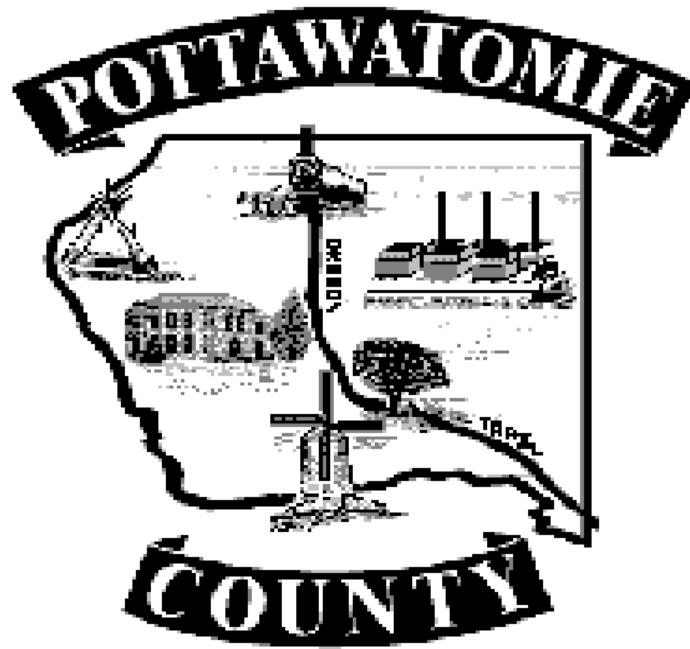

Mass Fatality

RECORD OF CHANGES

Mass Fatality

Change #	Date of Change	Entered By	Date Entered

PURPOSE

A. General

1. The purpose of this section is to assign responsibility for the activities involved in a catastrophic disaster which may exceed the local resources for handling fatalities. The plan provides a structure for coordination and communication among multiple emergency medical agencies and other organizations providing prehospital emergency care in boundaries of the County. The plan seeks to maximize existing resources of emergency medical agencies and hospitals.

2. There are three major operational areas in a mass fatalities incident response:

   - **Search and Recovery**
   - **Morgue Operation**
   - **Family Assistance**

3. **Search and Recovery (S&R)**
   Simply stated, search and recovery normally involves locating and removing at least: bodies, body parts, and personal effects. A good S&R team will document everything found at the disaster site, as it may help in the investigation and in the morgue operations. A good policy is to treat every site as a crime scene, until the medical examiner/ coroner says differently. As a rule of thumb search teams systematically search and mark where bodies, body parts, and personal effects are located with either pin flags, stakes, etc. A team member will assign a number to that particular finding. They log each finding on a grid chart, photograph it and move on until the search is completed.

4. Recovery starts after the search of an area is complete. Bodies and body parts must be treated with dignity and respect at all times. Each finding should be tagged with the number assigned by the search team. Bodies and body parts should be placed into a body bag or acceptable substitute. A tag with the same number as the finding inside the bag will be placed on the outside of bag. The body bag should be removed from the scene and taken to a location designated by the medical examiner/ coroner. Personal effects found on the body should not be removed from the victims at the scene. If weathering may be a problem, the personal effects can be wrapped in plastic and affixed to the body or body part. Victim identification is a function the morgue operations, not the search and recovery team.

5. **Morgue Operations**
   Depending on the size and nature of the incident, the medical examiner/coroner will determine where to establish an incident morgue site. The site may be in the existing morgue for that geographical area or it may be a temporary incident morgue site in another location such as a warehouse, airplane hangar or fair ground building. School gymnasiums should not be used, particularly when school is in session. The medical examiner/coroner should lay out the morgue operation site considering the physical condition of the victims, the number of victims, and the

number of personnel needed to perform such morgue functions as administration, logistics, refrigeration, and operations. The operational areas can include areas for receiving, photography, X-ray, personal effects, anthropology, dental, fingerprinting, pathology, storage, and shipping. In some cases an area for embalming may be desirable.

