**Community Fatality Management Plan**

**Template**





\*\*This template has been designed to help you develop your fatality management plan. Some sections have been completed for you while others require input. Each template includes critical planning elements but planning teams may continue to add additional elements as they see fit. Each department, agency, organization, or facility has unique needs and each plan should be tailored to meet those needs. This is ONLY a template and is meant to provide additional guidance in your planning efforts.\*\*

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# Community Fatality Management Plan Template

The primary objectives for fatality management planning include recovering and identifying victims in a safe, timely, and dignified manner while respecting their religious and cultural traditions and providing family members’ assistance to cope with tragedy and tools for rebuilding. The primary audience for this template includes emergency management staff, the medical examiner/ME/Coroner staff, other department and agency heads and their senior staff members, leaders of local volunteer organizations that support emergency operations and others who may participate in Mass Fatalities management efforts.

Fatality management is one of the 31 core capabilities identified by the Federal Emergency Management Agency (FEMA). The capability is defined as follows: Provide fatality management services, including body recovery and victim identification, working with state and local authorities to provide temporary mortuary solutions, sharing information with mass care services for the purpose of reunifying family members and caregivers with missing persons/remains, and providing counseling to the bereaved.

Preparedness is a responsibility shared by the whole community. The term “whole community” is a guiding principle used by FEMA to accomplish two basic goals:

1. Involve people in the process of preparedness (planning)
2. Ensure their roles and responsibilities are reflected in the content of those plans

By working together, everyone can keep the nation safe from harm and resilient when struck by hazards, such as natural disasters, acts of terrorism, and pandemics.

## Introduction

A mass fatalities incident is any event that causes multiple fatalities and that exceeds the routine capability of the community, requiring additional staff and equipment resources to meet the demands of the response. It also provides agency roles and responsibilities and overall responsibilities of the community during an incident involving mass fatalities in the County or in nearby jurisdictions when mutual aid has been requested. This plan outlines how the community will endeavor to manage the coordination before, during and after the incident and addresses only general strategies used for any emergency. Specific tactical actions are described in individual agency procedural guidance.

The purpose of a fatality management plan is to provide basic guidelines and procedures to properly manage a mass fatalities incident (MFI).

The overall intent of this plan is to support the provision of an acceptable standard of services for fatality management during a disaster.

## Plan Maintenance and Distribution

The [Insert Jurisdiction/Agency Name] is responsible for the distribution and maintenance of this fatality management plan. The plan will be reviewed annually and revised as needed to incorporate federal, state, and regional guidelines applicable to address operational issues identified during training, exercises and incidents.

## Record of Changes

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## Purpose and Scope

**Purpose**

The purpose of the [Insert Jurisdiction Name] fatality management plan is to establish the overall framework within which all entities of the [Insert Jurisdiction Name] will operate in an integrated and coordinated fashion before, during and after a mass fatalities incident.

Specifically, the fatality management plan establishes the key policies, roles and responsibilities necessary to respond to a mass fatalities incident. The plan is designed to accomplish the following:

1. Establish the systems and coordination that will allow for optimal response to and recovery from a mass fatalities incident
2. Outline the coordination and key activities required to respond to and recover from a mass fatalities incident
3. Define the policies and roles and responsibilities of [Insert Jurisdiction Name] that may be requested to provide assistance before, during or after a mass fatalities incident
4. Guide strategic organizational behavior before, during, and after a mass fatalities incident.
5. Assist in developing an enhanced level of disaster preparedness and awareness throughout the [Insert Jurisdiction Name]
6. Identify linkages to the emergency/disaster policies and plans that guide and/or support the fatality management plan
7. Synchronize (both vertically and horizontally) with relevant policies, plans, systems, and programs to ensure full integration and unity of effort
8. Outline procedures for requesting and coordinating state and federal disaster assistance
9. Acknowledge the importance of flexibility in disaster response, and allows for the creative and innovative approaches that will be required to address the problems presented by mass fatalities incidents

*\*Note: A mass fatalities plan does not address the needs of injured survivors. A mass casualty plan attends to the needs of injured survivors. A mass casualty plan’s goal—to ensure adequate and coordinated efforts to minimize loss of life, disabling injuries, and human suffering of those who survive the incident—will typically operate alongside the mass fatalities plan.*

**Scope**

The fatality management plan should address all hazards, all phases of emergency management, all potential impacts, all people, and all stakeholders.

* 1. Emergencies are routine events which make up the majority of incidents and are handled by responsible jurisdictions or agencies through other established authorities and plans
	2. Disasters are non-routine events which exceed the capability of local jurisdictions or agencies (or exhaust their resources) requiring countywide coordination and/or assistance from the county, state, or federal governments
	3. Catastrophes are extremely rare events where most, if not all, of the following conditions exist:
* most or all of the county is destroyed or heavily impacted
* local government is unable to perform its usual services
* help from nearby communities is limited or cannot be provided
* most or all of the daily community functions are interrupted

This plan is intended to address the need to coordinate and manage fatality management services following a disaster. Effective fatality management includes functions at the incident site, the Victim Identification Center (VIC) and the Family Assistance Center (FAC). Functions at these sites include:

**Incident site:**

* Scene documentation
* Collection and recovery of remains
* Collection and recovery of victim’s personal effects
* Collection and recovery of items of evidence

**Victim Identification Center:**

* Decontamination of remains and personal effects (if required)
* Storage, documentation, recovery and transportation of forensic and physical evidence
* Determination of the nature and extent of injuries
* Identification of fatalities using scientific means
* Certification of the cause and manner of death
* Processing and returning human remains and personal effects of the victims to the legally authorized person(s) (if possible)

**Family Assistance Center:** (Refer to Appendix D.)

* Interaction with and provision of legal, customary, compassionate and culturally competent services to the families of the deceased
* Provision of mental health support services to the victims and the disaster workers.

## Authorities and References

The coroner/medical examiner is the legal authority to conduct victim identification (or assist the lead investigative agencies to complete victim identification), determine the cause and manner of death, and manage certification of death for a mass fatalities incident. This mass fatalities plan derives its authority from that legal responsibility and from the related plans with which it is consistent. It has been coordinated with [list office and address of local ME].

This plan is consistent with:

* 2013 Minnesota Statutes, **Chapter 390** (Medical Examiner/Coroner), Individual sections as they apply to individual jurisdictions
* The U.S. Department of Homeland Security’s *National Response Framework,* which states that the primary management of an incident should occur at the lowest possible geographic, organizational, and jurisdictional level.
* **Emergency Management Assistance Compact (EMAC):** Administered by the National Emergency Management Association (NEMA) is a model compact for disaster response, designed and maintained to ensure mutual aid can be both effective and efficient. See Public Law No. 104-321.
* **Stafford Act:** Robert T. Stafford Disaster Relief and Emergency Assistance Act signed into law in 1988. The Act amended the Disaster Relief Act of 1974 and constitutes the authority for most federal disaster response activities. See Public Law No. 100 – 707.
* **Pandemic and All-Hazards Preparedness Act (PAHPA):** Signed into law in 2006, PAHPA provides authority for a number of programs, including the requirement for states to develop pandemic and All-Hazards plans. See Public Law No. 109 - 417.

***Confidentiality of Medical/Dental Records***

Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191 covers the requirement to maintain confidentiality of all missing person/victim records in mass fatalities response. Medical and dental providers of suspected victims are relieved of confidentiality restraints by the Health Insurance andPortability and Accountability Act (HIPAA) Exemption for Medical Examiners (CFR 164.512).

***Family Assistance for Commercial Airline Accidents***

The Family Assistance Act (1996) requires all airlines operating in the United States to have a plan to assist families in the case of an accident.

## Situation and Assumptions

**Situation**

1. The coroner/medical examiner is ultimately responsible for the overall coordination of activities related to mass fatalities incidents; however, there are many other organizations that are involved in the resolution of such events.
2. A mass fatalities incident, by definition, is any situation where more deaths occur than can be handled by local resources.
3. The [Insert Jurisdiction Name] Threat and Hazard Identification and Risk Assessment (THIRA) identifies a number of hazards that have the potential to cause a mass fatalities incident.
4. A disaster resulting in mass fatalities would quickly overwhelm the resources of the [Insert Jurisdiction Name].
5. Regardless of the size of the mass fatalities incident, the medical examiner is the legal authority to conduct victim identification (or augment the lead investigative agencies to complete victim identification), determine the cause and manner of death; manage death certification, and notification of next of kin.
6. The Minnesota Disaster Mortuary Emergency Response Team and Disaster Portable Mortuary Unit are available to support operations.
7. The Minnesota National Guard CBRNE Enhanced Response Force Package (CERFP) is available to support operations.
8. Minneapolis-St. Paul International Airport resources are available to support incidents that occur within 75 miles of the airport.
9. Federal Disaster Mortuary Operations Teams (DMORTs) may be available to provide guidance, technical assistance and personnel to recover, identify and process deceased victims.
10. Federal Bureau of Investigation Victims Assistance Resources is available to support victims post-incident.
11. Commercial airline accidents require the National Transportation Safety Board (NTSB) to conduct extensive investigations and to activate, if necessary, the “Federal Family Assistance Plan for Aviation Disasters.” This plan requires the airlines to perform family notifications, and all aspects of victim and family logistical support.
12. [Insert Jurisdiction Name] [does/does not] have a morgue [but utilizes various regional morgues]. Photographic and x-ray equipment [is/is not] available at these morgues.
13. A cache of body bags is located [enter location]. Several hundred additional bags could be available through vendors within 24 hours.

