

Chelsea County Coroner's Mass Fatalities Operations Manual

A functional manual to provide guidance for responses to mass fatality incidents.



Chelsea County USA

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Chapter 1

MASS FATALITY PLAN

Introduction

The Chelsea County Coroner's Mass Fatality Plan is designed to support operational direction during a mass fatality incident that is beyond the capability of the coroner's resources, by providing guidance to trained and qualified personnel, equipment and supplies as required to conduct a thorough investigation of the fatalities and identification of the deceased.

The Chelsea County Coroner's Office strives to be prepared at all times for the unfortunate event of a mass fatality incident which may or may not involve a weapon of mass destruction (biologic, chemical, or nuclear) in association with a terrorist event. Chelsea County Coroner's Office coordinates efforts with various local, state and federal agencies to be prepared for a mass fatality incident.

Definition

A mass fatality is defined by the Chelsea County as:

- Any incident having the potential to result in five (5) or more fatalities
- Any incident in which there are remains contaminated by chemical, biological, radiological, nuclear or explosive agents or materials
- Any incident or special circumstance requiring a multi-agency response to support coroner operations
- Any incident involving a protracted or complex remains recovery operation

Goals

The Chelsea County Coroner's Mass Fatality plan has six primary goals to accomplish during a mass fatality response:

- Supporting the Chelsea County Emergency Operations Plan in managing a mass fatality incident
- Investigate, recover & process decedents in a dignified and respectful manner
- Accurately determine cause & manner of death
- Perform accurate & efficient identification of victims
- Exchange factual & timely information with local authorities, families and the public in a compassionate manner
- Provide for the rapid return of victims and personal effects to their legal next of kin if possible

Training and Exercise

All death investigation staff should be familiar with the protocols herein. Each county should develop and run a table-top exercise once a year. Any agency that may be assisting with a mass fatality response should also participate in exercises. The Coroner and/or Emergency Management may assist in the development and application of the table-top exercises.

Direction and Control

In accordance with State law, the Coroner in the county of occurrence shall have jurisdiction over deaths which occur under any of the circumstances defined as a coroner's case.

In the event of a major emergency or disaster resulting in mass fatalities, all activities associated with the recovery and identification of the deceased will be in accordance with the policies and procedures of Chelsea County Coroner's office, State and County Emergency Management Agencies, local, state and federal law enforcement, Federal Emergency Management Agency and all other policies and procedures of agencies having jurisdiction over such incidents (Department of Justice, National Transportation Safety Board, etc.)

Responsibilities of the Chelsea County Coroner in Mass Fatality Incidents

The Coroner is responsible for the direction and coordination of all services and functions within their jurisdiction to include the following:

- Report to the scene and Incident Command
- Ensure appropriate agencies have been notified and are present in the incident command post
- Gather information on the type of incident
- Gather information on the exact location of the site and fatalities
- Estimate the number of fatalities
- Determine the general condition of the remains
- Determine the best entry/exit routes to incident site
- Identify potential locations for staging a recovery response teams
- Determine if the number of fatalities is within or beyond the local capabilities
- If the incident is beyond local capabilities, additional resources will be requested through the Incident Command Post / Emergency Operations Center.
- Identify decedents and Issue Death Certification for all decedents

Chapter 2

NOTIFICATION

Legal Responsibility to Notify Coroner

It is the responsibility of anyone who has knowledge that a situation exists which has resulted in mass fatalities to notify the Chelsea County Coroner and for the County Coroner or their designated agent to report to the scene in a timely manner. No person is to move a body or anything from a body until directed to do so by the Chelsea County Coroner.

Required Information for Notification of Coroner

When notified of a mass fatality incident, the Coroner or their designated agent shall go to the scene in a timely manner. The following information regarding the notification shall be documented:

1. Name of person making notification
2. Title/agency
3. Date/time
4. Nature of incident
5. Location

Coroner's Scene Assessment Upon Arrival

Upon arrival at the scene, the coroner will be required to gather the following information. If at all possible, on scene command should capture any information as it comes available to pass on to coroner when they arrive, to expedite the response.

1. Time of arrival
2. Exact location of incident, including GPS coordinates, if available
3. Exact nature of the incident
4. List of all agencies present at scene
5. Identify the on-scene commander for each governmental level represented
6. List of access routes, command post locations, survivor locations, press zone location, decontamination station location, traffic access control points, and responsibility for perimeter control and hot zone control
7. List of weather conditions to include temperature, humidity, precipitation conditions, wind direction and speed
8. Identify type of terrain or development
9. List of estimated survivors and fatalities
10. Identify the general condition of bodies and anticipated time before recovery begins

The Chelsea County Coroner should notify the regional morgue of the event and request activation this Mass Fatality Plan.

Legal Responsibilities for Notification of Transportation Incidents

Aviation Disasters:

- In an aircraft incident if it is a legislative act (commercial airlines) as outlined by NTSB, NTSB should be contacted and their advice on handling the scene and decedents should be followed.
- For aviation disasters, it is recommended that you assign a Communications Liaison immediately who will be available to be on the phone with Federal Agencies during the initial response. This person will liaison between Incident Command and federal authorities by relaying information about the scene and response status as well as receiving guidance from federal authorities.

The Duty Officer will make notification to NTSB and FAA

**Please have the following information ready
when contacting the Duty Officer:**

1. Name of person making notification
2. Title/agency
3. Date/time
4. Nature of incident
5. Location
6. Estimated number of casualties and fatalities
7. Any observed hazards for responders, (i.e. fuel spills, structural collapse)

Chapter 3

ACTIVATION

Activation of the Mass Fatalities Plan will be determined by the local incident commander. In the event there is a situation in which there are more human remains to be recovered than can be handled by local resources, the staff member taking the initial call should take down as much information as possible and immediately notify the Office of Emergency Management Duty Officer 720-808-9874.

Email: emergencymanagement@chelseacountyusa.thebluecell.com

Responses Outside of Chelsea County

The Chelsea County Coroner's Mass Fatalities Plan has been developed to be operational within Chelsea County. To receive activation of this plan and access identified resources you must contact the County Duty Officer at the County Emergency Management at 720-808-9874.

Email:emergencymanagement@chelseacountyusa.thebluecell.com

Establish Scene Command

Response and involvement in a mass fatality event will be an organized team approach following the National Incident Management System (**NIMS**) and using Incident Command System (**ICS**) structure.

- The first-arriving unit on the scene of the emergency shall establish command.
- The member establishing command will remain as Incident Commander until the incident has been terminated or until command has been transferred to a higher ranking officer (usually the responding chief officer).

Establish Command Post

- A Command Post shall be established at every emergency scene.
- A Command Post shall be established by the first arriving company officer.
- There shall be only one Command Post at an emergency incident with the exception of the Coroner's Command Post on mass fatality incidents.
- All other operational locations shall be known by their functions. (i.e. Search & Rescue)
- At all incidents, the Command Post shall be established a safe distance from the scene in respect to the type of incident encountered.
- UPWIND, UPHILL, and UPSTREAM.

Morgue Operations Site

A Morgue Operations Site will be established at the site as part of or in proximity to the incident commander's command post. A Communications Team Leader shall be assigned to coordinate all communications from this site to the regional laboratory, Incident Command and other agencies. The incident commander shall be notified as soon as possible of the following:

1. Immediate problems
2. Immediate requirements
3. Location of personnel and equipment staging areas
4. Information regarding all personnel at scene or in route to the scene.