6. The main purposes for the morgue are to determine the cause of death and identify victims. The use of highly skilled professionals for each of the morgue operational areas is important. Post mortem records will be completed for every body and body part as they are processed through each of the operational stations. Post mortem records include personal effects, photography, radiographs, anthropology, fingerprints, dental and pathology reports. The post mortem records will be compared to the ante mortem (pre-death) records obtained from the victim's family and other sources such as fingerprint repositories and hospitals. Personal effects, such as driver licenses found on the victim or statements of recognition, should not be used as positive identification, but rather tentative identification. Positive identification is a responsibility of the medical examiner/coroner. After identification is established, the medical examiner can release the body and/or body parts based on the desires of the "next of kin".

7. **Family Assistance Center (FAC)**
   The family assistance center is one of the most sensitive operations in a mass fatalities event. Its purposes are:

   • To provide relatives of victims with information and access to services they may need in the days following the incident

   • To protect families from the media and curiosity seekers

   • To allow investigators and the medical examiner/coroner access to families so they can obtain information more easily

8. An FAC should be established quickly, in an area such as a hotel, conference center, school, or church. The area selected should be secured, in order to give privacy to the families. Regular briefing by the medical examiner/coroner or staff twice daily will help keep the families informed. Meeting with the families on an individual basis early on makes it possible to start the process of collecting ante mortem records for use in the morgue operations. The FAC has become so important that federal law recommends one to be established whenever a major aviation disaster occurs. Staffing for the FAC is important. Grief counselors should be available. Personnel from the American Red Cross possessing trained counseling skills and funeral service personnel are good at working with grieving families. Translators may be necessary when working with families from foreign countries.

9. There are many volunteer organizations and community businesses able to assist the medical examiner/coroner during a mass fatality incident response.

B. Responsibilities

1. **County Coroner**--The medical examiner/coroner is responsible for establishing the cause and manner of death for the purposes of identifying the deceased and issuing death certificates. State/local statutes specifically define the medical examiner/coroner's responsibilities. The medical examiner/coroner will provide oversight and coordination of resources to accomplish the recovery and identification of the deceased. 8 Initial considerations include:

   a). **Preparing Temporary morgue**/autopsy facilities. Staffing & Equipping facilities such as school gyms etc. During a mass fatality incident, it may be necessary to identify a centrally located Incident Morgue. An Incident Morgue is the location where victims are identified, cause of death is determined, property is identified and secured, and disposition decisions are made. Local funeral homes and other private funeral services may be able to provide temporary holding facilities until the victims can be transferred to the Incident Morgue. Refrigerated trucks may be required to serve as cold storage facilities at the Incident Morgue location.

2. **Victim Identification**--Identifying the deceased. The medical examiner/coroner will establish the identity of the deceased using the following methods:

   a) **Presumptive**.
      1) Direct visual or photographic identification of the deceased if visually recognizable.

      2) Personal effects (e.g., wallets, jewelry, etc.), circumstances, physical characteristics, tattoos, and anthropologic data.

   b) Confirmatory.
   c) Fingerprints (including hand, toe, and footprints if indicated).
   d) Odontology.
   e) Radiology.
   f) DNA analysis.
   g) Forensic anthropology.

3. **Establishing security** and credentialing system. Set up a security perimeter (using cones, ropes, tape, etc.). B. Establish staffed entry/egress points.
   a) Restrict access (e.g., to the media, bystanders, and nonessential personnel) into and out of the scene and secured areas through the security perimeter.
   b) Issue site-specific identification badges (for the FAC, temporary morgue, etc.) if possible.
   c) Maintain and update access logs/databases.

   d) Brief/debrief personnel when entering or leaving the staging areas.

   e) Remove unauthorized personnel from the scene.

