



# *West Coast District Health Board*

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## *Te Poari Hauora a Rohe o Tai Poutini*

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25 November 2021

9(2)(a)

### **RE Official Information Act request WCDHB 9630**

I refer to your email dated 8 November 2021 requesting the following information under the Official Information Act from West Coast DHB. Specifically:

**Copies of any reports, documents, memoranda, correspondence, legal advice, aide memoires, or emails, both internal and external discussing using a refrigerated container or refrigerated containers to respond to Covid deaths.**

There have been no discussions around planning for the use of refrigerated containers to respond to Covid deaths for the West Coast DHB.

**Note:** The National Health Emergency Plan sets out the Emergency Management requirements for all DHBs. As part of these requirements for Mass Causality Plan we (WCDHB) are required to have plans in place for the management of mass fatalities.

The West Coast DHB has, as part of our Mass Causality Plan, a Sub plan for setting up a temporary morgue site at Te Nikau Grey Hospital Campus (this is because we no longer operate a morgue on the West Coast).

The Plan was been developed in conjunction with Police and Ministry of Justice and is regularly reviewed as part of our wider Alpine Fault Earthquake planning. This Plan outlines how refrigerated containers would be used to store the body/ies of deceased people and how the West Coast DHB would support the Police DVI (Disaster Victim Identification) Team and the coroner.

Currently the West Coast DHB has no intention of activating this Plan, and we have not placed any order for containers. We have attached an excerpt from the WCDHB Major Incident Plan Section B – Mass Fatality Deceased Plan as **Appendix 1**.

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the West Coast DHB website after your receipt of this response.

Yours sincerely

Tracey Maisey  
**Executive Director**  
**Planning, Funding & Decision Support**

## 5. ROUTINE STORAGE OF DECEASED PEOPLE

Local management and care of the deceased is discussed in the following sections. It is based on the philosophy that bodies should be stored under refrigeration (and in some cases frozen) with the assumption that the majority of burials and cremations may be delayed due to coronial demands from the event and possible delays in victim identification.

On the West Coast, bodies are stored at local funeral homes initially. When these facilities become overwhelmed, funeral directors may have to use refrigerated storage to hold bodies for up to 20 days with the option of embalming at a later date.

In the event of a large mass casualty or pandemic event the Police may opt to establish a temporary morgue as well as a temporary storage area. The DHB would most likely be asked to assist and would seek to use refrigerated containers on site for extra capacity (see section 9).

### 5.1 Body Bags/Pouches/Caskets

Funeral directors will only be able to hold a limited number of body bags/pouches and caskets. Currently the Red Cross is managing the national stockpile of body bags (25,000 white vinyl bags with handles and zips) for the MoH. The MoH will control their release and may do so under direction of the Minister or direct request from the Police or DHB.

### 5.2 Funeral Directors

All Funeral Directors on the West Coast belong to the Funeral Directors Association of New Zealand (FDANZ). The liaison person for the district can be found in the Appendix 1 Contact List.

### 5.3 Embalming

Some bodies may be able to be cremated/buried without embalming. However, this is limited in the region and will not assist significantly with higher capacity demands such as a mass fatality event.

### 5.4 Crematorium Authorities and Medical Referees

- There is one crematorium in the District.
- It is a private crematorium <sup>9(2)(a)</sup> based in Greymouth.
- Cremation takes between 3 - 3.5 hours including cooling and processing.  
<sup>9(2)(a)</sup> [cremation-services/](#)

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## 6. ACTIVATION OF MASS FATALITY / DECEASED PLAN

### 6.1 Activation

1. Activation occurs when:
  - a. Capacity of local funeral directors is exceeded.
  - b. Mass casualty event where there are mass pre-hospital trauma fatalities.
  - c. Pandemic where the number of deceased people exceeds routine services.
  - d. In conjunction with activation of Health Emergency Plan & Mass Casualty Plan
2. Table 1 below, shows the escalation pathway for a mass fatality/deceased event  
*(Additional considerations when the usual pathway becomes overwhelmed with the escalation of a mass fatality event are in red)*