The County Coroner, with the Incident Commander, is charged with the responsibility of establishing sites for the following:

1. Morgue Operations Site
2. Receiving Area
3. Disposition Area
4. Refrigerated units for storage of human remains
5. Staging area for morgue staff and morgue safety officer

Chelsea County Coroner's Instructions to Law Enforcement, Fire Rescue and Emergency Medical Personnel at the Disaster Site

The rescue and emergency medical care of the injured shall be the first priority at a mass fatality scene. The locating and processing of fatalities shall be done only at such time and in such manner as to not interfere with rescue/care of the injured. All necessary measures shall be taken to mitigate existing dangers, such as fire, explosive ordnance, or chemical/biological hazards. The scene shall be secured as soon as possible to allow access only to authorized personnel. No body or article will be touched or moved unless required for the safety of life or preservation of human remains.

Unauthorized personnel shall be removed from within the scene. All non-essential personnel are to be recalled from inside the hot zone and sent to a staging area until further notified. Agency standard operating procedures shall dictate personnel assignments for each agency.

Initial Rescue Procedures for First Responders

- Locate and identify any known casualties.
- Quickly remove all injured persons who can be assisted, administer medical treatment as per your training, and transport them to an appropriate medical facility.
- Upon discovering a victim who is beyond medical aid, minimize activities in the area so that evidence is preserved to the highest degree possible. Minimize foot traffic and equipment in proximity to the body.
- Do not remove or move a victim who is beyond medical assistance. The position and condition of the body can give the medical examiner crucial information. Exceptions to the "do not remove the body" practice may be necessary in cases such as imminent collapse or very dangerous conditions.
- Note any injuries to victims and statements made by victims. Make as many observations about victims as possible and communicate them to the investigator. Observation is especially important when victims are removed from the scene and the original body position may not be able to be determined. Your information about how the victim was found may be critical to the investigation

- Treat the body with respect. As you carry out necessary professional duties, do not lose sight of the dignity of each individual person. Respect should also be accorded to non-human animal remains.

HAZMAT Procedures for First Responders

To request deployment of Regional HAZMAT teams, contact

Chelsea County Dispatch 720-808-9874

**Please have the following information ready
when contacting the Duty Officer:**

1. Name of person making notification
2. Title/agency
3. Date/time
4. Nature of incident
5. Location
6. Estimated number of casualties and fatalities
7. Any observed hazards for responders, (i.e. fuel spills, structural collapse)
8. If known, type of chemical or material involved

First Responders should have a basic knowledge of HAZMAT scene safety, including:

- An understanding of what hazardous materials are and the associated risks
- An understanding of potential outcomes when hazardous materials are present
- The ability to recognize the presence of hazardous materials
- An understanding of the first responder's role and use of the North American Emergency Response Guidebook
- The ability to recognize the need for additional resources and the knowledge of the procedures to make the appropriate notifications

General Guidance for First Responders

Primary Actions

- When you arrive at the scene of an incident where there is known or suspected involvement of hazardous materials, STOP a safe distance from the scene. UPWIND, UPHILL, and UPSTREAM.
- Initiate the response sequence and **notify HAZMAT teams**
- Avoid "tunnel vision". Search for other hazards at the scene, such as fires, potential for explosions, downed power lines, or unstable debris.
- Protect yourself – PPE, fire suppression etc.

Secondary Actions

- Provide lifesaving treatment to victims

- Determine if there are homes, businesses or roadways that may be impacted by spillage, vapors or smoke plume. **Isolate, evacuate and control entry.** Notify necessary authorities of risk.
- Consider weather conditions. Factors, such as rain that can wash away spilled solid and liquid materials into storm drains, and nearby bodies of water, such as creeks and streams may create downstream exposures. Wind may move toxic fumes and plumes in the direction of populated areas. **Isolate, evacuate and control entry.** Notify necessary authorities of risk.

Once living victims have been removed, stop all action and wait for HAZMAT team instructions.

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Chapter 4

STAFFING

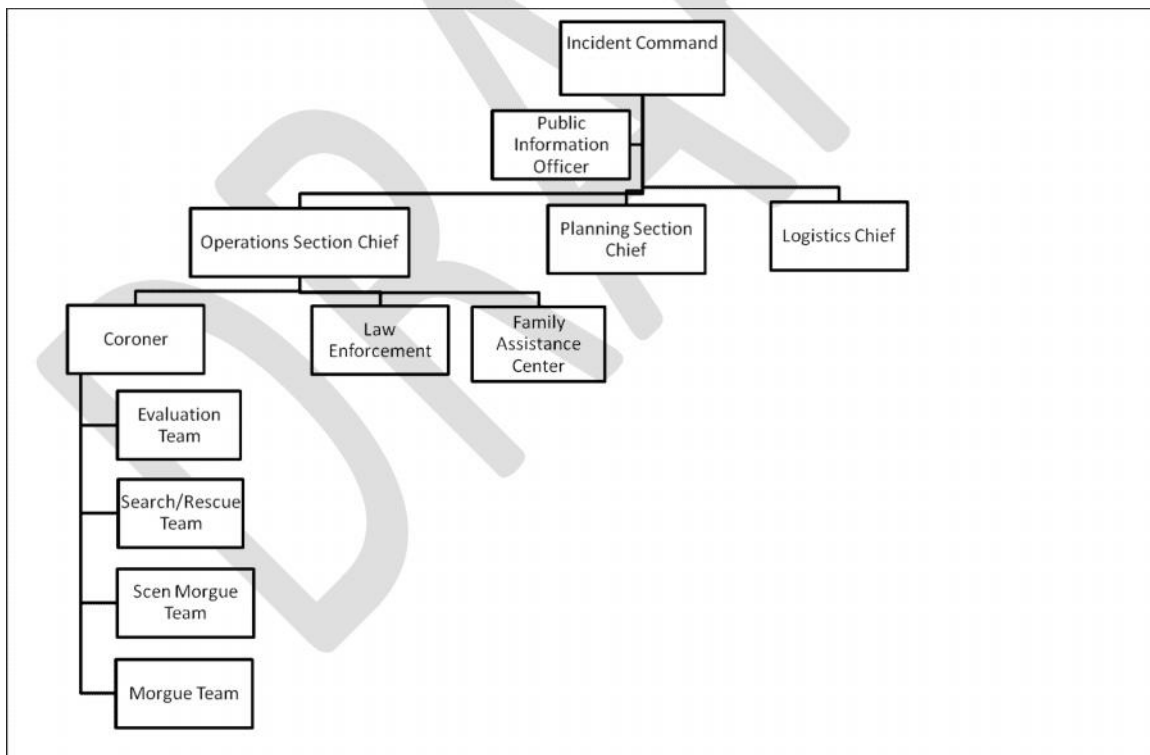
Team Approach

Response and involvement in a mass fatality event will be an organized team approach following the National Incident Management System (NIMS).

Multiple teams will be formed prior to, during and following a mass fatality incident. This is to prepare for, manage and improve response to current and future mass fatality incidents.