4. **Establish staging areas**:

   a) Parking area (for emergency response vehicles).

   b) Media staging area (for releasing information to the public about the incident).

      1) A death scene should always be treated as a crime scene. The scene should be maintained and minimally disturbed during the removal of survivors. No property, body parts, or other items will be removed unless they can be positively identified and/or are critical to the full recovery of a survivor in which case they may be transported to the hospital with the victim. Once all survivors have been removed, the incident scene will be secured and access restricted to facilitate further investigation and removal of decedents.

      2) A two-zone perimeter should be established with the inner perimeter designated to include all areas in which victims, evidence or property may be found. Entry into the inner perimeter must be strictly controlled and documented and should be limited to those personnel authorized by the ME. Entry into the inner perimeter should be by specific identification only and should be documented on an individual level. An outer perimeter should be immediately established at the maximum distance from the incident that can be secured. The outer perimeter can always be moved in, but it's very difficult to move it back if it is established too close. No one other than assigned emergency workers should be allowed within the outer perimeter.

5. **Contamination**—Defining and determining procedures for handling chemically or radiologically contaminated bodies and limiting further contamination. The transportation of remains from the scene to the morgue. Because of the possibility of contact with body fluids, all mass fatality scenes will be treated as biohazard sites. The Incident Commander must take all precautions for infectious disease control. This must include the requirement for proper personal protection equipment for all personnel working within the inner perimeter and establishment of a system for decontamination of workers, equipment and supplies.

6. **Forensics**-Determining the need for a forensic pathologist to provide technical expertise depending on the nature of the incident. **:** In a mass fatality incident, the forensic anthropologist assists in the recovery, sorting, analysis, and identification of remains. Specifically, with regards to the identification of human remains, the forensic anthropologist will:

   a) Provide information concerning the biological characteristics (e.g., age, sex, race, and stature) of the deceased.

   b) Assist the medical examiner/coroner in determining the circumstances surrounding the death of the individual.

c) The forensic anthropologist will assist with the recovery, analysis, and identification of the remains.

7. **Notification**-- The medical examiner/coroner is responsible for the medico-legal investigation of the incident. A mass fatality incident does not diminish this responsibility. The office of the medical examiner/coroner will be in charge of the documentation, examination, identification, disposition, and certification of all remains as well as morgue operations. Additional assistance from other organizations and agencies is subject to the discretion and approval of the medical examiner/coroner.

   a) Confirming the identity of the deceased is critical to the death investigation.

8. Proper identification is necessary to notify the legal next-of-kin, resolve estate issues and criminal/civil litigation, and issue death certificates.

9. **Resource Management**--The magnitude of a mass fatality incident may exceed the local capabilities and resources. If this happens, the County Coroner should immediately begin contacting the County Emergency Manager for federal, state, and local agencies support. These agencies will assist with recovery and identification operations and provide administrative support. Depending on the nature of the incident, agencies (e.g., the National Transportation Safety Board and the Federal Bureau of Investigation) will respond immediately to the scene of the incident.

   . **Federal/national** resources.
      Federal Emergency Management Agency (FEMA).
      Urban Search and Rescue (USAR) Teams.
      National Transportation Safety Board (NTSB).
      DMORT

DMORT is a federally funded team of forensic and mortuary personnel experienced in disaster victim identification. DMORT provides a mobile morgue, victim identification and tracking software, and specific personnel to augment local resources. DMORT is part of the National Disaster Medical System, a division of the U. S. Department of Health and Human Services.

- The DMORT portable morgue requires a building for morgue operations. This guide lists potential disaster morgue sites capable of housing the DMORT.

- The federal government pays for travel, lodging, food, salary, and other expenses of DMORT personnel, except in the case of an activation under the Public Health Act.

- The DMORT team supports the local medico-legal authority by providing expertise, personnel, supplies, and equipment. The responsibility for assigning the cause and manner of death, signing of death certificates, and death notification remain with the local authority. All records created by DMORT will be left with the local authority. DMORT will provide identification reports and a computer program documenting the information collected during their response.