**Assumptions**

1. Most mass fatalities incidents will require resources and assistance from regional, state, and federal partners.
2. Mass fatalities incidents create widespread traumatic stress – for responders, families that are impacted, and at times, the community-at-large. Traumatic stress can lead to physical illness and disease, precipitate mental and psychological disorders, and can destroy relationships and families.
3. Under certain circumstances (e.g., commercial airline accident or terrorist act) select federal agencies will have critical on-scene responsibilities, thus requiring close and ongoing coordination with the medical examiner’s office, local and state agencies.
4. In the event of pandemic influenza or similarly contagious disease, external resources may not be available and some services will need to be delivered differently to minimize the spread of disease.
5. Mass fatalities incidents due to chemical, biological, radiological, or nuclear factors will present an added difficult dimension to the mass fatalities response, recovery, identification, and final disposition of deceased victims.
6. In most instances, a mass fatalities incident may not generate state and federal disaster declarations and their inherent provisions and support.
7. A mass fatalities incident may be the result of (or occur during) a disaster that has severely impacted critical infrastructure, systems, supplies, and or other essential services.
8. A mass fatalities scene that is contaminated or extremely hazardous may prohibit the medical examiner’s office from evaluating in a timely manner and may require additional assistance.
9. Contaminated deceased victims may require decontamination on-scene prior to admitting to a Victim Identification Center.
10. The collection, inventory, and return of personal effects to the decedent’s family are important.
11. The medical examiner will find out about a mass fatalities incident by being notified by a public safety official, various media outlets, and/or other emergency notification systems.
12. Family members will begin to come to the incident site almost immediately. A Family Assistance Center will need to be opened as soon as possible.
13. The expectations of family members, the general public, elected leaders and the media concerning identification of victims will be high.
14. Most mass fatalities incidents in the County would necessitate establishing a temporary Victim Identification Center.
15. Remains may require appropriate storage for days or even weeks due to the time involved in making positive identification.
16. Activation of a department, agency, organization or facility Emergency Operations Center (EOC) will depend on the scope of the incident and the need for additional support.

***Five Factors Impacting the Identification of Decedents in a Mass Fatalities Incident***

*There are four factors that impact the processing of remains and identification of decedents in a mass fatalities incident. The factors are:*

* *Number of fatalities.*
* *Decedent population (open or closed).*
* *Availability of ante mortem information.*
* *Condition of remains (e.g. complete or fragmented, commingled remains).*
* *Size of the area where the decedents are located.*

***Number of Fatalities:*** *The number of remains is a significant driver in the amount and type of resources needed to search, recover and identify the dead. In general, the higher the number of remains, the more resources required to manage and process the dead.*

***Decedent Population:*** *There are two types of decedent groups—closed populations and open populations.*

*In a closed population, the number of victims and their names are known. A commercial airline accident is one of the few examples of a closed population. The combination of ticket purchasing procedures, positive identification checks, and airport security provide forensic responders with a reliable list of victims.*

*On the other hand, an open population is one in which neither the number of victims nor their names are known. A good example of an open population is the September 11, 2001 World Trade Center mass fatalities. Determining those who were reported missing by friends or relatives (initially 10,000) from those who were confirmed missing (2,749) took time.*

*An open population will generally require more time and resources to process and identify the dead than a closed population.*

***Availability of Ante mortem Information:*** *Collection and examination of ante mortem information to help identify decedents can begin immediately in a closed population incident, such as a commercial airline accident*

***Condition of Remains:*** *Fragmented and commingled remains require a significantly longer examination process. Whether the population is open or closed also makes a difference. With a closed population, forensic investigators work to identify all of the victims, with an understanding that not all remains will be identified due to the technological limitations of DNA. In an open population when there is high-fragmentation and commingling of remains, the focus must be on identifying all remains as the number and names of the decedents are not known.*

*These five factors will drive the personnel and other resources that are needed, how long the identification will take, and the methods that are used for identification. The interplay of these factors reveals the potential for positive identifications and how the examination process will be conducted.*

***Decedent Operations***

*Mass fatalities decedent operations include specific medical examiner responsibilities and decedent operations carried out by other organizations. Decedent operations—basically the mass fatalities management infrastructure—entail a diverse group of stakeholders from public and private sectors that involve multiple agencies within government and multiple private businesses. At present there is no policy, regulation, or agency that unifies these stakeholders. Planning, and the relationships and partnerships developed through planning, facilitates mass fatalities management.*

*Medical Examiner decedent operations may include:*

* *Remains Recovery.*
* *Victim Identification Center.*
* *Family Assistance (medical examiner activities).*

*Other decedent operations which require coordination and cooperation include:*

* *Family Assistance (Non-medical examiner activities).*
* *Public Information.*
* *The Vital Records System.*

*If any part of the mass fatalities infrastructure—remains recovery, victim identification services, family assistance, public information, and the vital records system—is not prepared and able to carry out its critical function, the entire fatality management infrastructure will be negatively impacted.*

## Plan Activation

Activation of this Fatality Management Plan is dependent on various criteria presented below. The activation of this plan will allow for the formation of Unified Command, consisting of representatives from [Insert Jurisdictional Legal Authority], [Insert Jurisdictional Emergency Management Agency), [Insert Medico-legal Authority], and any other necessary command representative.

Any incident consistent with one or more of the following criteria may precipitate the activation of this plan:

* Any incident having the potential to yield [Insert #] or more fatalities
* Any incident involving a protracted or complex decedent recovery operation
* Any situation in which there are remains contaminated by chemical, biological, radiological, nuclear, or explosive agents or materials
* Any incident or other special circumstance requiring a multi-agency or regional response to support fatality management plan operations

Responding to a mass fatalities incident will involve multiple agencies and organizations, and no single agency can manage a mass fatalities incident without support from other agencies. Each agency has specific responsibilities in the activation, operations, and demobilization phases, and should use the following table as a guide. These delineated responsibilities are not meant to be all-inclusive and should be adjusted according to incident needs. All agencies involved must work together to ensure the complete recovery and processing of remains, care of the victims’ families, and the maintenance of daily operations.

|  |  |
| --- | --- |
| Agency | Activation Responsibilities |
| EM | * Direct partial or full activation of the Emergency Operations Center (EOC)
 |
| Office of Emergency Management | * Activate EOC when requested
* Staff EOC as appropriate
* Request personnel and/or equipment assets as needed
* Initiate and coordinate press releases regarding fatality management plan operations
* Communicate fatality management plan operational activities to local officials
* Respond to requests from local/state/federal officials to attend community forums
* Establish Joint Information Center
 |
| [Medico-Legal Authority] | * Serve on Assessment Team
* Begin formulating investigative approach in concert with [County Sheriff’s Office], [Supporting Pathology Service]
* Designate lead [Medico-Legal Authority] if applicable
 |
| Supporting Pathology Service  | * Serve on Assessment Team
* Assign [Insert Jurisdiction Name] Emergency Management representative
* Assign liaison to Incident Command
* Develop messaging for Public Information Officer (PIO) regarding fatality management plan operations
* Identify fatality management plan response needs
* Communicate asset requests to [Insert Jurisdiction Name]Emergency Management Agency/Emergency Operations Center
* Activate fatality management plan response on site
* Begin formulating investigative approach in concert with [Insert Jurisdiction’s Law Enforcement], [Medico-Legal Authority]
* Formulate fatality management plan incident objectives and hand off to Incident Commander (IC)
* Coordinate victim recovery process in concert with [Insert Jurisdiction Name] Emergency Management Agency/Emergency Operations Center
 |
| [County]Sheriff’s Office | * Serve as Incident Commander, if applicable
* Serve on Assessment Team
* Establish security protocols and perimeters for site, Victim Identification Center, and Family Assistance Center
* Begin formulating investigative approach in concert with Supporting Pathology Service , Medico-Legal Authority]
* Communicate asset requests to [Insert Jurisdiction Name] Emergency Management Agency/Emergency Operations Center
 |
| ESF 4 & 9(or whatever system is used) | * Serve as Incident Commander, if applicable
* Serve on Assessment Team
* Identify Hazmat issues, if any
* Implement Hazmat procedures, if applicable
* Activate Search and Rescue operations
* Transition to Search and Recovery after Search and Rescue mission is complete
 |
| ESF 6 & 8(or whatever system is used) | * Work with Assessment Team to determine Family Assistance Center (FAC) location and needs
* Communicate asset requests to [Insert Jurisdiction Name] Emergency Management Agency/Emergency Operations Center
* Begin set-up of FAC (with American Red Cross [ARC] if needed)
 |

# Communications

## Public Information and Messaging

A trained and experienced public information officer (PIO) from the coroner/medical examiner office or their representative is an integral member of the Joint Information Center (JIC) leadership and staff for a mass fatalities incident. A JIC will be established in accordance with the [Insert Annex Name] Annex of the EOP. The local EMA will work with the coroner/medical examiner (ME) or medical examiner representative and representatives from the incident site, Victim Identification Center (VIC) and Family Assistance Center (FAC) for news conferences and interviews as requested by the Joint Information Center (JIC).

When requested, [Insert Title] will provide information to the JIC to coordinate the release of information to the media and public. All media requests should be funneled through the JIC. If information is requested by the media from the ME staff-staff should not release information. They should let their supervisors know, who will, in turn notify the JIC.

**Public Messaging**

Through the JIC, Information will be reported to the general public that will not only give verified details as to what has taken place at an incident, but will also manage expectations as to how long the search and recovery effort will take and why. These messages should not undermine the response efforts of the county. Telephone numbers and website addresses will be disseminated for:

* A call center to report missing persons
* Family members and friends outside the area who wish to obtain information on recovery and identification effort, incident investigation, and other concerns
* Volunteer opportunities
* Donations management

**Family Briefings**

Private briefings for families and friends will be held on a regularly-scheduled basis to report on the progress of recovery efforts, identification of victims, the investigation, site visits and memorial services (if appropriate), return of personal effects, and a description of services available at the Family Assistance Center (FAC). These briefings should commence within 24 hours of FAC operations activation and should be coordinated with Incident Command. Briefings should be held even if there is no new information to report. Refer to Appendix D.

## Interoperable Communications

Following any mass disaster, including a MFI, responding agencies will follow their normal communications protocols. Any time the Fatality Management Plan is activated, the [Insert Jurisdiction Name] Emergency Operations Center will be activated to help coordinate communication. See the Communication Section of the EOP for details,

## Communication Hardware and Technology

The Logistics Section is tasked with providing the necessary communications hardware and technology needed to effectively manage a MFI. These items include:

* Telephonic and computer connectivity to support fatality management plan operations
* Technical component operators of MFI-related call centers
* Computer servers support at MFI locations
* IT infrastructure to support ante mortem and post mortem data collection systems
* Interoperability between MFI branches and the scene Incident/Unified Command and [Insert Jurisdiction Name] Emergency Operations Center

# Concept of Operations

The local Emergency Operations Center (EOC) manager in conjunction with the ME/Coroner may activate this plan.