ICS

The Chelsea County Coroner's response to a mass fatality will operate under an ICS command structure during the activation of the Plan.



Identification of Responding Personnel

A strict personnel accountability system shall be utilized in order to assure the safety of all personnel. There shall be no free-lancing by any responders and personnel shall take only those actions directed by the on-scene coroner. The morgue operations office shall establish a chronological log of all notifications, personnel arrivals and departures, advisories, requests for personnel, assistance, equipment, and scene activities.

All personnel responding to the staging area will be properly equipped with departmental identification, appropriate clothing, equipment, and safety gear.

Response and Recovery Teams

Evaluation Team

An Evaluation Team should be established that will, at the initial notification of a mass fatality incident, respond to the location of the incident for initial assessment. The evaluation team should include at least one of the following: the Chief Medical Examiner, County Coroner and/or Forensic Investigator. After having conducted an initial scene evaluation, the Evaluation Team Leader or designee will provide a detailed account of what supplies, equipment and personnel are needed for successful handling of the event.

Note: The safety of the scene must be assessed and clearance issued by the appropriate agency (i.e. HAZMAT) before the Evaluation Team enters.

Search and Recovery Team(s)

The team(s) will be responsible for locating human remains, documenting their position and condition, and the recovery process. Each team will have members responsible for documentation, photography, tagging, and placement of the human remains into a body pouch. Depending on the nature and size of the incident, multiple teams may be established. The services of additional forensic personnel may also be required. The EOC will add staffing based on the needs of the incident and direction of the Coroner.

Morgue Operations Team

The team will be responsible for documentation of the initial state of the human remains, collection of evidence and personal effects, and collection of fingerprints and DNA reference standards, determining the cause of death, and establishing the identity of the human remains. The team will consist of a Forensic Pathologist, Forensic Odontologist, Radiology Technicians, Anthropologist and/or other support staff as deemed necessary for identification purposes.

Family Assistance Center Team

The Family Assistance Team will be staffed by the American Red Cross, the Department of Health and other community partners such as members of the clergy, mental health professionals will be engaged with Family Assistance Teams to provide spiritual and emotional support to family members during this

process. The County Coroner will be responsible for information released to the families during family briefings at the Family Assistance Center. Local ethnic leaders may be required for assistance in this data collection.

Victim Identification Center-Family Assistance Center Team

The VIC FACT supports the Coroner and the local or federal law enforcement agency conducting missing persons reporting in the collection of antemortem data collection, including the collection of DNA reference samples. Working within the Family Assistance Center, the team interviews the next-of-kin, collects antemortem information, and transfers this information to the Victim Identification Center. If requested, the team will also provide information to the next-of-kin and assist the Coroner with death notifications.

Respite Area for Scene Staff

This Staging Area will be established to provide scene staff with an area to rest and recover from the rigors of their duties. A safety officer for the incident will be stationed in this area and will be responsible for the health and welfare of scene staff. In the event the Red Cross is activated, they will provide assistance to this area.

Staff Well-being

- Only Individuals who are trained and qualified should be allowed in response and recovery zones.
- Manage responder exposure to the scene.
 - Limit an individuals on-duty work hours to 12 hours per day, with frequent breaks.
 - Rotate staff from high-stress to lower-stress functions and from the scene to routine assignments, as practicable.
- Periodic checks should be made of all responders to ensure that they are comfortable with their duty assignment and that they are handling the situation. Any personnel who is exhibiting or experiencing emotional distress, or behavioral health issues, should be given another duty assignment outside of the response and recovery zones.
- Critical incident stress debriefings should be made available to all responding personnel during search, recovery and morgue operations. Critical incident stress debriefings will also be made available to all agencies and responders who have worked the incident.

Chapter 5

SAFETY

Safety is the priority for all responders and this must be the case for the full duration of the incident. While safety is everybody's responsibility, the Incident Command (IC) must complete an initial hazard assessment of the scene.

Scene Assessment

- During the initial scene assessment the IC must identify and communicate the hazards on scene.
- Request additional resources for any hazards or risks that require a specialized response, ie (HAZMAT, Decontamination etc.)
- Where possible instruct crews to control these hazards before any rescue or recovery work can commence.
- Ensure adequate levels of protective equipment are available, and being used.
- Only after the scene has been assessed, hazards have been identified and communicated, can an approach to the affected area commence.

Personal Protective Equipment (PPE)

All individuals directly involved with human remains need protection from blood-borne pathogens and bodily fluids.

PPE for working with Contaminated Human Remains:

Initially, until the need for lesser protection is established, it must be assumed that the highest caliber of PPE needs to be worn in the Hot Zone. This should include:

- A full body suit that is resistant to chemicals and biological agents.
- Self-contained breathing units. Then, as indicated by identification of specific suspect agents and degree of exposure in the Warm and Cold Zones, cartridge respirators with HEPA and/or charcoal filtration or lesser forms of respiratory protection as indicated by the circumstances and the agent involved. Such phasing will be determined by the Incident Commander in consultation with appropriate experts.

In any case, even with low risk, the minimum protective equipment should include

- A full body suit that can be removed at the site
- Gloves, appropriate respirators (masks), and face shields or eye cover as dictated by the suspected agent.
- After decontamination is accomplished, routine personal protective equipment should suffice for most agents after an effective decontamination has taken place.

Level A PPE utilizes a self-contained breathing apparatus, a fully encapsulating chemical resistant suit, and inner chemical/biological resistant hand covers and boots or shoes.

Level B PPE utilizes a single or 2-piece chemical suit that need not be fully encapsulating, and also employs a self-contained breathing apparatus. This gear is similar to standard fire-fighting gear. It is doubtful that many medical examiner or coroner personnel will be trained in the use of Level A or B equipment, although offices with larger staffs may be able to accomplish this via specific in-house training or training through working with other groups such as HAZMAT or weapons of mass destruction (WMD) preparation.

Level C PPE utilizes a full-face air-purifying canister-equipped respirator, full body chemical-resistant suit, inner and outer chemical resistant gloves, and resistant boots/shoes. Level C includes not only the full-face air-purifying canister-equipped respirators but also powered air-purifying respirators (PAPRs). The PAPRs operate and deliver filtered air under positive pressure and the non-powered air purifying respirators (NAPRs) depend on the efforts of the wearer and operate under negative pressure. The filters used are variable and the correct filters are needed to filter particulate matter, chemicals, organic vapors, or gases.

Level D PPE utilizes simple over garments, preferably water-resistant, to provide a physical barrier to cover the skin and clothing. Most often, Level D PPE will be sufficient unless directed otherwise by HAZMAT or the Coroner.