- The DMORT Family Assistance Center team provides assistance in the organization and operation of the Family Assistance Center.

- If a DMORT team member is activated from your agency to work at a disaster, that employee should present a copy of their travel orders to you as proof of activation.

DMORT can be activated by four methods:

C. Federal Disaster Declaration.

The Federal Response Plan dictates how federal agencies respond following a disaster. A request for DMORT assistance must be made by a local official through the state Emergency Management Agency, who will then contact the regional office of the Federal Emergency Management Agency (FEMA). Based on the severity of the disaster, FEMA can ask for a presidential disaster declaration, allowing the DMORT team to be activated. This process can take 24-48 hours.

D. Aviation Disaster Family Assistance Act.

Under this federal act, the National Transportation Safety Board (NTSB) can ask for the assistance of DMORT. The act covers most passenger aircraft accidents in the United States and U.S. territories. The NTSB coordinates with the local medico-legal authority to assess local resources and capabilities, and can activate DMORT upon the request of the local authority.

E. U.S. Public Health Act

Under the U.S. Public Health Act, the U.S. Public Health Service can provide support to a state or locality that cannot provide the necessary response. Under this act, the state or locality must pay for the services of DMORT, including salary, expenses, and other costs.

F. Memorandum of Understanding with Federal Agency

The DMORT may be requested by a federal agency to provide disaster victim identification. Under this mechanism, the requesting agency must pay for the cost of the DMORT deployment. As an example, following the crash of United Airlines Flight 93 in Pennsylvania on September 11, 2001, DMORT was activated under an MOU with the FBI.

Other DMORT issues: Normally, DMORT requires 24-48 hours to become fully operational.

State/local resources (in addition to the medical examiner/coroner).
Crime laboratories.
State and local emergency management offices.
National Guard.
State departments of transportation.
Other.

Private resources.
Non-profit organizations.
State funeral directors' associations.

State dental associations and identification teams.
Transportation companies.
Private disaster response companies. Private forensic laboratories.

Educational institutions.

Kansas State University
University of Kansas

G. Reporting—The County Coroner will report pertinent information to the EOC. This will include information such as number of casualties, facility damage observations and other pertinent data.

H. Mortuary Services

1. Establishing morgue operations during a mass fatality incident may require expanded operations. The medical examiner/coroner is usually responsible for coordinating logistical requirements to support sustained operations in an orderly environment. Consider the following functional areas in order to sustain the morgue operations from intake to release/disposition:

   Coordination—of Local, state and federal agencies may be requested to support local mass fatality operations.

   Outside Assistance--Outside agencies are expected to utilize the incident command system and to acknowledge and work within the local incident command structure in place.

I. Support

1. The Pottawatomie County Coroner may call on several area facilities, departments, agencies and individuals for support. These may include dentists, law enforcement agencies, military, National Guard Units and other volunteer organizations. The request for additional resources will go through the Emergency Manager and EOC if it is activated.

J. Critical Resources

1. Each agency participating in a mass fatality response will provide the Incident Command Team with an accurate detail description of capabilities and resources available to support such an incident.

Evaluation and Corrective Action

1. agency assigned responsibility for activities in a mass fatality incident are responsible for the identification of shortfalls and capabilities, and the evaluation of abilities related to a response to a mass fatality incident. When feasible, strategies may be developed to overcome shortfalls and to enhance capabilities.

2. The County Emergency Manager is responsible for assessing overall capabilities and shortfalls of a mass fatality response in the County. When feasible, strategies may be recommended to overcome shortfalls and to enhance capabilities.

Appendix 1: Resources & Links

Trained personnel should oversee the tasks associated with each of the three areas.

The subject of fatality management must be taken seriously in this day of natural and man-made disasters.

American Board of Forensic Anthropology (ABFA) (http://www.csuchico.edu/anth/ABFA).