Disaster notification to the ME/Coroner will normally come through routine law enforcement or the emergency operation center. It is possible the ME/Coroner could be the first to recognize a cause of death indicating a potential WMD release. In such an event, the ME/Coroner would be the one to initiate notification of the proper authorities.

The [Insert Jurisdiction Name] ME/Coroner is responsible for the proper examination, care and disposition of fatalities.

The [Insert Jurisdiction Name] ME/Coroner, or his appointee, may hold the position of Incident Commander of any Mass Fatalities response and notify personnel for reporting to the disaster scene.

and an estimate can be made of the number of dead, Victim Identification Center site(s) may be established, When disaster conditions permit, remains will be covered and evacuated to the Victim Identification Center for identification purposes and safeguarding victim’s personal effects.

When authorized by the [Insert Jurisdiction Name] ME/Coroner and the victim’s family, a local, regional, state or federal mortuary team may prepare, process, and release the remains for final disposition.

As an assist group to the [Insert Jurisdiction Name] ME/Coroner, the local funeral directors association may provide needed supplies, equipment, vehicles and personnel as available.

Other local/regional groups, having the knowledge of responding to a Mass Fatalities incident response, may assist in identifying other necessary local and regional resources in coordination with the EOC.

The [Insert Jurisdiction Name] ME/Coroner retains control and responsibility for handling the deceased along with assets/resources activated to assist with fatality management.

**Responder Safety**

Considerations shall be given to the enormous demands placed upon responding staff to a MFI. Provision may be made for the welfare and psychological support for all staff. Such support measures may include:

* Monitoring and mitigation of staff exposure to hazardous substances
* A separate rest area, away from media and from the bereaved
* Monitoring members of staff, who may, because of family bereavement, illness, relationship problems or other similar problems, is considered vulnerable to external factors
* Consideration of any long-term impact on staff (with appropriate health monitoring and emotional support initiatives)

Organization and Assignment of Responsibilities

* Primary Responsible Parties
	+ - [Insert Jurisdiction Name] **ME/Coroner:** The ME/Coroner will coordinate an initial assessment team, prior to the incident, to build and maintain this fatality management plan. A fatality management plan should be part of training and exercise schedules to ensure coordination with other agencies involved with a Mass Fatalities incident.

The ME/Coroner has the responsibility for the management of remains in all Mass Fatalities incidents. He/she is also accountable for ensuring complete operations of the duties and resources for the following:

* + - * Facilitating evidence collection, the identification and return of remains, notification of positive identification, and return of personal effects
			* Assign roles and responsibilities for fatality response
			* Mobilize and facilitate inter-agency coordination for fatality response keeping EOC informed of actions taken to facilitate consistency with other response actions.
			* Ensure the continuation of normal agency operations as much as possible.
		- **Funeral Directors:** The funeral directors operate under the authority of the statutory authority having jurisdiction and may assist in the recovery, identification, and return of victims as requested and feasible. They also act as a resource in providing personnel, supplies, and other resources to the [Insert Jurisdiction Name] ME/Coroner as requested and feasible.

Additional support to the ME/Coroner from the funeral directors may be to assist in the collection of ante-mortem data and disposition instructions. They also provide the following support:

* + - * Assist in notifying families of positive identification
			* Provide emotional support to families and next of kin
			* Facilitate burial and memorials for unidentified remains
			* Support the Family Assistance Center
		- **Law Enforcement**

Law enforcement agencies play a crucial role in Mass Fatalities operations that go beyond traditional or day-to-day response. Law enforcement must be a part of this process throughout the incident. They are not just responsible for security concerns, such as secure perimeters (including incident location, Victim Identification Center, family care centers, and media briefing rooms) but also for notifying the ME/Coroner of a Mass Fatalities event.

Law enforcement personnel also perform investigations and assist in legal procedures in addition to the following:

* + - * Collect, secure, and return victims’ personal effects and belongings once they are no longer needed as evidence
			* Provide family support
			* Accompany victims’ families to incident location if requested and feasible
			* Involve other officers in recovery and removal of remains when the incident results in the death of Law Enforcement officers
			* Assist families in applying for crime victim compensation if applicable
		- **Hospitals**

In a Mass Fatalities Incident, hospitals will be alerted and notified about the incident by either the Emergency Operation Center or the ME/Coroner. Since MFI often involve mass casualty as well, this early warning enables the hospitals to prepare for multiple patients, begin the process of standing up any alternate care centers or request additional anticipated resources.

The hospitals are responsible for the following:

* + - * Triage, treatment, and support non-fatal casualties at their facility
			* Dissemination of information to victims’ families within their facility in collaboration with the Mass Fatalities Incident Public Information Officer
			* Storage of remains, if appropriate
			* Work closely with the local Emergency Medical Services, Emergency Management Agency and the ME/Coroner to help track patients and fatalities.
		- **Public Health Agencies**

Public health agencies may provide the following support:

* + - * Facilitation of inter-agency coordination
			* Coordination of a public health event information with PIO and/or media
			* Maintain universal precaution standards
			* Conduct post-event evaluation
		- **Fire, Emergency Medical Services and Hazardous Material Response**

In a response capacity, the EMS, Fire Department/HazMat may provide the following assistance:

* + - * Assist with decontamination
			* Coordinate initial emergency response
			* Assist with the recovery of remains
			* Patient and victim Tracking
			* Transport victims, if applicable
			* Establish and implement Incident Command Post
		- **Public Works**
			* Assistance in locating facilities to support operations
			* Assist traffic control with resources
			* Assist with building inspections if applicable
			* Assist with utility issue and heavy equipment if needed
		- **Supporting Agencies**
		- **Emergency Management**
			* Conduct pre-event planning
			* Assure that Mass Fatalities planning is incorporated in trainings and exercises
			* Mobilize, obtain and coordinate required resources within the Emergency Operation Center
			* Provide communications support
			* Facilitate multi-jurisdictional coordination
			* Attain State and Federal resources, if needed
			* Conduct post-event assessment and evaluation
			* Coordinate, Activate and Task the Volunteer Agencies
		- **Volunteer Agencies**
			* Community Emergency Response Teams, Radio Amateur Civil Emergency Services, Medical Reserve Corp, American Red Cross
			* Coordinate a Spontaneous Volunteer Reception Center
			* Provide support of Mass Fatalities activities and teams, if needed
			* Assist with a Family Assistance Center
			* American Red Cross may help in location of temporary housing of family members of victims
			* American Red Cross may support the Family Assistance Center and the notification of family members.

# Direction, Control, and Coordination

Fatality Operations will be coordinated by the [Insert Jurisdiction Name] ME/Coroner working with the Incident Commander and Emergency Operation Center manager, and where designated, the mortuary response team coordinator.

The ME/Coroner will work closely with the medical unit leader who may be assigned to the Operations Section Chief.

When a disaster occurs, the Coroner/Medical Examiner will immediately contact the funeral directors within [Insert Jurisdiction Name] who could be members of a mortuary response team as designated by the Coroner/Medical Examiner.

**Information Collection, Analysis, and Dissemination**

Disaster information managed by the [Insert Jurisdiction Name] Emergency Operations Center is coordinated through agency liaisons located in the Emergency Operations Center. These liaisons collect information from, analyze information with, and may disseminate information to counterparts in the field. These liaisons also disseminate and analyze information within the Emergency Operations Center that is used to order resources and possibly develop courses of action and manage emergency operations.

## Notifications

Disaster notification to the Coroner/Medical Examiner will normally come through routine law enforcement, emergency operations center channels, or news media broadcasts in advance of a request to respond to transport remains. In rare cases, it is possible that the Medical Examiner/Coroner would be the first to recognize a cause of death indicating a potential WMD release or possible public health threat. In such an event, the Medical Examiner/Coroner would be the one to initiate notification of appropriate authorities.

Plan activation is a based on the ability of the community to manage fatalities.

The following individuals are authorized to activate the fatality management plan:

* [Insert Title of Individuals authorized to activate the plan]

The fatality management plan is activated by:

1. [Insert steps to activate the fatality management plan.]

## Resource Requirements & Sources

The following resources will likely be needed and are currently available from community-based organizations to support fatality management operations:

|  |  |  |
| --- | --- | --- |
| Resource Description | Quantity | Location |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

The following resources might be needed and would need to be requested/purchased at time of need to support fatality management operations:

| Resource Description | Quantity | Source |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

The following transportation assets are available to support decedent transport.

|  |  |  |
| --- | --- | --- |
| Transport Description | Quantity | Location |
|  |  |  |
|  |  |  |
|  |  |  |

The following morgue surge sites are available to support decedent storage.

|  |  |
| --- | --- |
| Location | Maximum # Decedents |
|  |  |
|  |  |
|  |  |

### Minnesota Disaster Emergency Response Team (D-MERT)

#### Purpose

The Disaster Mortuary Emergency Response Team (D-MERT) exists to provide assistance to cities and counties in Minnesota in the care and preparation of remains following a major disaster or emergency of natural or manmade origin. D-MERT would be activated when local mortuary resources are overwhelmed.

DMERT/DPUM is requested through the MN State Duty Officer.

#### Scope

1. D-MERT support offers assistance in the follow categories:
2. Temporary Victim Identification Center site selection
3. Temporary Victim Identification Center set up
4. Mortuary volunteer solicitation
5. Body bags
6. Caskets
7. Airline shipment trays
8. Hearse livery
9. Refrigeration trucks
10. Preparation of remains and return to Next of Kin
11. Insurance coverage for its volunteers
12. Critical Incidence
13. D-MERT will coordinate assistance from other local, state and federal agencies when needed. Other assistance would include but not be limited to:
14. Minnesota Funeral Directors Association (MFDA) 763-398-0115
15. Federal Emergency Management Agency (FEMA) D-MORT Teams
16. National Transportation Safety Board (NTSB)
17. D-MERT would not be responsible for, but could assist, upon request, in securing resources and personnel for the autopsy area of the Victim Identification Center.