Level D PPE

PPE	PROTECTS	HAZARD
Safety Glasses	eyes	Biohazard, bodily fluids, splashes
Head covering	head	Biohazard, bodily fluids, splashes
Rubber/Latex/Nitrile Gloves	hands	Biohazard, bodily fluids, splashes
Surgical mask	mouth/nose	Biohazard, bodily fluids, splashes
Impervious Coveralls/Aprons (Tyvek)	skin	Biohazard, bodily fluids, splashes
Impervious Footwear	feet	Biohazard, bodily fluids, splashes

Depending on the nature of the disaster and potential hazards associated with the condition and recovery of human remains, additional protective clothing may include:

Additional PPE for Level A, B and C

PPE	PROTECTS	HAZARD
Safety Glasses	eyes	chemical liquid splashes, dust
Hard Hat	head	falling material
Ear Protection	hearing	excessive noise
Rubber/Latex/Nitrile Gloves	hands	corrosives, toxic materials, biohazard contaminants
Heavy work gloves	hands	Puncture or skin breaking injuries
Respirator/PAPRS	lungs	toxic gases, vapors, fumes or dust
Impervious Coveralls/Aprons (Tyvek)	skin	toxic or corrosive materials, biohazard contaminants

Impervious Footwear	feet	corrosive, toxic materials, biohazard contaminants
Heavy Footwear	feet	Crushing, puncture or skin breaking injuries

After use and before leaving a contaminated area, all soiled PPE should be safely removed and properly discarded as biohazard waste.

Injuries and Exposures

Personnel are required to immediately report all injuries to their supervisor. Give prompt care to any wounds sustained during work with human remains, including immediate cleansing with soap and clean water. Workers should also be vaccinated against hepatitis B, and get a tetanus booster if indicated.

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Chapter 6

HAZMAT FOR MORGUE OPERATIONS

Management of a Mass Disaster with Contaminated Human Remains

In the event of a terrorist attack or unintentional event with fatalities involving biological, chemical or radiological (CBRNE) agents, decontamination procedures may be required that can be complex and require the expertise of fully trained and qualified responders such as hazardous materials (HAZMAT) technicians. The Coroner will certainly be involved in the investigation and certification of such deaths because deaths resulting from intentional acts may be considered as homicides and those involving unintentional injury also fall under the coroner jurisdiction. Because of a lack of or inadequately trained coroner personnel, the Coroner and his/her staff may not be directly involved in decontamination or other pre-morgue procedures. However, the Coroner should at least be familiar with decontamination procedures because they may impact on evidence collection and/or the temporal sequence of death investigation conducted by the Coroner.

During such an event, the Coroner will reference *"The Medical Examiner and Coroner's Guide for Contaminated Deceased Body Management"* publication for guidance on specific procedures for handling contaminated human remains. The publication was written specifically for the medical examiner or coroner who will be in charge of investigations of fatalities that result from terrorism or other events that result in contaminated remains. In some such cases, agents may be used that will require mitigation of environmental hazards and decontamination of human bodies. To that end, this *Guide* provides information and suggestions that may be useful in understanding the principles involved in decontamination procedures, recognizing that it may not be the medical examiner or coroner staff who actually conducts decontamination procedures.

Decontamination Process

A Hazardous Materials (HAZ-MAT) team should be consulted and will manage all decontamination procedures prior to examination of contaminated HR. **The HR should not be decontaminated prior to examination if the contaminate poses no significant risk to the examiners clad in Level D PPE.**

Decontamination consists of rinsing, washing, or immersing the body (or clothing or other items) to remove adherent substances and provide some bactericidal action. Basically, decontamination removes, neutralizes, or degrades the offending agent. Mild detergent/soap should be used to clean remains prior to decontamination- especially when chemical agents are involved-- because the soap may help dissolve or remove oily residues.

In almost all instances, a 1% to 2% bleach (hypochlorite) solution is more than adequate to remove, hydrolyze, or neutralize the offending agent. Household bleach solutions usually contain 5% hypochlorite. This strength of bleach may pose respiratory risks and poses other risks for living persons. For most decontamination procedures involving

dead bodies, 5% household bleach diluted 1 part bleach to 3 parts water will be adequate in providing a final concentration of 1-2% .

The decontamination solution should be allowed to remain in contact with the body or object for a minimum of 5 minutes and preferably 15 minutes. The body or object should then be rinsed thoroughly with water.

If living persons need to be decontaminated, initial cleaning should be done with soap and water. If bleach solution is then used on a living person, its concentration should not exceed 0.5% hypochlorite, and lower concentrations can be effective.

Additional information about bleach mixtures for Decontamination can be found in the Resources Appendix of this plan.

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Chapter 7

SEARCH AND RECOVERY OF HUMAN REMAINS

Human Remains Recovery Site Operations

Supplies and Equipment

Prior to Search and Recovery Operations, the Evaluation Team will have determined what supplies and equipment are necessary for the search and recovery process of Human Remains (HR). These items may include but are not limited to the following:

Types of Supplies:

- Protective Clothing: gloves, boots, coats, hard hats, rain suits, and face masks (etc.) as dictated by the situation.
- Substantial number of body pouches
- Storage boxes
- Flags for marking locations
- Tyvek[®] tags
- Indelible markers
- Biohazard bags & boxes
- Forensic photography equipment
- Scene documentation forms and pens
- General office supplies

Types of Equipment:

- Refrigerated units
- Multi-use vehicles: ATV, boats or heavy equipment
- Gridding or Total Station Units
- Special computer systems
- Portable radiology equipment
- Portable restrooms
- Communication devices: radio, cell phones
- General office equipment

Responsibility of Personnel Searching for and Recovering Human Remains

All personnel working at the disaster site should be given a briefing before entering the site. They should be informed of the current situation and given all the information that is known regarding the disaster area. They should be informed as to what they can and cannot do while at the site and alerted to any safety issues.

A responder identification procedure must be established for everyone entering the disaster site. Only authorized trained personnel should be allowed to enter the disaster site. A log of all personnel working at the disaster site should be maintained to include:

1. Name of worker
2. Agency they are with and their title

3. Their duty assignment for this disaster scene
4. The time the worker entered the disaster site and the time they departed.

All personnel who are working at the site should be issued proper personal protective equipment. Efforts must be made to ensure that all personnel fully understand their duty assignments and are knowledgeable in performing their assignments. The emergency operations center and incident command center will provide assistance with responder identification efforts and assist with scene preservation and specific incident response duties.

Searching for Human Remains (HR)

The disaster site should be searched to locate HR, personal effects (PE), and other items as outlined by Incident Command. Flagging is the process of placing engineer flags next to the item. Different color flags may be used to indicate HR, PE or other items as outlined by Incident Command. Once located, all items should be flagged but **not** be touched or moved. The initial search will only include locating and flagging HR, PE and other items.

In the event that HR are in a stacked or layered fashion, (body on top of body) a flag for each possible human remain will be placed at the site. Flags should only be placed next to human remains and NEVER in or on human remains.

It must be remembered that in the initial search all the HR may not be found due to the amount of debris that may be present. Cadaver dogs may be helpful in locating additional HR following the initial search. Depending on the size of the incident and available team size, the search and recovery process may be combined and performed by the same team.

When there is a potential for contamination of the scene and Human Remains (HR) by hazardous materials, a Hazardous Materials (HAZMAT) team should be consulted and will manage all decontamination procedures. ***HAZMAT teams should be consulted anytime there is a known risk or concern for the safety of any and all responders.*** The HR should not be decontaminated prior to recovery if the contaminate poses no significant risk to the examiners clad in available protective clothing. Protective clothing may include gloves, boots, masks, coverall, hard hats, rain suits and respirators as dictated by the situation. (Similar to Level C or D PPE)

SAFETY: All staff members exiting this area will be required to undergo any necessary decontamination as outlined by the HAZ-MAT Team. No one should leave this area for any purpose without undergoing the approved decontamination process

Recovery of Human Remains (HR)

The Coroner responding to the scene or his/her designee shall make the determination of when a HR or anything associated with the HR is to be moved at a disaster site.