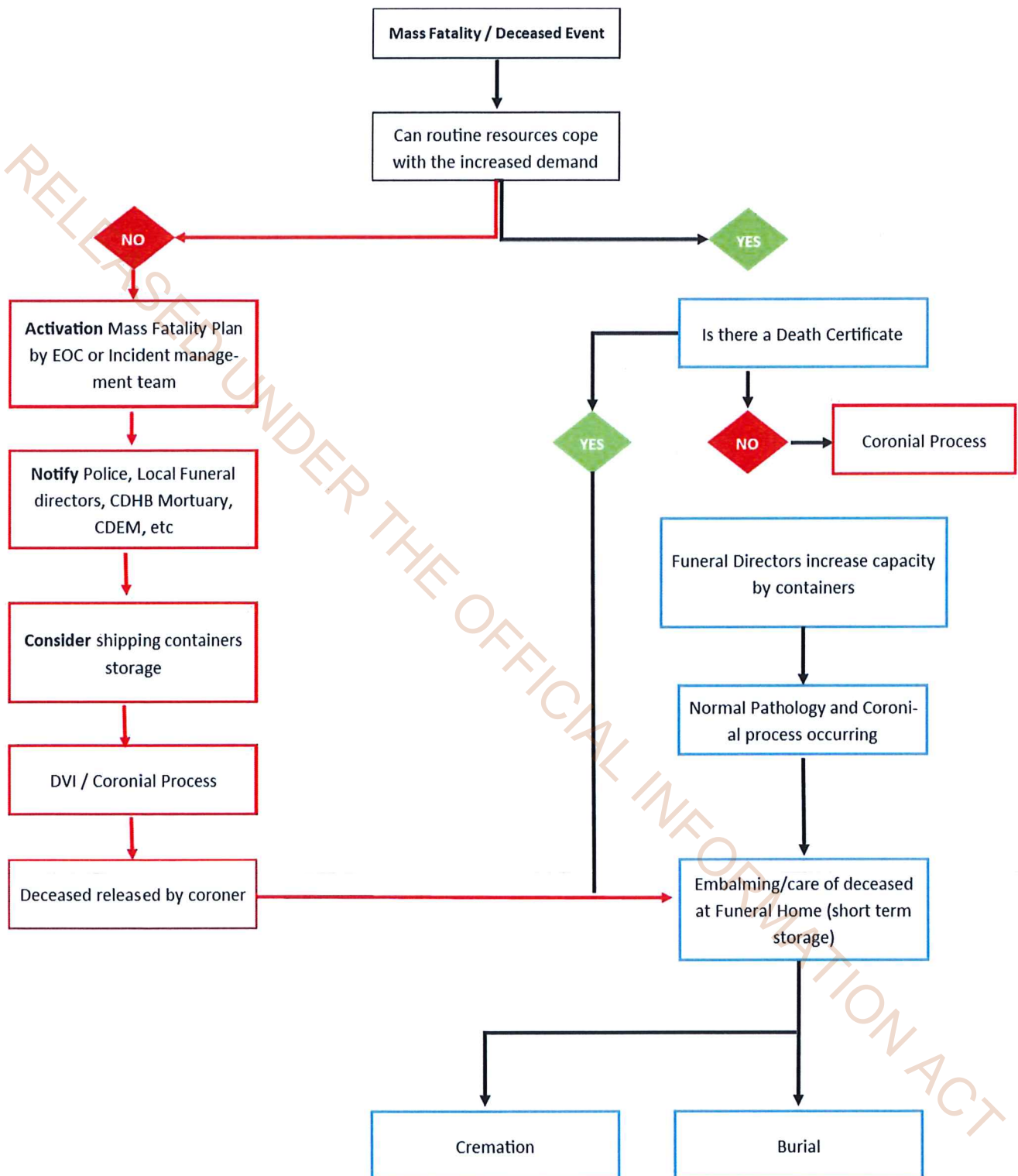
### 6.2 Notification

1. CDHB Mortuary notified of incident.
2. Police notified of incident - A Temporary Mortuary is expected to come under Police control.
3. CDEM notified of incident - and setting up of Temporary Mortuary.
4. Funeral Directors notified of incident.

### 6.3 Liaison

1. The **Police Disaster Victim Identification Team**, if assigned to the hospital, will liaise with the Temporary Mortuary staff.
2. **Other Police Enquiry / Liaison Teams** will be based in the Emergency Department.

Table 1: Mass Fatality/deceased Activation flowchart



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## 7. ADDITIONAL CAPACITY FOR MASS FATALITY/DECEASED (TEMPORARY MORTUARY)

### 7.1 Large Temporary Mortuary Site

1. A Temporary Mortuary can set up at Greymouth Hospital campus to increase additional storage of the deceased, when routine storage is overwhelmed.
2. The building 21 (transport garage) and adjacent car park areas has been identified.
  - a. Appendix 2: Mass Fatality/Death Storage, Figure 1: Additional storage area Grey Base Hospital. Outlines potential site map location for a temporary mortuary to be set up in a macaque and/or building 21. Containers can be located in the carpark area next to the transport garage.
3. Refrigerated containers have been recognised as being the most acceptable method of increasing mortuary capacity for mass fatality events, due to their mobility ease of setup and are ethically more acceptable for the temporary storage of human remains over existing cool storage facilities.
4. Additionally, privacy and security are easier to maintain with containers being lockable, sealable and a temporary fence can be quickly erected, and a security guard could be stationed in this area.

### 7.2 Staffing

The Logistics Manager should confirm that the Temporary Mortuary Technicians/CDHB Mortuary have been advised of the incident.

- a. Mortuary staff may be requested from CDHB.
- b. Redeployment of some WCDHB staff to assist in mortuary (e.g. Admin, Mortuary assistances, logistic staff).
- c. Additional assistance may be requested from funeral directors.



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## 8. MANAGEMENT AND CARE OF THE DECEASED

The management of the deceased will occur as per the West Coast/Canterbury DHB Policies/procedures for:

1. Clinical Management – Death of a patient.
2. Specific Clinical Management Guidelines issued by the Medical Director, Infection Prevention and Control, Ministry of Health, – e.g. COVID-19 diseased Patient Management

### 8.1 Objectives / Principles

- To ensure correct preparation of the deceased.
- To support family/whanau and friends.
- To facilitate transportation of the deceased to the Mortuary.
- To facilitate the deposition of the patient's belongings.
- To ensure legal requirements are met.

### 8.2 Post Mortems

1. Assess current WCDHB staff availability and current workload and consider the likely impact of the incident, i.e. judgement call required to call in more staff, etc.
2. If the incident is protracted, ensure that staff have meal / rest breaks.

### 8.3 In Hospital Deaths

1. Unrelated in-hospital deaths during the Major Incident / pandemic response will be managed in the usual way.
2. The Duty Nursing Manager will liaise with Temporary Mortuary staff / Police when casualties die in ED.
3. Social Worker will be involved as required.

