficult questions
- identify potential resources
- collect and report requested data
Coroners should **not**

- fail to plan
- plan alone
- assume you can handle everything
- assume the “Government” will handle fatality management
Questions?