When the Coroner has made the decision to recover a HR from the disaster site, the following protocol should be followed:

1. Document the location of the HR or PE using a GPS Mapping System. The team operating the Total Station unit(s) will assign consecutive unique identification numbers for each item. A two letter prefix will be added to indicate HR or PE. The unique identification number should be documented on the flag. The information generated by the Total Station unit should be used to generate a 2D map documenting the location of all flagged items.
2. Write the assigned HR number on a Tyvek® tag using an indelible marker and attach it to the HR. A metal tag can be used as an alternative to the Tyvek® tag. The attached tag should be photographed.
3. Photograph the HR precisely as it was found making sure that the marker indicating the HR number is visible in the photographs
 - a. The photographs should be from at least four sides. A facial identification photograph should be taken when feasible.
 - b. A ruler or an item of predetermined size should be included in all photographs.
 - c. Any visible identifying mark or personal item attached to the HR should be photographed as well.
 - d. The relationship to objects within the scene including unattached clothing or personal effects should be photographed.
4. Personal Effects (PE) **not** attached to the HR but next to the HR should be flagged and the relationship to the HR photographed, located using the Total Station, and documented. However, the item should **not** be collected with the HR.
 - a. PE should be collected separately and labeled using a unique number assigned by the Total Station.
 - b. PE should be collected in a non-plastic bag/container.
 - c. PE discovered once the HR has been removed should be documented and collected in the above fashion. The PE should not be collected with the HR.
 - d. Chain of custody form should be completed for each PE collected.
 - e. PE will become the property of the investigating law enforcement agency.
5. Place the HR in a body pouch and seal the pouch using a tamper evident seal. The HR number should be documented in a Tyvek® tag and attached to the pouch near the seal as well as written on the pouch using an indelible marker. Once the bag is sealed, the seal and HR number should be photographed.
 - a. Separate HR should **not** be combined in one pouch. Each HR should be placed in an individual pouch with an individual HR number.
6. The scene recovery form should be completed to include the following:
 - a. The HR number and location documented by the Total Station
 - b. Sex
 - c. Adult or child
 - d. List PE on and adjacent to the HR that may later assist with the I.D. of the HR

- e. Is the HR complete or fragmented (if so, what type of body part and condition)
7. Place the body pouch on a litter for removal.
8. Remove the body pouch to the disaster site dispatching area and initiate the chain of custody for that HR.
9. Photograph the location where the body was removed from making sure that the flag showing the HR number is visible in the photograph. **Do not remove the flag** showing the HR number from the location from where the HR was found.
10. Ground material may need to be removed and sifted to recover HR fragments for identification. This will be determined by Incident Command.

Personal Protective Equipment (PPE)

All individuals directly involved with human remains need protection from blood-borne and aerosol-transmissible pathogens. In addition to the normal blood-borne pathogens, there may be occasions where other hazards, such as jet fuel, or other chemicals, are also present.

Depending on the nature of the disaster and potential hazards associated with the condition and recovery of human remains, protective clothing may include:

PPE	PROTECTS	HAZARD
Safety Glasses	eyes	chemical liquid splashes, dust
Hard Hat	head	falling material
Ear Protection	hearing	excessive noise
Rubber/Latex/Nitrile Gloves	hands	corrosives, toxic materials, biohazard contaminants
Heavy work gloves	hands	Puncture or skin breaking injuries
Respirator	lungs	toxic gases, vapors, fumes or dust
Impervious Coveralls/Aprons (Tyvek)	skin	toxic or corrosive materials, biohazard contaminants
Impervious Footwear	feet	corrosive, toxic materials, biohazard contaminants
Heavy Footwear	feet	Crushing, puncture or skin breaking injuries

Give prompt care to any wounds sustained during work with human remains, including immediate cleansing with soap and clean water. All injuries and exposures must be reported to your supervisor.

After use and before leaving a contaminated area, all soiled PPE should be safely removed and properly discarded as biohazard waste.

SAFETY: All staff members exiting this area will be required to undergo any necessary decontamination as outlined by the HAZ-MAT Team. No one should leave this area for any purpose without undergoing the approved decontamination process.

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Chapter 8

DISASTER SITE RECEIVING AREA

Establishing a Receiving Area

A receiving area should be established at the disaster site where HR can be brought and retained until their transfer to the Morgue Operations Site. The holding area shall be isolated from view of the public and scene personnel. It should also be sheltered by a tent or building for protection from the elements. The staff in this area should wear gloves when handling any material entering the Receiving Area.

Receiving Area Equipment

Refrigerated unit(s) shall be requested through the county emergency management agency for either the Receiving Area and/or the Morgue Operations Site. The units should be all metal inside to allow for decontamination post event. The units should be maintained at 37 ± 2 °F. Law Enforcement will maintain continuous security over the refrigerated unit(s).

The Department of Health has a refrigerated unit (semi-trailer) designated for storage of decedents, pre-positioned in an adjoining County. If the refrigerated unit is not available, the Local Health Department maintains a MERC unit for the cooling of up to 24 decedents.

Receiving Area Procedures

The Receiving Area staff will maintain Receiving Area Log for HR, documenting all HR that are received from the recovery team and where they were released to. As each HR is added to the log, the paperwork and body pouch will be checked for matching unique HR numbers prior to final receipt. The chain of custody for each HR brought to the Receiving Area should be updated.

The HR taken into the Receiving Area will be placed in the refrigerated unit for holding until their release to the morgue.

Personal Effects (PE) of Decedents at Receiving Area

Unattached PE collected by the recovery team can also be brought and retained at the receiving area. The "Receiving Area Log for PE" will be maintained for those items. The PE will be housed in the same secured refrigerated unit as the HR, if space is available. If not, all PE must be secured in a locked area.

Chapter 9

STORAGE OF HUMAN REMAINS

Human Remains Storage Area

By pre-planning for resources, Chelsea County has identified the capabilities for storage of victims and remains. A mass fatality incident will undoubtedly overload the existing capacity; therefore, it will be necessary to sequentially:

- Utilize existing surge capacity (i.e., hospitals, county coroner, funeral homes, and other approved refrigerated assets, such as trucks).
- Request Public Health mortuary refrigerated trailers or the MERC System through mutual aid.

A permanent or semi-permanent structure near the incident site may also be used. This storage structure:

- Must be a reliably refrigerated tent, container or building.
- Must maintain a consistent temperature of 35-38° F
- Should have shelves (no higher than waist high) to store human remains. Remains will not be stacked.
- Must be out of sight of family members and media.
- Should not be an ice rink or a building used regularly by the community.
- Must be locked and/or have ongoing security.

Chapter 10

TRANSPORTATION OF HUMAN REMAINS

Transportation of Contaminated Human Remains from Recovery Site to Morgue Operations Site

If morgue operations are established at the recovery site, transportation will be done by litter, out of sight of family and media. If morgue operations are at a different location, all transport vehicles shall proceed to the Morgue Operations Site under law enforcement escort. Transport should be by ambulance, funeral home transport vehicle (hearse) or other appropriate vehicle identified by the Coroner / EOC.