#### Policies

1. D-MERT will be under the authority and direction of the Minnesota Department of Health, Mortuary Science Section.
2. D-MERT planning, training, and implementing will be the responsibility of the Minnesota Department of Health, Mortuary Science Section.
3. D-MERT will be activated upon an appropriate request and after determination has been made that a response is appropriate. The Commissioner of Health will have the sole authority to activate D-MERT and will confer with the Governor of the State prior to activation.
4. D-MERT is a volunteer organization. As such, volunteers cannot expect to be paid for their services, although in some cases insurance carriers may pay for work performed. Expenses such as a per diem may also be paid in some situations.
5. D-MERT will act at the will and discretion of the lead Medical Examiner or ME/Coroner at the scene of the disaster or emergency.
6. To ensure confidentiality of the sensitivity of the task performed, D-MERT volunteers will not release any information to the general public or to the media. All media requests should be referred to the appropriate agency for response.

### MN National Guard CERFP

Chemical, biological, radiological, nuclear and high yield explosive (CBRNE) enhanced response force packages (CERFP) teams consist of approximately 186 Soldiers and Airmen. Each team has a command and control section, a decontamination element, a medical element, a casualty search and extraction element, and a fatalities search and recovery element.

The existing National Guard CERFP teams also ensure that governors and adjutants general have the capabilities in each state to mitigate risks associated with collapsed structure (confined space) rescue, medical triage and stabilization, mass decontamination, and the recovery of fatalities resulting from a CBRNE incident. MNNG CERFP is requested through the MN State Duty Officer.

### Disaster Mortuary Teams (DMORT)

In some cases, Victim Identification Center operations for a mass fatalities incident may be handled by a Disaster Mortuary Team or DMORT which will have several resources in tow to aid in the response.

The DMORT Disaster Portable Morgue Unit (DPMU) is the containerization of all necessary equipment and nonperishable supplies needed to set up and operate a Victim Identification Center.

#### Purpose

When a mass fatalities incident occurs, the DPMU will provide the equipment and nonperishable supplies as a field expedient, where it is essential. The intention of the DPMU is to supplement local inventories and is not intended to be used for initial response. The DPMU is designed to supply ample inventory with minimal effort on the part of the requesting organization and to be delivered in a timely and efficient manner. Perishable supplies will be obtained directly from suppliers through a prearranged agreement.

#### Control

The DPMU will maintain ownership, liability (except during receiving organization’s use of the container), and responsibility for the maintenance, storage, upgrading, and control of the container.

#### Protocol

Any person, agency, or governmental body may request the use of the DMORT/DPMU. The request shall be made through the local Emergency Management Agency to the MN State Duty Officer.

#### Financial Obligations

There will no charge for the use of the DPMU. The requesting organization will incur the costs for transportation of the container, replacement of supplies used during the incident, refurbishing of equipment, and replacement of lost or damaged equipment. In some instances where reimbursement is available, these costs will be reimbursed.

#### Inventory

A list of inventory will be included with the container and should be used at the times the container is received and when being readied for return.

#### Request for Use of Mobile Mortuary Container

The following information shall be provided to DMORT by the organization requesting use of the DPMU.

**Name of Medical Examiner:**

Address:

Phone #: Fax #:

**Name of organization requesting DPMU:**

Address:

Phone #: Fax #:

**Location of Incident:**

**Location of Nearest Commercial Airport: Estimated**

**Number of Fatalities:**

**Signature of requesting organization/individual** **Date**

### FBI Victims Assistance Resources

The Office for Victim Assistance (OVA) is responsible for ensuring that victims of crimes investigated by the FBI are afforded the opportunity to receive the services and notification as required by federal law and the Attorney General Guidelines on Victim and Witness Assistance (2005). The OVA manages the day-to-day operational aspects of the Victim Assistance Program (VAP) in the 56 FBI field office across the country as well as the FBI’s international offices. In addition, the OVA is responsible for providing training and information that helps to equip FBI agents and other FBI personnel to work effectively with victims.

The OVA is directly responsible for several special programs:

* The Terrorism Victim Assistance Unit provides emergency assistance to injured victims and families of victims murdered in terrorist attacks within the U.S. and outside the borders of the U.S. and serves as a permanent point-of-contact for terrorism victims within the FBI.
* The OVA coordinates assistance and notification services for child victims of pornography and their guardians as part of the Child Victim Identification Program (CVIP).
* The Forensic Child Interviewing Program ensures that investigative interviews of child victims and witnesses of federal crimes are tailored to the child's stage of development and minimize any additional trauma to the child. FBI child interview specialists directly assist with some interviews and provide detailed training to special agents and other law enforcement personnel on child interviewing.
* The OVA devotes special resources to ensure that Native American victims have access to assistance and services. More than 30 of the 112 victim specialists working in the FBI are dedicated to serving Native American victims.

FBI assets are requested through the local FBI office.

## Resource Coordination

Overall, the jurisdictional Emergency Operations Center/Emergency Management agency where the incident occurs, in collaboration with the Medical Examiner/Coroner’s Office, will coordinate resources to support fatality management operations, including non-hospital-based storage facilities.

If unable to meet operational logistical needs, requests for support will occur through the MN State Duty Officer. Additionally, as appropriate, requests can be submitted to the SEMN Healthcare Multi-Agency Coordination Center.

The following are key contacts that may be necessary to support the fatality management plan.

| Service/Function | Organization | Contact Name | Contact Phone # |
| --- | --- | --- | --- |
| [Funeral Home] |  |  |  |
| [Medical Examiner] |  |  |  |
| [EMA] |  |  |  |
| [Behavioral Health Support] |  |  |  |
| [Vendor (e.g., Refrigerated Trucks] | Polar Leasing9309 83rd Ave North Brooklyn Park, MN 55445 |  | 877.428.2532 8AM-5PM;260.625.3525 After Hours |
| [Transportation Provider] |  |  |  |
| [Behavioral Health] |  |  |  |
| Medical Resource Support | SEMN Healthcare MACC | 24/7 ECC Dispatch | Primary 855.606.5458 Backup 507.255.2808 Backup radio ARMER “SE Hospital” Talkgroup |
| Resource Support* Mutual Aid
* DMERT/DPMU
* MNNG CERFP
* DMORT/DPMU
* Minneapolis Airport
 | MN State Duty Officer | 24/7 State Duty Officer | Primary: 651.649.5451; 800.422.0798TDD: 800.627.3529SatPhone: 254.543.6490 |
| Victims Assistance | FBI |  |  |

## Incident Command System (ICS)

Primary and/or support roles and responsibilities for an ICS should be detailed and coordinated with outside agencies that may have active participation in a mass fatalities incident response. Organizational charts should be included in your plan. Details should include ***who*** has the authority to activate/deactivate ICS for the department, agency, organization, or facility.

[Insert Fatality Management Operations/Branch ICS ORG Chart]

## Logistics

The community will use routine and contingency plans to meet fatality management resource needs. Logistics to support fatality management operations will be coordinated through the [Insert Jurisdiction Name] Emergency Operations Center.

## Perimeter Security

The security and confidentiality of the Disaster Site are vital to the success of the overall operation. The entrance of unqualified staff to the Disaster Site can undermine confidentiality and expose the operation to destruction of evidence. [Insert Agency Name] is responsible for developing and implementing a perimeter security plan, which will be approved by Incident/Unified Command.

## Volunteer Management & Credentialing

Refer to the Volunteer Management Annex of the [Insert Jurisdiction Name] EOP for general guidance. Additional information is available in the Staff Processing Center plan.

## Staff Processing Center (SPC)

If appropriate, the SPC will be established as soon as possible after a mass fatalities incident. The purpose of the SPC is to provide a facility, removed from the Disaster Site, Victim Identification Center and Family Assistance Center, which can efficiently manage the registration and processing of individuals responding to the incident. This may be coordinated with the EOC and the staging area for the general incident.

The SPC includes several areas operating cooperatively to register process and assign workers to appropriate functions and work sites. The areas include:

* The Staff Registration Area—The location where disaster workers and spontaneous volunteers are registered, issued security identification and assigned lodging.
* The Health Services Area—The location where potential workers are screened by Health Services for health problems that might compromise their safety and effectiveness on the job.
* Orientation Rooms—Provide classroom settings for workers to receive orientation to the operation.
* The Staff Assignment Area—The location where workers are interviewed and assigned to functions.
* The Logistics Area—The location where staff will receive vehicles, telephones and radios as assigned.
* The Mental Health Area—Includes at least one room that allows for private conversation between Mental Health Staff and workers who need emotional support.

## Behavioral Health

Due to the severely traumatic nature of a mass fatalities incident, it is imperative that highly skilled Mental Health professionals be readily activated to respond to the mental and emotional needs of survivors, family members, emergency and disaster responders, and others directly affected by the incident.

Behavioral health support assets are activated by [Insert process for activating behavioral health support agencies/groups]

## Disaster Site

**Remains Recovery**

Management of disasters involving mass fatalities begins at the scene. The ME/Coroner’s accurate determination of the cause and manner of death, documentation of a victim’s id entity, and return of remains to families is dependent on the quality of the recovery effort. With the exception of obvious weather-caused events, disaster sites should be considered and treated as crime scenes from the outset. The nature of the disaster site will dictate how the ME/Coroner’s coordinates with law enforcement and fire service personnel to locate, document, store, and transport victim remains.

If the site involves any form of hazardous contamination it may be necessary to form a multi-disciplinary team to evaluate the incident. The team should include:

1. HazMat, and any other relevant agencies (check required level of PPE)
2. death investigation personnel
3. law enforcement

In the event of a disaster involving contaminated remains, it may be necessary to request activation of the DMORT WMD Team or a similar asset capable of decontaminating the remains before they are admitted to the morgue for processing.

**Initial Holding Operations**

Once remains have been recovered at the disaster site, an initial physical examination by ME/Coroner, law enforcement, or other appropriate personnel may be necessary at the scene prior to a more extensive external and internal examination at the morgue.

