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SA H – Mass Fatality

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1 Introduction

A mass fatalities incident is any disaster that causes loss of life and human suffering that cannot be met through usual individual and community resources. The Mass Fatalities Incident Attachment is intended to serve as a reference guide for state agencies and local governments during incidents that may overwhelm local abilities. The planning for mass fatalities falls under Emergency Support Function (ESF) 8 – Public Health and Medical Services, and thus is the responsibility of Oregon Public Health Division (OPHD). However, the State Medical Examiner's Office (MEO) is responsible for managing mass fatalities, providing expertise, staff, and resources not available or depleted at the local level, as set forth in Oregon Revised Statute (ORS) 401. This plan is the result of cooperative planning by both agencies. Some of the additional groups having input to the plan include county Medical Examiner (ME), a tribal representative, the Oregon Funeral Directors Association (OFDA), and Region X Disaster Mortuary Response Team (DMORT).

In addition to MEs, responding to a mass fatality incident it will also involve a number of other responders including:

- Emergency management and disaster response teams
- Public health officials
- Health care workers
- Mental health professionals
- Law enforcement
- Fire service
- Military personnel
- Media and Public Information Officers
- Clergy and spiritual care providers
- Corporate emergency planners and responders
- Government leaders
- Funeral directors

- Civil Emergency Response Teams

Where specific to mass fatalities, the roles and responsibilities of these responders are outlined.

2 Purpose and Authorities

2.1 Purpose

A mass fatality incident is defined as an occurrence of multiple deaths that overwhelm the usual routine capability of one or multiple jurisdictions. The purpose of this attachment is to:

- Establish responsibilities and operating procedures consistent with sound mortuary service principles.
- Describe an interface between local mortuary services, local MEs, the State MEO, and other necessary agencies.
- Outline a system for the identification of victims, family notification, disposition of remains, and preservation of disaster/crime scene integrity.

By prior planning and sound medical practices, a mass fatality incident can be handled efficiently and humanely, thus avoiding a high degree of hysteria often connected with disaster circumstances.

2.2 Authorities

Oregon Rule or Revised Statute	Title
ORS 146	Defines the duties and responsibilities of the State Medical Examiner (ME).
ORS 97	Directs the disposition of human remains.
ORS 692	Oversight for funeral service practitioners, embalmers, cemetery and crematorium operators.
ORS 433.449	Defines the role of the State ME during a public health emergency with mass fatalities.

3 Situation and Assumptions

3.1 Situation

An incident causing an unusual number of deaths, such that they overwhelm local capabilities, serves to activate this Attachment of Annex F (Public Health and Medical Services) of the State of Oregon Emergency Operations Plan (Volume II). When this occurs, the local emergency management entity will notify the State Office of Emergency Management (OEM), which will notify OPHD and the

MEO. The MEO is the only state agency that is equipped to manage mass fatalities on a large scale.

Local capabilities will depend on the county or jurisdiction in which the event occurs. If capabilities are clearly over-stressed, the MEO will respond with resources and personnel as available to assist and complete the assignment.

The state MEO is responsible for investigating unattended (without a medical professional to certify death), sudden and unexplained deaths, and deaths from criminal activity. In a mass fatality incident, such as deaths due to a 9.0 earthquakes or pandemic flu, while unattended, would overwhelm the MEO and would probably not require investigations (the cause of death and identification would be known for most cases). Alternatives to the investigation of each of these deaths will need to be undertaken, and some are described in this Attachment.

Pandemic influenza (and other widespread potentially fatal infectious diseases) creates unique situations for mass fatality planning. For instance:

- Deaths occur over a period of weeks or months.
- Bodies may continue to be infectious after death.
- Help from other jurisdictions is unlikely because they too will be experiencing the pandemic.
- Many people may die as unattended deaths (no physician present), and thus are within the MEO's jurisdiction.
- A traditional family assistance center in a physical location will not be feasible because of the infectious nature of the disease.

When mass fatality procedures differ from the usual for pandemic flu, it is noted in the text of this Attachment.