Transportation of Contaminated Human Remains (HAZMAT)

A HAZMAT team should be consulted and will manage all decontamination procedures prior to transportation of contaminated HR. The HR should ***not*** be decontaminated prior to transportation if the contaminate poses no significant risk to the examiners clad in available PPE or vehicles used for transportation.

Transportation Manifest Form

When HR and PE are released for transport to Morgue Operations, chain of custody forms on the HR and PE should be updated and a "Transportation Manifest" form should be completed.

Chapter 11

MORGUE OPERATIONS

Morgue Operations will be determined by the Coroner based on the scope and scale of the disaster. Morgue Operations may require the deployment of mobile assets including refrigerated storage and/or a mobile morgue to the scene. In other cases, decedents may be transported from the scene to the Chelsea County Coroner's fixed morgue located at 13101 Broncos Parkway or to a pre-arranged vacant hanger at Zachary Issac Regional Airport. 7800 South Potomac Street.

The main objective of Morgue Operations is to determine the cause of death and identify victims. The use of highly skilled professionals for each of the morgue operational areas is important. Post mortem records will be completed for all HR as they are processed through each of the operational areas.

A HAZMAT team should be consulted and will manage all decontamination procedures prior to postmortem examination of contaminated HR. The HR should not be decontaminated prior to postmortem examination and evidence collection only if the contaminate poses no significant risk to the examiners clad in available protective clothing. Protective clothing should include gloves, aprons, shoes, shoe covers, masks, coveralls, headwear and respirators as dictated by the situation.

Morgue Receiving Area

The Morgue Receiving Area is responsible for the following duties:

1. When an HR transport unit arrives at the Morgue, the unit should be positioned as to allow adequate access to power/fuel supply and allow unexposed access to the pre-determined Morgue Receiving Area.

2. Once positioned, the units "Transportation Log" will be updated to include arrival date and time by staff manning this receiving area.
3. A "Receiving Area Log" will be used to document all HR received into the Morgue for examination.
4. As HR is removed from the unit for examination, they will enter the Receiving Area where their chain of custody forms will be updated.
5. The Receiving Area staff will ensure that the HR numbers and accompanying forms match.
6. A morgue reference (MR) number will be assigned when the HR is retrieved from the refrigerated unit and prior to the examination.
7. A file should be created for each HR and labeled with the corresponding MR number. This file will contain all the records that accompanied the HR and a postmortem examination packet. The postmortem packet will contain the following VIP/DMORT Postmortem forms:
 - a. "Recovered Clothing Description"
 - b. "Personal Effects"
 - c. "Physical Characteristics"
 - d. "Pathology Examination of Partial or Complete Remains"
 - e. "Fragmented Remains"
 - f. "Anthropology Examination"
 - g. Diagrams
 - h. Technician Worksheet
 - i. Chain of Custody forms for evidence, clothing, personal effects

Postmortem Examination Area

The Morgue will perform the following duties:

1. Photograph the body pouch seal prior to beginning the examination with a digital camera.
2. Break the seal and open the body pouch. The MR number and associated HR number should be affixed to the remains by standard means.
 - a. If a body pouch is unsealed and an attached HR fragment is discovered, that HR fragment will need to be separated and assigned a unique MR number.
3. Weigh and measure the HR. This information will be documented using the VIP Pathology Report "Physical Characteristics" form.
4. Full body (head to toe) digital radiographs should be taken and reviewed by the Medical Examiner.

5. Photograph the HR from all four sides, top, left, right and back prior to and after removing the clothing. A facial ID photo should also be taken.
 - a. The assigned MR number must be included in all photographs.
6. External examination - using the VIP Pathology Report "Physical Characteristics" form; document the external condition of the HR before and after removal of PE.
7. Using the VIP Pathology Report "Recovered Clothing Description", "Jewelry Recovered Description", and "Personal Effects" forms; document, remove, and package the PE associated with the HR.
8. All PE should be photographed prior to packaging.
9. All removed PE should be properly packaged in a paper bag following standard evidence handling procedures. A chain of custody form should be initiated.
 - a. Removed PE will be numbered by assigning a sub-letter to the MR number from which it was recovered (i.e. MR5b). The sub-letters should be sequentially assigned.
10. Collect and package all evidence removed from the HR. A chain of custody form should be initiated.
 - a. Collected evidence will be numbered by assigning a sub-letter to the MR number from which it was recovered (i.e. MR5b). The sub-letters should be sequentially assigned
11. Cases autopsied will be dependent upon the circumstances, the condition of the bodies and directives from the Coroner. The "VIP Pathology Examination of Partial or Complete Remains" form (2 pages) should be completed on all cases. A chain of custody form should be initiated for all items of evidence collected.
 - a. Fingerprints and blood stain card should be collected on all cases according to standard procedures.
 - b. Toxicology specimens including blood, urine and vitreous should be collected in appropriate containers and stored for possible analysis.
 - c. Specimens for infectious diseases and tissue for histology will be taken as needed.
 - d. If the HR is fragmented remains, then appropriate tissue for DNA identification will be taken.
12. Stations for Forensic Odontologist, Anthropologists, etc. will be established if needed.
13. Upon completion of the examination the HR should be placed in a body pouch labeled with the appropriate MR number, sealed and placed in refrigerated storage.
 - a. A "Post Examination Cooler Log" should be maintained on all HR stored in a particular area.

The VIP forms are located in the Appendix section of this manual.

Dental Charting and Examination Area

The requested Forensic Odontologist should operate this station. The necessary equipment for detailed dental examinations is housed at each fixed morgue site or can be requested through the EOC. Nomad x-ray and Dexis Equipment are available for use by the Forensic Odontologist.

Evidence Storage Area

The evidence storage area is a defined secured location where all evidence, clothing and personal effects removed from HR will be stored until released. After all initial scene and/or morgue processes have been completed any evidence, clothing or personal effects that are received in a transport unit should automatically be transferred to this area. All materials transferred to and from this area should be documented on the "Evidence Storage Area Log". Toxicology samples and tissue DNA samples should be stored in a secure cold storage area that is maintained at 37 ± 2 °F. Chain of custody forms should be updated to reflect their transfer to the evidence storage area as directed by the coroner.

The evidence storage areas should be divided into sections for unidentified HR and identified decedents. As HR are identified as decedents/victims, their evidence should be transferred to the storage area for identified decedents. Additional refrigerated storage space may be made available for separate storage depending on the number of decedents and need.

Evidence Disposition:

1. Fingerprints - release to DCI or FBI for identification comparison.
2. Blood stain card - release to DCI Forensic Biology or appropriate Federal Agency for identification comparison.
3. Toxicology - release to State Health Lab Toxicology or appropriate Federal Agency for analysis when appropriate.
4. Clothing/Personal effects - release to next of kin or appropriate State or Federal Agency.
 - a. Unattached clothing and personal effects will be managed by the Coroner or Primary Investigating Agency.
5. Other items - will be managed by the Coroner or Primary Investigating Agency.