1. At the very least, remains must be documented for tracking purposes as they are recovered and placed in a transportation staging area
2. In some circumstances, personnel may need to gather evidence, and document, remove and track personal effects before remains are transferred for autopsy or identification
3. In other cases involving contamination, remains may need to be decontaminated before they are transported to the morgue. Because the set up for a decontamination unit may take 48 - 72 hours to become fully operational, refrigerated storage of remains at the incident site may become necessary
4. The type of disaster will determine the extent of the initial holding/incident morgue operation

**Pre-Processing Transportation and Storage**

The number of fatalities may necessitate the expansion of the ME/Coroner’s transportation, storage, and morgue systems.

1. To expand their storage capabilities, ME/Coroners may need to incorporate the use of supplemental refrigeration (such as refrigerated units)
2. Where possible, electric power should be utilized to run the refrigerated units instead of diesel power which creates highly toxic exhaust fumes
3. The use of mobile refrigerated units for temporary staging storage at the disaster site can also be used to transport remains to a high capacity ME/Coroner facility (even if outside the community)
4. Another option is to cool a suitable storage area to below 40 °F with an industrial air conditioning unit
5. Remains delivered from the incident site must be kept segregated from remains already processed
6. During the transporting and storing process, remains should not be stacked upon one another. They may be stored on shelving units (if available) provided there is a means for the safe lifting of those remains above waist level height

**Transportation Guidelines**

Transportation includes transportation of remains, property and evidence to the Victim Identification Center as well as transportation of personnel and equipment to and from the incident site. Transportation is tasked and staffed through EOC Logistics based on needs identified by the ME/Coroner Office.

To transport human remains from the incident site to the Victim Identification Center:

* Refrigerated vehicle is parked in a secure area near the site with easy access to load remains
* Remains that have been bagged and tagged are loaded into the vehicle (never stack remains)
* Driver fills-in a Transportation Log as refrigerated vehicle is loaded and reviews for completeness prior to leaving the incident site
* When not in use, vehicle doors are locked and remain locked while remains are inside
* Driver transports remains following assigned route to the Victim Identification Center with no deviations. Police escort may be arranged

After the casualties have been removed from the incident site, the site will be declared a mass fatalities site and will, at that time, come under the jurisdiction of the ME/Coroner.

Disaster Site operations include Search, Recovery, and Transfer. The purpose of Search, Recovery, and Transfer is to have an expedient and complete recovery of remains, evidence, personal effects, and loose items. This should be done in a manner that ensures clear mapping and photography of the location of each item before it is moved. Every attempt shall be made to provide for the sensitive, respectful care and handling of remains, evidence, personal effects, and loose items.

It is imperative that uniform procedures be implemented to prevent the disruption or removal of any remains, evidence, personal effects, and loose items from the scene until the scene can be fully documented and proper search, recovery, and transfer procedures are implemented. Remains, evidence, personal effects, and loose items shall not be touched or moved by workers until approval and direction have been granted by the ME/Coroner.

**SCENE EVALUATION AND ORGANIZATION:** The medical examiner teams will travel to the scene for evaluation. (NOTE: There are situations in which mass fatalities would involve multiple scenes (i.e. tornado, illness outbreak, etc…) Law enforcement will establish a perimeter and provide security at disaster site(s). No family members or spectators will be allowed into the scene while recovery operations are under way.

**The evaluation team will, at a minimum, report estimates of:**

* Number of victims
* Condition of the remains
* Environmental or geographical considerations
* Weather conditions
* Level of PPE (Personal Protective Equipment) required
* Specialized equipment needs

**Decisions will be made regarding:**

* Need for temporary refrigerated storage.
* An evaluation will be made whether to process the site as a crime scene or if it is evident that the incident is an accident. Absent a definitive determination, all scenes will be treated as crime scenes.

**Scene safety**

Safety of responders is always paramount. The risk of environmental and physical injury must be removed prior to initiating a scene investigation. Mass Fatalities events are usually always designated as biohazard areas, requiring the proper amount of PPE (personal protective equipment) and safety guidelines for responders. HAZMAT teams may be activated by Incident Command to determine scene safety.

Public Healthmay be consulted for state and federal guidelines on issues related to infection control from remains during an infection disease outbreak.In general, Infection Control Procedures indicate that measures should be taken to reduce the risk of transmission of disease or Hazardous Materials associated with handling remains**.**

**DECONTAMINATION:** Any necessary decontamination of remains will be performed under the direction of the incident commander by appropriate HAZMAT teams using accepted procedures. Decontamination will be done prior to transportation of remains to the autopsy area.

**RECOVERY:** The recovery team will consist of ME/Coroner personnel or their designees.All victims will be treated with reverence and respect. The condition of the remains and environmental considerations will provide the basis for the approach to the scene.

# Victim Identification Center Operations (VIC)

Once the remains, personal effects have been recovered from the Disaster Site, they shall be transported immediately to the designated VIC Site. The VIC Site operations include functions responsible for the processing and identification of remains and personal effects. Every attempt shall be made to provide for the sensitive and respectful care and handling of the remains and personal effects.

A VIC should include the following elements:

## Logistics

The logistics section should cover all of the resource requirements specific to the VIC. Because this site is separate from the operations of the disaster site or other operational areas of a mass fatalities response, it is helpful to keep the logistical needs and planning separated as well.

## Security

The VIC will require a security plan. The security and confidentiality of the VIC are vital to the success of the overall operation. The response of volunteers can very quickly overwhelm security operations unless strict adherence to security procedures is maintained. The entrance of unqualified staff to the VIC can undermine confidentiality and expose the operation to destruction of evidence, violation of the remains and personal effects, and to unwanted publicity. In the confusion often accompanying the initial response to a disaster, illicit attempts may be made by individuals to obtain photographs, souvenirs, or valuables from the sites. It is imperative that security remains a top priority throughout the VIC.

## VIC Operational Areas

Planning for a VIC can include several functional areas if the resources are available to support such an operation.

The VIC involves two work areas with distinctly different but complementary functions.

The two work areas are: the VIC Remains Examination Area and the VIC Office Area. The Remains Examination Area is located close to, but separate from, the VIC Office Operations Area.

The VIC Remains Examination Area is composed of several separate workstations. Each workstation, except the Shipping/Storage and Personal Effects Stations, should be designed in such a way that they adjoin each other yet afford privacy. The Shipping/Storage and Personal Effects Stations should be close yet completely removed from other workstations of the VIC Remains Examination Area. The workstations include Reception, External Examination, Latent Prints, Dental, Autopsy, Radiology, Embalming, Shipping and Storage, and Personal Effects.

The VIC Office Operations Area includes several Work Stations involved in the collection, evaluation, documentation, and dissemination of information related to the identification and final release of remains and personal effects. All workstations shall be designed to provide privacy, adequate workspace, lighting, and ventilation, be conducive to cleaning and disinfection, and comply with the Americans with Disabilities Act.

VIC case flow during disaster operations requires planning of multiple issues including location of processing areas, flow through the VIC and tracking, initial routine processing/triage, and autopsy.

1. Location: The ME/Coroner must determine if remains should be processed at the ME/Coroner Office in the community in which the deaths occurred, at another location (temporary/disaster portable morgue unit or DPMU, or at the nearest high capacity ME/Coroner facility. Such a decision is based on the magnitude of the incident, the rate of recovery of remains, the potential for the ME/Coroner headquarters to become a target of attack, and if the community ME/Coroner Office has enough space to accommodate the additional caseload.
2. VIC Stations:
	1. Unlike routine casework where human remains are processed at one station, in a mass fatalities incident, remains are often processed in a multiple-station system. Generally, a well-organized VIC operation entails: intake/admitting, triage, photography, evidence, personal effects, pathology/ toxicology, radiology, finger printing, odontology, anthropology, and DNA sampling.
3. Autopsy and External Evaluations:
	1. For large numbers of fatalities, it may not be feasible to consider performing a complete autopsy on all remains. Although the ME/Coroner must determine which cases require an autopsy, he/she should think about collaborating his/her intentions with the lead law enforcement agency and the local health department, since each of these agencies has its own specific requirements for identifying autopsies to support the overall investigation.
	2. While a complete autopsy of every victim may be the desired goal, in the face of significant numbers of victims the ME/Coroner may need to seek authorization to apply professional discretion to autopsy only appropriate sample cases. Such authorization may be requested pursuant to a disaster declaration or Governor’s executive order covering the state of emergency.
4. Documentation of Processing:
	1. Personal effects may prove crucial in establishing presumptive identifications that may lead to positive identifications through accepted protocols. Even DNA may be obtained from some personal effects bearing biological material. For that reason, a DNA specialist should be consulted before personal effects are cleaned for photographing, cataloging, and returning to families. Personal effects should always be treated with potential identification in mind.
	2. Data entry of post mortem processing information is valuable for making the information searchable for clues to matching it with victim ante mortem information provided by families.
5. Radiological (X-Ray) Processing:
	1. Specialists with experience in the use of x-ray should be used to process remains.
	2. Comprehensive x-ray documentation is made of appropriate cases to identify commingled remains, artifacts (jewelry, evidence, etc.) imbedded in human tissue, and evidence of ante mortem skeletal injury, surgeries, or anomalies.
	3. Such features may aid in identification by correlation with ante mortem medical records.
6. Fingerprint Processing:
	1. Specialists with experience in recognizing and preserving ridge detail for finger, palm, and footprints should be used to process remains.
	2. Preserved ridge detail records may be compared to ante mortem print records supplied by families or other agencies to establish identification of the victim.
7. Dental Processing:
	1. Specialists with experience in recognizing dental structures and recording by means of x-ray and charting may be used to compare with ante mortem dental records supplied by families or other agencies to establish identification of the victim.
8. Anthropology Processing:
	1. Specialists with experience in recognizing skeletal structures and recording by means of x-ray and charting, should be used to process remains.
	2. Comprehensive documentation is made of human skeletal and other fragmentary remains including assessment of bone, bone portion, side, chronological age, sex, stature, ancestral affiliation, ante- mortem trauma, and pathological conditions.
	3. Such features may aid in identification by correlation with ante mortem medical records

## Holding Facilities/Storage

All storage options should weigh the storage requirements against the time it takes to collect information that is necessary for identification, determination of the cause and circumstances of death, and next of kin notification.