3.2 Assumptions

Mass fatality incidents can occur as the result of many different types of incidents, both naturally occurring and human caused. In Oregon, likely scenarios that may cause mass fatalities include:

- Severe weather
- Earthquake or resultant tsunami
- Volcanic action along the Cascade range
- Deadly infectious agent
- Air traffic accident/incident
- Multiple vehicle traffic accidents

- Derailment of trains carrying toxic chemicals
- Dam failure and resultant flood inundation
- Structural collapse
- Watershed/drinking water contamination
- Columbia River waterway accident
- Terrorist activity
- Radioactive or chemical release
- Shootings at schools or other public places
- Release of toxic nerve agents from the Umatilla Army Depot

When there is a mass fatality event, this Attachment makes the following assumptions:

- Stabilization and emergency medical treatment of living victims take precedence over other operations and is paramount.
- Criminal investigation of events triggered by terrorist action is the responsibility of the Federal Bureau of Investigation (FBI).
- If mass fatalities exceed the abilities and supplies of local jurisdictions, the MEO is the lead agency, with OPHD in a support role.
- Private mortuaries are responsible for bodies once a death certificate is signed.
- Requests for resources for aid with mass fatalities will come through the ESF-8 Agency Operations Center (AOC).

3.2.1 Pandemic Influenza Assumptions

- A person who dies of pandemic flu is assumed to be under the care of a physician, whether the death is attended or not, thus relieving the ME from having to investigate every unattended flu death.
- The MEO may deputize private morticians as deputy MEs so they may provide limited death investigation.
- The need to identify bodies that result from pandemic influenza will be minimal, relieving pressure on the MEO.

- For planning purposes for pandemic flu, it is estimated that there will be about 350 excess deaths per week, a 53% increase over normal, over an 8 week period. (See Tab K-8 for calculation)

4 Concept of Operations

The primary elements of a disaster response are to save lives, protect property, and preserve the integrity of the disaster scene. Local emergency responders - law enforcement, fire services personnel, and emergency medical technicians (EMTs) - are usually the first on the scene. *Attention to people with injuries is the highest priority.* Preservation of the incident scene is the responsibility of the local law enforcement agency.

A county declaration of an emergency outlining the situation and any specific requests for assistance may be required to release state and/or federal resources prior to response. The county Emergency Operations Center (EOC) will be activated to establish a command post and base for operations thus creating a direct link between state and county governments.

Clear channels of communications will be established from county EOC to the State Emergency Coordination Center (ECC) in Salem. The ESF-8 ECC Liaison will operate from the ECC and be the conduit for the flow of information from the County EOC to the MEO and the ESF-8 AOC.

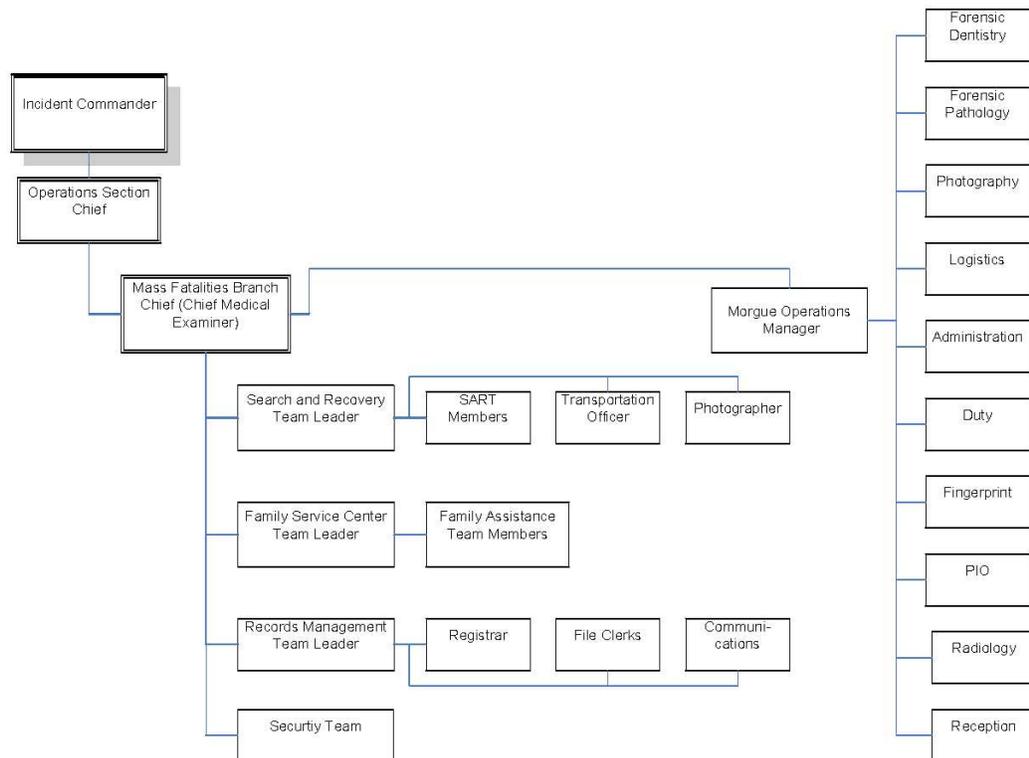
If the first responders determine that deaths have occurred, they will contact the county's MEO immediately. The local MEO will contact the local EOC if it is determined that local resources are inadequate for the response. The state MEO will provide resources as available. If the State MEO cannot provide all the needed resources, it will contact the ECC and request additional resources from outside the state.

