

Disaster-related Mortality Surveillance. General Instruction for completion of mortality form

General Information	<p>Q1. Disaster type — Destructive forces originating from natural environment, such as hurricanes and earthquakes or man made (i.e., terrorist attack, WMD, toxic chemical release, nuclear reactor accident). If it is hurricane, please, specify the name.</p> <p>Q2. Facility type— Center involved in dead body handling during disaster and provided the information. Please check one that best applies.</p> <p>Q3. Facility’s address— Center or agency address at the time of information collection</p> <p>Q4. Contact person— Family name/surname or reporting person and phone or email address</p>
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Deceased Information	<p>Q5. Case/ Medical record number— As appears in facility record</p> <p>Q6. Body identified— Yes or No if personal identity (name, DOB or residency) was identified or not</p> <p>Q7. Date of birth — Date of birth in MM/DD/YY format</p> <p>Q8. Age in years— Age in years, if age is less than one year please check the appropriate box</p> <p>Q9. Residential address of deceased— Deceased’s home address including county of residence</p> <p>Q10. Ethnicity— Hispanic or non-Hispanic category</p> <p>Q11. Race: Select one or more of the racial category.</p> <p>Q12. Gender— Male, female</p> <p>Q13. Date of death— Date of death in MM/DD/YY format</p> <p>Q14. Time of death—Enter the exact or estimated time and minute according to 24- hour clock</p> <p>Q15. Date of body recovered — Date body taken from place of death in MM/DD/YY format</p> <p>Q16. Time of body recovered— Enter the exact or estimated time and minute according to 24- hour clock</p> <p>Q17. Place of death— Place where deceased was physically located at the time of death</p> <p>Q18. Location of death or body recovery— State and county of death</p> <p>Q19. Deceased status prior to death: Deceased residential at the time of death</p> <p>Q20. — Refers to work related deaths, this include volunteers deployed for disaster response.</p> <p>Q21. Body recovered by — The entity name who recovered the body</p>
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Cause and Circumstance of Death	<p>Q22. Mechanism or cause of death/ injury: Record the mechanism that best describes the death. Record other and specify if the cause is not listed, but is known.</p> <ul style="list-style-type: none"> ▪ Drowning— Includes but not limited to accidental drowning while in natural/flood water or following fall into natural/flood water. ▪ Electrocution—Includes but not limited to exposure to electric transmission lines or other unspecified electric current. ▪ Lightning—Includes death related to thunder or lightning ▪ Motor vehicle occupant/driver—Includes collisions relating to land transport accidents (e.g., car, motorcycle) ▪ Pedestrian/bicyclist struck by vehicle—Includes collisions involved non-motorized road users with motorized vehicles during the disaster period. ▪ Structural collapse—Include but not limited to building or shelter collapse ▪ Fall—includes but not limited to falls on same level from slipping or tripping; falls involving ice and snow; falls from trees, bed, stairs, roofs, ladders, etc. ▪ Cut/ struck by object/tool—Includes but not limited to contact or collision with inanimate objects that results in a physical damage and causes death ▪ Poisoning/ toxin exposure— Includes accidental poisoning by and exposure to liquids or gases and ingestion of drugs or substances. ▪ Suffocation— Includes but not limited to mechanical or oxygen depleted environment ▪ Burn— Includes but not limited to chemical, fire, hot object or substances contact ▪ Firearm/gunshot— Firearm injuries, including self-inflicted ▪ Heat related injury—Includes excessive heat as he cause of heat stroke, hyperthermia or others ▪ Cold related injury—Includes excessive cold as the cause of hypothermia <p>Q23 Cause of death/ illness— Record the cause that best describes the disease process. If other, please specify.</p> <ul style="list-style-type: none"> ▪ Neurological disorders—Includes but not limited to CNS infectious disease, seizure disorder, intracerebral hemorrhage, cerebral infarction and stroke ▪ Respiratory failure—Includes but not limited to COPD, pneumonia, asthma and pulmonary embolism ▪ Cardiovascular failure—Includes but not limited atherosclerotic cardiovascular disease, heart failure ▪ Renal failure—Includes kidney failure and other disorders of the renal system ▪ GI and endocrine—Includes but not limited to upper and lower GI bleeding, jaundice, hepatoma and pancreas ▪ Sepsis—Includes systemic infection ▪ Dehydration—Include sensible and insensible fluid and electrolyte loses ▪ Allergic reaction— Topical or systemic reaction including anaphylactic shock <p>Q24. Cause of death:</p> <ul style="list-style-type: none"> ▪ Confirmed—If the cause of death was certain and confirmed by a ME/physician ▪ Probable—If there is uncertainty to confirm the case ▪ Pending—If the case is subject for further investigation <p>Q25. Relationship</p> <ul style="list-style-type: none"> ▪ Direct —refers to a death caused by the environmental force of the disaster (e.g., wind, rain, floods, or earthquakes) or by the direct consequences of these forces (e.g., structural collapse, flying debris). ▪ Indirect— refers to unsafe or unhealthy conditions, or conditions that cause a loss or disruption of usual services that contributed to the death. Unsafe or unhealthy conditions may include but are not limited to hazardous road conditions, contaminated water supplies, scattered debris. Disruptions of usual services may include but are not limited to utilities, transportation, environmental protection, medical care or police/fire. ▪ Possible— refers to a death that occurred in the disaster-affected area during the disaster period. The cause or manner of death is undetermined or pending and the informant believes that a possible relationship between the death and the disaster might exist. ▪ Unrelated— refers to a death with no relationship to the disaster <p>Q26. Circumstance of death—Text description of the death and preceding incidents</p> <p>Q27. Manner/intent of death—Record the category that best describes the manner/intent of death</p> <p>Q28. Who signed—Record the title that describes the person who signed the death certificate</p> <p>Q29. Date of report completed—Date of the survey form completed in MM/DD/YY format</p>
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