American Board of Forensic Odontology (ABFO) (http://www.abfo.org).

American Red Cross (http://www.redcross.org).

American Society of Forensic Odontology (ASFO) (http://www.asfo.org).

Centers for Disease Control and Prevention (CDC), Office of Emergency Preparedness, U. S. Department of Health and Human Services, 1600 Clifton Road, Atlanta, Georgia, 30333, (800) 311-3435 or (404) 639-3534 (http://www.cdc.gov).

Disaster Mortuary Operational Response Team (DMORT), National Disaster Medical System, U. S. Department of Health and Human Services Office of Emergency Preparedness (http://www.dmort.org).

Federal Bureau of Investigation, J. Edgar Hoover Building, 935 Pennsylvania Avenue, N. W., Washington, DC 20535-0001, (202) 324-3000 (http://www.fbi.gov).

Critical Incident Response Group (CIRG) (http://www.fbi.gov/hq/isd/cirg/cirgmain.htm).

Evidence Response Team (ERT) (http://www.fbi.gov/hq/lab/ert/ertmain.htm).

Laboratory Services (http://www.fbi.gov/hq/lab/labhome.htm).

Disaster Squad (http://www.fbi.gov/hq/lab/disaster/disaster.htm).

Hazardous Materials Response Unit (http://www.fbi.gov/hq/lab/org/ hmru.htm).

Federal Emergency Management Agency (FEMA), 500 C Street, Washington, DC, 20472, (202) 566-1600 (http://www.fema.gov).

National Urban Search and Rescue (US&R) Response Team (http://www.fema.gov/usr).

International Association of Identification (IAI), 2535 Pilot Knob Road, Suite 117 Mendota Heights, MN 55120-1120, (651) 681-8566 (http://www.theiai.org).

International Police Criminal Organization (Interpol), 200 quai Charles de Gaulle, 69006 Lyon, France, (33) 4 72 44 71 63. (http://www.interpol.com).

National Association of Counties (NACO) 440 First Street, N.W., Suite 800, Washington, D.C. 20001, (202) 393-6226 (www.naco.org).

National Association of Medical Examiners (NAME), 1402 South Grand Blvd., St. Louis, Missouri, 63104, (314) 577-8298 (http://www.thename.org).

National Disaster Medical System (NDMS), Office of Emergency Preparedness, U. S. Department of Health and Human Services, 12300 Twinbrook Parkway Plaza, Rockville, Maryland 20857, (301) 443-1167 or (800) USA-NDMS (http://ndms.dhhs.gov/NDMS/ndms.html).

National Domestic Preparedness Office, Washington, DC, (202) 324-9026 (http://www.ndpo.gov).

National Guard (http://www.ngb.dtic.mil).

National Guard Bureau, 1411 Jefferson Davis Highway, Arlington, VA 222023231, (703) 607-3162.

Army National Guard Readiness Center, 111 S. George Mason Drive, Arlington, VA 22204.

Air National Guard Readiness Center, 3500 Fetchet Avenue, Andrews AFB, MD 20762-5157.

National Transportation Safety Board (NTSB), 490 L'Enfant Plaza, Washington, DC, 20594, (202) 314-6000 (http://www.ntsb.gov).

Occupational Health and Safety Organization (OSHA), U. S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210 (http://www.osha.gov).

Office of Emergency Preparedness, U. S. Department of Health and Human Services, 12300 Twinbrook Parkway Plaza, Rockville, Maryland, 20852, (800) 872-6367 or (301) 443-1167 (http://ndms.dhhs.gov).

U. S. Army Central Identification Laboratory (CILHI), 310 Worchester Avenue, Hickham Air Force Base, Hawaii, 96853 (http://www.cilhi.army.mil).

U. S. Department of Transportation, 400 Seventh Street, S. W., Washington, DC 20590, (202) 366-4000 (http://www.dot.gov).