Victim Identification Area

Victim Identification Process

The process of victim identification in a mass fatality incident should be thorough, deliberate, and based on proven scientific methods. As a rule, personal effects removed from the remains are considered to be a presumptive method of identification used to suggest who the deceased may be. However, positive victim identification requires comparison of antemortem (before death) records and samples, such as dental and medical radiographs, with similar information collected from the remains. Exact matches of unique biological characteristics found in both the antemortem and postmortem records leads to a positive identification. Such methods include comparison of dental records and radiographs, comparison of fingerprints, comparison of bone structure in

radiographs, comparison of healed fractures in radiographs, unique medical features (such as implants/prosthetics), and comparison of DNA.

Fragmented Human Remains

In disasters involving fragmented remains, identification is followed by the process of re-associating remains. Re-association takes more time and is more complex than identification. Although a victim may be identified quickly using a single tooth, the ability to bring together the disassociated remains of victims relies primarily on DNA. DNA identification involves comparing DNA samples of the deceased to antemortem samples from relatives or a sample of DNA from the deceased obtained from clothing, a hairbrush, or a similar item containing skin or hair cells.

Positive ID of Victim by Coroner

Upon completion of all examinations of HR, all associated paperwork and materials will be sent to the Victim Identification Center (VIC). The VIC staff will compare the above paperwork and materials to the paperwork and materials obtained from the reported missing individuals at the Family Assistance Center (FAC). Once a possible match has been made, the case will be presented to the Coroner who will confirm the positive identification. All associated paperwork will be forwarded to a Case File Generation Area where a case number will be assigned.

Next-of-Kin (NOK) Notification

Once a positive identification has been made, the Coroner or a designee will notify the victim's legal NOK. At this point, the NOK decides on how and when the remains will be returned for burial/final disposition. Crisis support care and other support mechanisms should be available to the family during this process.

NOK Guidance: U.S. Federal and State laws define who constitutes a family member for legal purposes. These legal definitions vary from State to State. Traditionally, family members included spouse, children, mother, father, brother, and sister. Terms such as stepparents, stepsiblings and life partners have become more common in recent years in defining some family environments.

Generally, victims' remains are released on an individual basis, as they are identified; however, in some circumstance, remains are released at the end of the identification process, once all identifications have been made. This decision is made by the Coroner, and the NOK is informed of this process. Unified Command will be consulted during this process.

Unidentified Fragmented Human Remain

Fragmented remains that are not identified as belonging to one of the missing persons via standard identification procedures will be deemed unidentifiable fragments. These fragments will collectively be called "common tissue". Family members of the identified decedents will be consulted on their wishes for final disposition of "common tissue".

Case File Generation Area

Upon final identification of a HR as a Missing Person (MP), all paperwork associated with the decedent will be sent to this area for case file generation. A team of staff, Forensic Investigators and Pathology Technicians will be responsible for creating an electronic case file under the decedent's name and a paper case file to house all of the paperwork. The staff in this area will maintain a "Positive Identification Log" that lists all positive identifications and their corresponding HR, PE, MR and MP numbers along with the date of identification.

A standardized Coroner Log will be completed on all cases to serve as the background information for the incident.

The Coroner will follow routine protocol during their examinations.

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Chapter 12

COMMUNICATIONS (with Responders, Families, the Public and the Media)

In a Mass Fatality Incident, it is imperative that public information and messaging be timely, accurate, and regularly updated. Doing so will aid response and recovery efforts and bring a sense of security and understanding to the public. Failure to provide timely, accurate, and updated information can result in mixed and inaccurate messages, unreasonable expectations, and an angry constituency. More detailed information regarding incident communications is found in the Fatality Management Risk Communications Annex.

Communication Responsibilities

Communication typically causes the most challenges during incident response. It is essential for cohesive and efficient mass fatality management to appropriately control communication inflow and outflow. (I have just started this but will detail out some of what the agencies can talk about)

All contacts with the media should be coordinated between the Coroner, the Incident Commander and the Public Information Officer (PIO). No responding personnel at any site should provide any information to the media without approval by the Coroner and/or the Incident Command PIO.

No photographs or videotaping should be allowed by anyone other than those responding personnel assigned to this job duty by the Coroner or Incident Commander.

Respect the dignity of the decedents and the privacy of their families at all times.

See Annex _____ for press release templates.

Messaging Sequence

It is imperative that critical information (i.e. details of the investigation, progress of recovery efforts, identification of victims, etc.) is shared in this order:

1. Fatality management responders
2. Victim family members and friends (i.e. FAC patrons) at briefings
3. General public and media

Families ***must*** receive information from responders ***prior*** to the media. This is essential to the success of the response.

Responder Briefings

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 FAC. These briefings should commence within 24 hours of FAC operations activation. Briefings should be held even if there is no new information to report. Greater detail regarding family briefing procedures can be found in the Family Assistance Center Plan.

Media and Public Briefings

Public Messaging

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

Chapter 13

FAMILY ASSISTANCE CENTER

****A detailed Family Assistance Center Plan is located in **Annex D** of this plan.**

Definition-Family Assistance Center (FAC): The Family Assistance Center (FAC) is a multi-agency organization established to provide family member(s) of potential missing persons with a centralized location to gather and obtain officially released information. FAC personnel address the immediate emotional needs of victim families and friends and provide accurate and timely information in an appropriate setting and compassionate manner. This area is secure and protected from media and onlookers. For transportation fatalities, i.e., airline, train, bus; the carrier will establish the FAC. The state and county will be responsible for establishing and managing the FAC in non-transportation fatalities.

Definition-Family Member: “Family member” is defined in broad terms for the purpose of FAC access. Many individuals consider themselves to be the “family” of the victim, even though the law does not formally recognize the relationship. Keep in mind that the goal of the FAC is to support and provide assistance to those associated with the victim(s) impacted by the disaster.

Family Assistance Center Operations

In the event of a disaster, a family assistance center (FAC) must be established quickly. The effective operation of a FAC depends on many organizations and individuals working together as a team, the establishment of a chain of command, and the selection of a site that is acceptable to all the individuals and agencies. Personnel from the Coroner’s Office and law enforcement community will establish a comprehensive system for the collection of missing person and ante-mortem information that will facilitate the identification of living and deceased victims.

The family assistance center (FAC) may also address the basic physical needs of family members and friends of victims, including food, shelter, transportation, Internet access, telephone, child care, language translation, disaster mental health services, and emergency medical services if necessary. These important functions are handled by agencies other than the Coroner’s Office. The Coroner or designee will be at all major family briefings.

Responsibilities of the Coroner

- Gathering of antemortem information – This information is recorded on the eight page Victim Identification Profile (VIP) form and on the DNA recovery document.
- Developing an official notification process
- Helping to provide information and services to families in the days following the incident

Responsibility of the Coroner Representative at the Family Assistance Center

- Reports to the Coroner
- Responsible for the Coroner's Responsibilities at the FAC
- Works closely with the Antemortem Unit to ensure all possible antemortem information is gathered and disseminated in a timely manner
- Responsible for ensuring that family notification occurs as soon as positive identification of remains is established
- Ensuring the privacy and security of families
- Communicates appropriate information to the Public Information Officer on a regular basis
- Consulting with family members on their wishes for final disposition of "common tissue". *Common tissue is defined as unidentified body fragments.*

Partner and Support Agency Roles at the Family Assistance Center

- Public Health Department
 - Gathering of antemortem information – This information is recorded on the eight page VIP/ Next-of-Kin Interview form and on the DNA recovery document.
 - Developing an official notification process
 - Helping to provide information and services to families in the days following the incident
- American Red Cross
 - Mass Care Feeding and Sheltering
 - Disaster Mental Health
 - Basic Comfort and Care needs
 - Food and beverages
- Funeral Directors
 - Counseling
 - Collecting information for VIP form
 - Assist Families with final disposition arrangements
- Spiritual Care
 - Counseling
- Translators
 - Provide translation services to support communications between response and family member or survivors

****Information on spiritual, cultural and religious considerations for mass fatalities can be found in **Annex I** of this plan.**

Chapter 14

Victim Identification Center

Definition-Victim Identification Center (VIC): The VIC is a collective operation lead by the Coroner to carry out victim identification procedures and practices. The VIC will operate under the command of the Coroner. VIC staff may include Pathologists, Odontologists, Radiologists, Anthropologists, Finger Print experts and DNA experts and others as the circumstances of the incident dictate.