The following are recommendations for the temporary storage of remains:

* ***Refrigeration:*** Refrigeration of remains between 1.1-4.4° Celsius (34-40° Fahrenheit is the best option. This can be accomplished with the use of:

*Refrigerated transport containers/trucks:* Large transport containers used by commercial shipping companies generally hold 25-30 bodies (lying flat on the floor with a walkway between). (To increase storage capacity three-fold, lightweight temporary racking systems can be employed. Shelves should be set-up in such a way that allows for safe movement and removal of bodies. When food, beverage and other consumer types of commercial vehicles are used, they will generally not be returned to their prior service function. The local jurisdiction will be ultimately responsible for replacing these vehicles. To reduce any liability for business losses, jurisdictions should avoid using trucks with markings of a supermarket chain or other companies, as the use of such trucks for storage of fatalities may result in negative implications for business. Using local businesses for the storage of remains is not recommended and should only be considered as a last resort. Refrigeration units should be maintained at low humidity because mold can become problematic if there is too much moisture present. Storing remains at 38° and 42° Fahrenheit will slow down, but not stop decomposition. Remains can be preserved at this temperature for 1-3 months. The primary downside to this type of storage facility is that a sufficient quantity of refrigerated trucks/containers is seldom available during Mass Fatalities incidents.

*Dry ice:* Dry ice (carbon dioxide (CO2) frozen at –78.5° Celsius) can be used for short-term storage. Approximately 22 lbs of dry ice will be needed daily for each individual set of remains. The dry ice should be applied by building a low wall with it around groups of about 20 remains and then covering with a plastic sheet. To prevent damaging the corpse, the ice should never be placed on top of remains, even when wrapped. The down side to using dry ice is that it requires handling with gloves to avoid “cold burns.” Additionally, it must be used in an area with good ventilation as it emits carbon dioxide as it melts. Further, this product is costly and often difficult to obtain during an emergency.

The following storage options are *less optimal* than refrigeration or the use of dry ice:

* ***Chemical Preservation:*** Chemicals can be used to pack a decedent for a short period of time. Powdered formaldehyde and powdered calcium hydroxide may be useful for preserving fragmented remains. After these substances are applied, the body or fragments should be wrapped in several nylon or plastic bags and sealed completely. The downside to this technique is that these chemicals have strong odors and can be irritating to workers.
* ***Temporary Interment:*** This method enables immediate storage *when no other method is possible*. This is not a true form of preservation and should primarily be considered when a great delay in final disposition is anticipated. Because the temperature underground is lower than surface temperature, a natural form of refrigeration occurs. To ensure future recovery of bodies, the following should be adhered to:
* Each body should be labeled with a metal or plastic identification tag.
* Bodies should also be clearly marked at ground level.
* Bodies should be placed in a single layer *(not stacked).*
* Burial should be 5 feet deep and 1 foot should be left between bodies.
* Bodies should be at least 600 feet from drinking water sources.
* In extreme situations, trench burial can be used for larger numbers.

The following remains temporary storage options are **NOT recommended**:

* ***Stacking:*** Placing remains on top of one another is not only disrespectful to the decedents and their families, but it can also distort the faces of the victims, which can impede visual identification. Additionally, it is difficult to manage stacked remains and challenging to read the identification tags.
* ***Freezing:*** For several reasons, this is a poor option. To begin with freezing causes tissues to dehydrate which changes their color. This can make visual recognition by family members challenging and can also have a negative impact on the interpretation of injuries. When remains are rapidly frozen, post-mortem injuries, including cranial fracture can occur. Additionally**,** the process of freezing and thawing will accelerate decomposition of the remains.
* ***Packing in Ice:*** This is not recommended as large quantities of ice are necessary to preserve a body even for a short period of time. Not only is ice heavy and difficult to manage, it is often used for emergency medical units during a major emergency. Further, the use of large quantities of ice results in large amounts of run-off water.
* *Ice-Rinks:* While ice skating rinks may sound like the perfect solution, they are not recommended. A body placed on ice is only partially frozen. It eventually will stick to the ice making movement of the decedent difficult. Management and movement of decedents on solid ground is challenging in good circumstances. Workers having to negotiate ice walkways would pose an unacceptable safely risk.

**Post-Processing Transportation and Storage**

Until the final disposition of remains is known, the ME/Coroner cannot determine to what extent this phase of the operation must function; for instance, when remains are going to be returned to family members, personnel may only need to establish a holding area for funeral directors to retrieve remains. Storage areas should be segregated for coding of location by *unidentified remains* and *identified remains*. Unidentified remains may be returned to the morgue multiple times for additional processing as needed.

Law enforcement may require that the remains be retained for evidentiary purposes, thus the ME/Coroner may need more storage capacity.

When processing has been completed, final disposition normally involves burial or cremation at the family’s request. Aside from the question of mass disposition a variety of tasks must be accomplished to authorize release of the human remains to a funeral service provider of the family’s choice.

**Body Release for Final Disposition**

1. Once remains have been identified and are ready for release, the ME/Coroner certifies the cause and manner of death on the death certificate.
2. ME/Coroner staff typically notifies the funeral home selected by the family. The funeral service provider responds to transport the remains and complete filing of the death certificate under procedures established by the Bureau of Vital Statistics.
3. ME/Coroner staff and/or other involved agencies should confer with families and obtain documentation of the family wishes regarding notification when additional fragmentary remains are identified. Some families desire to be notified of every identified fragment while others have reached closure and do not desire to be notified at all.
4. Provision may be made for how unclaimed and unidentified remains will be memorialized or disposed of at the conclusion of the processing effort. This is often done in concert with the Incident Command management team and governmental officials.
5. In disaster situations where there are no remains to recover for identification or where scientific efforts to establish identity fail, the appropriate legal authority may order a presumptive death certificate.

## Demobilization

The ME/Coroner will deactivate the fatality management plan or parts of the plan when the fatality management operations have been completed. Deactivation will be coordinated with deactivation of other disaster operations as necessary. It is possible that fatality management operations will be the last to deactivate.

Team Leaders at the incident site and morgue will keep notes during the fatality management response indicating challenges and changes that were made to guidelines/procedures, unique circumstances and other pertinent information and submit these notes to the ME/Coroner’s Office. The ME/Coroner Office will compile these notes and create an After Action Report. The After Action Report will be completed no later than [Insert #] month(s) after the fatality management plan has been deactivated.

The ME/Coroner Office will follow procedures for demobilization as required by organizations that have loaned facilities, refrigerated vehicles, equipment, and supplies. In the absence of specific procedures, the ME/Coroner Office will adhere to DMORT procedures for demobilization.

All original records pertaining to identification, post mortem documentation, and ante mortem records will be transferred to the ME/Coroner Office.

The ME/Coroner Office will ensure that all personnel paperwork has been completed.

A Long-Term Examination Center may be set up and continue to operate after this plan is deactivated. When the Long-Term Examination Center is deactivated, deactivation and demobilization will follow procedures used for demobilization of the incident site and morgue.

# Multi-cultural Planning

While there are numerous religious and cultural rituals for handling the dead, mass fatalities present difficulties in acknowledging and complying with these rituals. Although responders to these incidents would like to perform all the correct rituals, in reality it is likely impossible to do so. It is unlikely that the search and recovery and Victim Identification Center operations staff will be able to easily discern the religion or culture of the victims, and thus not necessarily handle the victims in accordance with appropriate ritual. Instead, all fatality management operations should make a serious effort at maintaining the personal identity of the victims and consider the concerns of their families. Handling the victims with respect, maintaining their identities, and showing compassion for the religious concerns of the families will deflect many concerns. Releasing the remains as quickly as possible to the families will also allow them to perform their rituals soon after death, which is important in most cultures and religions.

The chart below provides summary information related to cultural and religious preferences regarding care of the deceased. Attempts should be made to care for the deceased consistent with these preferences. However, public health considerations and guidelines provided by regulatory bodies will also be considered. In the event there is conflict between public health considerations and cultural or religious preferences, public health considerations will take precedence. You may wish to modify this chart to fit your own community’s needs.

| Religion/Culture | Preference | Other Comments |
| --- | --- | --- |
| Afghanistan / Islam | Rapid Burial |  |
| Amish / Mennonites | No Restrictions |  |
| Arab Cultures / Islam | Rapid Burial |  |
| Buddhist | No Restrictions |  |
| Chinese / Hindu | Cremation | Burial |
| Christian Scientist | No Restrictions | Cremation |
| Cuban / Roman Catholic | Burial |  |
| Eastern Orthodox | Burial |  |
| Filipino / Roman Catholic | Burial |  |
| Guatemalan / Roman Catholic | Burial |  |
| Hispanic/Latino (other) / Roman Catholic | Burial (Generally) |  |
| Indian / Hindu | Cremation |  |
| Japanese / Buddhist | No Restrictions |  |
| Jewish | Rapid Burial |  |
| Korean | Burial |  |
| LDS | Burial |  |
| Mexican / Roman Catholic | Burial |  |
| Native American | Burial |  |
| Pakistani | Rapid Burial | No coffin |
| Polynesian | Burial |  |
| Puerto Rican / Roman Catholic | Burial |  |
| Rastafarian | Don’t believe in burial | Ask for Preference |
| Sri Lanka / Buddhist | No Restrictions |  |

# Appendix A: Acronyms

AAR After Action Review

ABMDI American Board of Medico-legal Death Investigators

ADA Americans with Disabilities Act of 1990

AED Automated External Defibrillator

AM Ante mortem

ARC American Red Cross

ATF Bureau of Alcohol, Tobacco, Firearms, and Explosives

BCP Body Collection Point

CBRNE Chemical, Biological, Radiological, Nuclear, and High-Yield Explosive

CERT Community Emergency Response Teams

DEXIS Digital X-ray Imaging System

Decon Decontamination

DHS Department of Homeland Security

DMORT Disaster Mortuary Operational Response Team

DoD Department of Defense

DNA Deoxyribonucleic Acid

DVR Deceased Victim Record

EMS Emergency Medical Service

EMT Emergency Medical Technician

EOC Emergency Operations Center

EOP Emergency Operations Plan

ESF-8 Emergency Support Function-8

FAC Family Assistance Center

FBI Federal Bureau of Investigation

FM Fatality Management

FOG Field Operating Guides

FSRT Fatality Search and Recovery Team

GPS Global Positioning System

Hazmat Hazardous Materials

HHS Health and Human Services

HIPAA Health Insurance Portability and Accountability Act of 1996

HVAC Heating, Ventilation, and Air Conditioning

IAP Incident Action Plan

IC Incident Command or Incident Commander

ICE Immigration and Customs Enforcement

ICS Incident Command System

ICP Incident Command Post

IT Information Technology

JIC Joint Information Center

JIS Joint Information System

MA Mortuary Affairs

MFI Mass Fatalities Incident

MOU Memorandum of Understanding

NIMS National Incident Management System

NGB National Guard Bureau

NGO Non-Governmental Organization

NOK Next of Kin

NPO Non-Profit Organization

NRF National Response Framework

NTSB National Transportation Safety Board

PD Police Department

PE Personal Effects

PIO Public Information Officer

PM Postmortem

PPE Personal Protection Equipment

SAR Search and Rescue

SME Subject Matter Experts

SOP Standard Operating Procedure

THIRA Threat and Hazard Identification and Risk Assessment

UVIS Universal Victim Identification System

WMD Weapons of Mass Destruction

#

# Appendix B: Definitions

Ante mortem: Prior to death.

Casualty: A person who is injured in a Mass Fatalities incident but does not die.

Cause of Death: A formal, certified opinion by an attending physician or the medico-legal authority of the internal medical condition and/or external incident or chain of incidents that resulted in death.

Direct Reference: A DNA sample obtained from the deceased or their personal effects used for comparison with other DNA samples in laboratory identification procedures.

Emergency/Disaster Declarations: Official emergency declarations made by specified elected officials at the local, state, or federal level authorizing the use of equipment, supplies, personnel, and resources as may be necessary to cope with a disaster or emergency. Formal declarations are made when the incident requires more assets and resources than exist within the jurisdiction.

Family Assistance Center: The designated location/facility established to exchange accurate, timely information render support services for victim family members of mass fatalities and friends who travel to the incident location.

Family Reference: A DNA sample taken from a biological relative (only one generation removed) or a spouse of the deceased used for comparison with other DNA samples in laboratory identification procedures. Also referred to as indirect references.

Fatality: A person who dies as a direct or indirect result of a Mass Fatalities incident (interchangeable with victim, decedent).

Fatality Management: The process of locating, recovering, processing, identifying, and releasing for final disposition deceased victims of a Mass Fatalities incident.

Final Disposition of Remains: The concluding arrangement for the remains of the decedent, a decision of the next of kin. Options include burial, entombment, cremation, or donation.

Incident Command System: A prescribed method of command, control, and coordination within the National Incident Management System to provide a common organizational structure designed to aid in the management of facilities, equipment, personnel, supplies, and information.

Justice of the Peace: An elected county official whose duties include serving as the medico-legal authority in counties that do not maintain an Office of the Medical Examiner.

Just-in-Time Training: Instruction provided to capable individuals with general skills enabling them to perform task-specific functions immediately following the instruction.

Manner of Death: A classification of the fashion or circumstances that resulted in death (either: homicide, suicide, accidental, natural, or undetermined).

Mass Burial: A large plot of land used for burying multiple victims in partitioned, marked graves.

Mass Fatalities Incident: Any incident that results in more fatalities than a local jurisdiction can adequately manage, whether natural or man-made, accidental or intentional.

Mass Grave: A common grave containing multiple, usually unidentified corpses.

Mass Interment: Burial of large numbers of identified or unidentified bodies.

Medico-legal: Of or pertaining to law as affected by medical facts.

Missing Person: Those persons whose whereabouts are unknown to family or friends following an incident.

Morgue: The facility location where decedents undergo external and internal physical examinations.

Mortuary Affairs: A term synonymous with fatality management, generally referring to the provision of necessary care and disposition of missing and decedent persons, including their personal effects.

National Incident Management System: The part of the National Response Framework that outlines how the government and private entities at all levels can work together to manage domestic incidents, regardless of their cause, size, location or complexity.

Next-of-Kin: Immediate family members including: parents, spouses, siblings, and children.

Non-Governmental Organization: Independent organizations free from government control.

Non-Profit Organization: A business or enterprise that does not distribute its surplus funds to owners or shareholders, but instead uses them to help pursue its goals.

Patrons: Family members and close friends that visit and have access to the Family Assistance Center.

Personal Effects: Belongings of an individual including clothing, clothing accessories, jewelry, and other property on their person or otherwise in their possession.

Postmortem: After death.

Remains: A deceased body or fragmented parts from a deceased body.

Situational Orphan: A child, due to circumstances of a MFI, that has been involuntarily separated or otherwise detached or displaced from their immediate family, relatives, or designated caregivers. The child may, or may not, have actually been orphaned as a result of the MFI.

Spontaneous Unaffiliated Volunteers: An individual, not associated with any recognized disaster response agency, who may or may not have special skills, knowledge, or experience, but who appears, unsolicited, at an incident to render assistance.

Survivor: Anyone who is exposed to or otherwise encounters a Mass Fatalities incident that does not perish as a result of the incident.

Temporary Interment: A location where decedents are interred underground in individually marked spaces that may or may not become the final disposition location for some decedents.

Victim: A person who dies as a result of a Mass Fatalities incident (interchangeable with fatality, decedent).

Victim Identification Center: Temporary morgue

# Appendix C: Policies

## Cremation Policy

**Contaminated Remains**

When the cause of the mass fatalities incident is the result of a chemical or biological incident, the Medical Examiner shall determine the appropriate handling of remains. The Medical Examiner/Coroner, in the interest of public health and safety, may, in extreme conditions and only after extensive evaluation, determine that remains be cremated.

**Family Requests Cremation of Deceased**

When the next of kin request(s), direct (private) cremation may be completed in the locality of the disaster. Cremation should not take place for a minimum of seven (7) days after the last remains has been processed. All standard procedures should be followed, including the obtaining of releases and consent forms from both the family and the Medical Examiner. Cremated remains may then be forwarded to the next of kin.

**Disposition of Unidentified Remains or Unassociated Tissue**

Cremation shall never be used as a form of disposition for unidentified remains or unassociated tissue. Religious considerations as well as the possibility of future identification preclude this decision.

## Jaw Resection Policy

In the event of a mass fatalities incident, it is often advantageous to resect jaws of victims to facilitate dental examination. In the case of badly burned, decomposed, fragmented, or otherwise disfigured remains that are not viewable by the next of kin, jaw resection is not an issue.

In circumstances where viewable remains need to have jaws resected, the following criteria should be followed:

* The resection of jaws shall only be done with the express written consent of the Medical Examiner.
* The procedure shall be completed in a dignified manner.
* The procedure shall involve the infra-mandibular incision technique, which normally allows the visualization of dental structures without disfiguring the face.
* In the event that the viewable condition of remains is questionable, a funeral director shall be consulted as to the potential view-ability.

The procedure shall be completed in such a way that facilitates facial reconstruction and viewing.

All resected jaws shall be returned to the respective remains prior to the release of the deceased from the VIC.

***Exception:*** The resected jaws may be removed and retained only by written orders of the Medical Examiner in charge of the incident.

## Digital/Limb Amputation Policy

In the event of a mass fatalities incident, it is often advantageous to amputate the digits of the hands (fingertips), the hands, and/or feet of victims to facilitate identification.

In the case of badly burned, decomposed, fragmented, or otherwise disfigured remains that are not viewable by the next of kin, the amputation of digits, hands, or feet of victims generally is not an issue.

In circumstances where viewable remains need to have digits, hands, or feet amputated, the following criteria should be followed:

* The amputation of digits, hands, or feet shall only be done with the express written consent of the Medical Examiner.
* The procedure shall be completed in a dignified manner.
* In the event that the viewable condition of remains is questionable, a funeral director shall be consulted as to the potential view-ability.

The procedure shall be completed in such a way that facilitates reconstruction and viewing.

All digits, hands or feet shall be returned to the respective remains prior to the release of the deceased from the morgue.

***Exception:*** The amputations may be removed and retained only by written orders of the Medical Examiner/Coroner in charge of the incident.

## Unidentified Remains Policy

Disposition of unidentified remains is the responsibility of the Medical Examiner/Coroner.

Such unidentified remains released for a funeral service of memorialization shall be cared for in the following manner:

* Under no circumstances should unidentified remains be commingled with identified remains.
* Unidentified remains should be embalmed and properly prepared for burial.
* Interment in a local cemetery should be arranged. Cremation shall not be utilized for religious reasons and availability for identification at a later date.
* Religious considerations should be observed. A public, non-denominational service shall be held at the site of interment during daylight hours.
* All efforts should be made to notify and include the family members of the disaster in this service.
* Family members should be given the opportunity, and encouraged, to participate in the planning of the non-denomination service.

## Unrecovered Remains Policy

Conditions and circumstances sometimes preclude the recovery of remains in spite of exhaustive efforts and resources expended by those involved. Once the determination has been made that one or more remains are unrecoverable, a representative for Chaplaincy and Mental Health shall arrange a memorial service.

* Religious considerations should be observed. A public, non-denominational service shall be held at a site acceptable to the families, during daylight hours.
* All efforts should be made to notify and include the surviving family members in this service.
* Family members should be given the opportunity, and encouraged, to participate in the planning of the non-denomination service

## Temporary Storage Policy

Temporary storage of remains or unassociated tissue may be the choice rather than immediate burial. Consideration in the decision would include: time between death and the identification and return of the remains to the family, possibility of identification, inability to locate or determine the next of kin, and legal considerations. The choice is the responsibility of the Medical Examiner. If the decision is temporary storage, remains should be thoroughly preserved and disinfected.