VIC Family Assistance Center Team (VIC FACT)

Definition-Victim Identification Center –Family Assistance Center Team: VIC FACT team members have a specific role in the identification process. They are strictly collecting information that will then be processed by the staff at the forensic VIC. The VIC FACT supports the Coroner and the local or federal law enforcement agency conducting missing persons reporting in the collection of antemortem data collection, including the collection of DNA reference samples. Working within the Family Assistance Center, the team interviews the next-of-kin, collects antemortem information, and transfers this information to the Victim Identification Center. If requested, the team will also provide information to the next-of-kin and assist the Coroner with death notifications.

Victim Identification Profile (VIP) Form

Information from families on potential missing persons (MP) will be obtained by a team of trained staff which may include a medical nurse, spiritual care representative, law enforcement representative, DMORT representative and or American Red Cross responder. Interviews will be conducted using the VIP form. Once completed, the information will be forwarded to the VIC at the Morgue Operations Site. Additionally, family members should be asked to provide contact information of the missing person's dentist and/or doctor where recent dental and medical records can be obtained.

****The VIP form can be found in **Annex J** of this plan.**

Guidelines for Family and/or Donor Reference Collection Kit Components and Oral Swab Collection Instructions

To obtain a properly collected and labeled DNA reference sample from a biological family member, it is preferable to use a tamper-evident, oral swab DNA collection kit. Some laboratories may prefer to have the swabs air-dry for 15 minutes to an hour prior to placing the oral swab in the provided DNA swab collection envelope. Although the process of air-drying the swabs is recommended, caution must be taken to ensure, the process of air-drying does not inadvertently lead to potential sample mix-ups if more than one person's DNA sample is collected at a time. The DNA laboratory may also want to incorporate some type of notification system alerting the DNA laboratory that the sample is on the way.

Oral Swab Collections

Oral swabs for DNA samples from the missing person's parents, siblings, and children should be obtained. The biological relationship between the missing person and the individual providing the reference sample **must** be documented. The families may also be asked to obtain materials that belong to the missing person which may contain their DNA for comparison. Those materials include:

- Toothbrushes
- Razors
- Extracted teeth
- Females - unlaundered panties and recent pap smear slides.

Chapter 15

Chelsea County Mobile Morgue

Mobile Morgue Capabilities

The Mobile Morgue Unit is capable of being immediately deployed to an area where a significant number of casualties have taken place throughout the state or country in the wake of a natural disaster, terrorist event or pandemic situation. All tasks required for a complete postmortem autopsy and investigative testing can be performed in the self-contained Chelsea County Mobile Morgue unit.

Mobile Morgue Operations Command and Staff

The mobile morgue will be operated and staffed by the Chelsea County Coroner, Dr. Darryl Gartman, M.D. and assigned staff.

Requesting Mobile Morgue Service

To access the Chelsea County Mobile Morgue and identified resources you must contact the Duty Officer at the County Emergency Management. The expenses for staffing and operating this unit will be billed to the requesting agency.

Responsibilities of Requesting Agency

Staffing

Staffing will be determined by the Chelsea County Coroner.

Water hookup

City water hookups are required similar to a RV type of water connection.

Drainage

The unit has the ability to store a small amount of gray water. Drainage of the gray water can be directed to the city sanitary sewer system.

Electricity

Electricity will be provided by a shoreline attached to the unit from a existing power source or generator.

Generator

Electricity will be provided by a shoreline attached to the unit from a generator power source. A 5 kW generator would be appropriate.

Expenses

The expenses for staffing and operating this unit will be billed to the requesting agency.

Equipment Inventory

A detailed inventory of the Mobile Morgue is located in the **Annex F of this Plan.

Chapter 16

REFERENCES & RESOURCES

1. *Mass Fatality Incidents: A Guide for Human Identification*

<http://www.ojp.usdoj.gov/nij/pubs-sum/199758.htm>

Produced by the National Center for Forensic Science with the assistance of a group of experienced mass fatality forensic responders, this guide aids the medical examiner or coroner in preparing disaster plans with a focus on victim identification. First responders and others can use the guide to understand the death investigation process.

2. *Disaster Mortuary Operational Response Team*

www.dmort.org

The main page for the Disaster Mortuary Operational Response Team (DMORT), part of the Federal Emergency Management Agency, National Disaster Medical System.

3. *Capstone Document: Mass Fatality Management for Incidents Involving Weapons of Mass Destruction*

http://www.ecbc.army.mil/hld/dl/MFM_Capstone_August_2005.pdf

Guidance for medical examiners, coroner, and emergency managers for responding to a mass fatality situation following a WMD terrorist incident, mainly focusing on chemically and biologically contaminated remains. Includes information on developing incident-specific plans for managing catastrophic events. Although these guidelines are neither mandated nor required for State or local jurisdictions; they provide technical and operational guidelines for response planning. Prepared by the U.S. Army Research Development and Engineering Command Military Improved Response Program and DOJ Office of Justice Programs, Office for Domestic Preparedness (August 2005).

4. *The Medical Examiner/Coroner's Guide for Contaminated Deceased Body Management*

Randy Hanzlick, MD, Kurt Nolte, MD, Joyce deJong, DO and The National Association of Medical Examiners Biological and Chemical Terrorism Committee and Bioterrorism and Infectious Disease Committee

http://thename.org/index.php?option=com_docman&task=doc_details&gid=13&Itemid=2

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Chapter 18

ANNEXES

A. ACRONYMS

B. BLEACH DECONTAMINATION MIXTURES

C. FUNERAL HOME LISTING

D. FAMILY ASSISTANCE CENTER PLAN

E. FORENSIC DENTIST LISTING

F. MOBILE MORGUE INVENTORY

G. RESPONSE AGENCY CONTACT LIST

H. SPIRITUAL, CULTURAL AND RELIGIOUS CONSIDERATIONS FOR MASS FATALITIES

- Burial preferences by religion/culture
- Beliefs, funerals, mourning, burial rites and traditions by religion
 - Buddhist
 - Christian
 - Catholic
 - Jehovah's Witness
 - Jewish
 - Hindu
 - Maori
 - Muslim
 - Latter Day Saints
 - Seventh Day Adventist
 - Sikh
 - Scientologist

I. VICTIM IDENTIFICATION PROFILE FORM (VIP FORM)

J. HAZMAT CONTAMINATED HUMAN REMAINS REFERENCES