Once the remains have been properly prepared, pouched and/or casketed, they shall be returned to the Coroner/Medical Examiner for storage.

## Next of Kin

The *Right to Control and Duty of the Disposition of the Body* Minnesota law clearly identifies who is in charge of the disposition of the body. The right to control a dead body, including the location and conditions of final disposition, vests in, and the duty of final disposition of the body devolves upon, the following in the order of priority listed:

1. A person may plan for their own final disposition and have those wishes carried out; (These arrangements made in advance of need must be in writing, dated and witnessed.)
2. The person or persons appointed in a dated written instrument signed by the decedent. By definition, a written instrument includes, but is not limited to, a health care directive executed under chapter 145C. If there is a dispute involving more than one written instrument, a written instrument that is witnessed or notarized prevails over a written instrument that is not witnessed or notarized. However, a written instrument does not include a durable or nondurable power of attorney which terminates on the death of the principal pursuant to sections 523.08 and 523.09;
3. The spouse of the decedent;
4. The adult child or the majority of the adult children of the decedent. Keep in mind that, in the absence of actual knowledge to the contrary, a mortician may rely on instructions given by the child or children who represent that they are the sole surviving child, or that they constitute a majority of the surviving children;
5. The surviving parent or parents of the decedent, each having equal authority;
6. The adult sibling or the majority of the adult siblings of the decedent, provided that, in the absence of actual knowledge to the contrary, a mortician may rely on instructions given by the sibling or siblings who represent that they are the sole surviving sibling, or that they constitute a majority of the surviving siblings;
7. The adult grandchild or the majority of the adult grandchildren of the decedent. A mortician may rely on instructions given by a grandchild or grandchildren who represent that they are the only grandchild or grandchildren reasonably available to control final disposition of the decedent's remains or represent a majority of such grandchildren;
8. The grandparent or the grandparents of the decedent, each having equal authority;
9. The adult nieces and nephews of the decedent, or a majority of them, provided that, in the absence of actual knowledge to the contrary, a funeral director or mortician may rely on instructions given by a niece, nephew, or nieces or nephews who represent that they are the only niece, nephew, or nieces or nephews reasonably available to control final disposition of the decedent's remains or represent a majority of nieces and nephews reasonably available to control final disposition of the decedent's remains;
10. The person or persons who were acting as the guardians of the person of the decedent with authority to make health care decisions for the decedent at the time of death;
11. An adult who exhibited special care and concern for the decedent;
12. The person or persons respectively in the next degree of kinship in the order named by law to inherit the estate of the decedent;
13. The appropriate public or court authority, as required by law. You may review the regulations on controlling the final disposition of a body and who has the duty to pay for the funeral in MN Statutes 149A.80.

## Cameras and Recording Equipment Policy

The use of cameras and other recording equipment shall be prohibited without the written authorization of the Medical Examiner/Coroner.

Any individual in possession of a camera or other recording equipment without the written authorization of the Medical Examiner/Coroner shall have equipment confiscated and the individual will be personally escorted to Site Security.

Site Security will determine if an individual is authorized by the Medical Examiner/Coroner to use cameras or other recording equipment. If Site Security believes an individual may have a valid need for the use of a camera or recording equipment, a recommendation may be forwarded to the Medical Examiner.

Any individual discovered at a site without appropriate authorization shall be removed from the disaster operation.

Any photographs or recording material used in the processing and identification of remains or personal effects will remain the property of the Medical Examiner/Coroner.

The Medical Examiner/Coroner will make the final determination regarding the public release of any photograph or recording material of remains or personal effects.

The Medical Examiner/Coroner will approve and contract with a photographic laboratory for the development of all photographic or recording material.

## Confidentiality Policy

All staff shall respect the rights of survivors, family members, and staff to privacy. Private information from survivors, family members and staff should not be solicited unless it is essential to providing services. Once private information is shared, standards of confidentiality apply.

All staff shall protect the confidentiality of all information obtained in the course of the mass fatalities operation, except for compelling professional reasons. The general expectation that information will be kept confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to an identifiable person or when laws or regulations require disclosure without an individual’s consent. In all instances, staff should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.

All staff shall protect the confidentiality of survivors, victims, family members, and staff when responding to requests from representatives of the media.

When feasible, staff should inform survivors, family members, and staff members, to the extent possible, about the disclosure of confidential information and the potential consequences, before the disclosure is made. This applies whether the confidential information is disclosed on the basis of a legal requirement or with the individual’s consent.

Staff shall not discuss confidential information in any setting unless privacy can be ensured. Staff should not discuss confidential information in public or semipublic areas such as hallways, waiting rooms, elevators and restaurants.

All staff shall protect the confidentiality of survivors, victims, family members, and staff written and electronic records and other sensitive information. Staff should take reasonable steps to ensure that records are stored in secure locations and that these records are not available to individuals who are not authorized to have access.

Staff should take precautions to ensure and maintain the confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones and telephone answering machines, and other electronic or computer technology. Disclosure of identifying information should be avoided whenever possible.

Mental Health Staff should discuss with survivors, family members, and staff the nature of confidentiality and limitations of individual right to confidentiality. Mental Health Staff should review with individuals the circumstances in which confidential information may be requested and in which disclosure of confidential information may be legally required. This discussion should occur as soon as possible in the relationship and as needed throughout the course of the relationship.

Mental Health Staff should protect the confidentiality of individuals during legal proceedings to the extent permitted by law. When a court of law or other legally authorized body orders Mental Health Staff to disclose confidential or privileged information without an individual’s consent and such disclosure could cause harm to the individual, Mental Health Staff should request that the court withdraw the order or limit the order as narrowly as possible or maintain the records under seal, unavailable for public inspection.

Mental Health Staff shall not disclose identifying information when discussing individuals for teaching or training purposes unless the individual has consented in writing to the disclosure of confidential information.

All staff shall protect the confidentiality of the deceased consistent with the preceding standards.

Upon closure of the mass fatalities response operation, all individual records should be transferred or disposed of in a manner that protects the individuals’ confidentiality and is consistent with state statutes governing records.

# Appendix D: Family Assistance Center

**Responsibility**

[Insert Agency Name] has primary responsibility for Family Assistance Center management. Supporting departments/agencies include:

* [Insert supporting department/agency names]

Note: National Transportation Safety Board (NTSB) has responsibility for establishing the FAC for major transportation incidents.

In the case of an influenza pandemic, the FAC will be managed virtually, using websites and telephone hotlines as coordinated by [Insert Lead Agency/Department Name]. It will be important to keep public gatherings at a minimum to prevent the spread of disease.

**Purpose**

The purpose of a **Family Assistance Center (FAC)** is to provide a safe and private place, protected from the media, for families of deceased, missing or injured survivors to grieve and/or wait for information regarding their loved ones and the status of rescue or recovery activities. This is often the location where families will be informed about the positive identification of their loved one(s).

Key activities provided by various agencies include:

* Providing privacy and support services to grieving families;
* Security from media and curiosity seekers;
* Facilitating information exchange between ME offices, local officials and the families in order to assist in identification of victims;
* Providing death notification, to facilitate the processing of death certificates and release of remains; and
* Providing information about recovery efforts.

While there is hope for survivors, officials may conduct group briefings on a daily basis, and/or conduct family interviews to help with the rescue and identification activities. Families whose loved one is rescued will be directed to the appropriate health care facility.

**Triggers**

When it is apparent that there will be a significant number of families potentially arriving at the scene to seek information about the welfare and status of their loved ones, and it is apparent the wait for information will take at least several hours, the [Insert Title], in consultation with the Medical Examiner/Coroner, will coordinate the establishment of a Family Assistance Center.

**Call Center**

The [Insert Title], in consultation with the ME/Coroner, can establish a Call Center or at least a dedicated phone number for families to call to get initial information, be directed to the Family Assistance Center and to provide contact information for the family. Names of individuals missing may come in via this line and should be given to the ME/Coroner’s office expeditiously.

**Management Roles**

The ME/Coroner will be responsible for conducting family briefings, ante mortem data collection, and death notifications. The [Insert Agency Name] will manage the Family Assistance Center and be responsible for staffing and managing support services to the families, including emotional and spiritual care, food services, physical care and first aid, child care, security and other support services. If needed, local law enforcement may provide support for security.

**Location**

The ME/Coroner in consultation with emergency management/Emergency Operations Center, and if applicable NTSB, will determine the location of the primary FAC.

**Activities**

The quantity or number of staff needed will be determined at the time of the incident, based on its complexity and the estimated number of potential victims

Core family assistance services include:

* Family briefings
* Ante-mortem data collection to assist in identifying victims
* Death notifications
* Call center/Hotline
* Reception and information desk
* Spiritual care services
* Mental health services
* Medical/First aid services
* Translation/Interpreter services
* Child care
* Food services
* Phone bank
* Computer bank or hook-ups

In an aviation incident, airlines are required by law to provide lodging for families who travel to the site of the incident but may live far away. In other transportation-related incidents or incidents where there is a corporate party that may be deemed liable or responsible for the support to families, they may assume responsibility for some or all of the costs of the facility used for the FAC, meals and refreshments or for lodging for the families if needed. The [Insert Department/Agency Name] will coordinate with any third party assuming financial responsibility to make logistical arrangements for those services and may make arrangements on behalf of that party as mutually agreed. If no third party assumes financial responsibility, the agency designated with the responsibility for the FAC or the organization providing the service may be responsible for the cost of operating the FAC.

**Closing the FAC**

Generally, the need for the FAC will decrease as more of the missing are found and identified. Once most of the victims have been identified and following any community memorial service that may be held, the active FAC may transition to a walk-in center for families with need for information and referral services and/or mental health counseling. The [Insert Department/Agency Name] will designate an agency to coordinate long-term recovery activities and to ensure ongoing support as needed. Activities may include development and dissemination of a resource guide for families about relevant web sites and information on financial or mental health resources available, establishing a website as a secure site for useful information, and establishment of ongoing support groups.