The mass fatality operations will be managed using the Incident Command Structure (ICS), and at the state level will be a branch under Operations. The Incident Commander (IC) and the local MEO will establish staging areas and transportation routes for mass fatality responders to reduce congestion and lessen confusion around the disaster scene.

Separate staging areas for morgue personnel/resources and search and recovery personnel may be necessary and should be determined by the IC and responding MEOs. The staging area should be within easy access, but should not interfere with incident operations.

Establishing morgue facilities away from the disaster site is necessary to facilitate the removal of remains.

Figure 1. ICS Organizational Chart for the Mass Fatalities Branch



4.1 Operational Units

There are three main operational units within the ICS Mass Fatalities Branch. All three need to be set up and coordinated at the same time.

- Search and Recovery Unit is at the scene for body and personal effects recovery
- Morgue Operations Unit performs body identification and processing.
- Family Assistance Center is set up to collect antemortem information and deceased or victim family care.

4.2 Advance Preparation

If possible, the following items should be kept in stock or be accessible within a 12 hour period. Local responders can aid in accessing and stocking these items including:

- Communications systems: Telephone, hard line and cellular
- Body bags
- Refrigerated trucks: Contracts established in advance for trucks at the scene and morgue

- Transportation: Transportation for personnel and bodies
- Security: Security for scene, examination center, and Family Assistance Center (FAC)
- Identification: I.D. badges for all personnel
- Personal protective equipment (PPE) for chemical, radioactive, and biological hazards

See Tab K-1 for a list of available resources at MEO.

4.3 Worker Safety and Mental Health

Ensure that provisions are in place for the health and well-being of on-scene, morgue, and FAC workers. Involve the Critical Incident Stress Debriefing (CISD) Team (see Section 5.2.3) early. Establish the Safety Team.

4.4 Search and Recovery Teams

The Search and Recovery Team (SART) is a unit within the mass fatalities command structure reporting to the Mass Fatalities Branch Chief (Operations) in ICS and headed by a team leader. The group is responsible for all activity at the disaster site related to search and recovery of remains and personal effects, including searching for, locating, tagging, storing, and transportation to the morgue. Only an organized and trained SART will remove bodies and fragments. See Tab K-4 for SART position descriptions.

4.4.1 Equipment

- Protective clothing, depending on the nature of the emergency. Toxic or infectious agents will require more protection.
- Body bags - Heavy bag with 6 handles, c-zipper body litters, and litter stands
- Quart and gallon Ziploc bags for body parts
- Refrigerated trucks with metal walls and floor
- Transportation for personnel
- Transportation for human remains
- Tents and trucks for storage of supplies and equipment
- Metal scratch toe tags with permanent pens for numbering body bags, un-stakable sites, etc.
- Flags/stakes for marking location of body/parts

- Bio-hazard bags/boxes for safe disposal of bio-hazard debris
- Grid or laser surveying equipment for documenting body location, body parts, and personal effects.
- Food/water

4.4.2 Pandemic Influenza Considerations

Although many deaths will occur in hospitals or possibly alternate care sites, it is likely that human remains will also be in homes and they will need to be retrieved over the course of several weeks and taken to morgues for disposition. Because of the lack of staff of the MEO (both state and counties), it is likely that the state ME will direct local MEs to deputize private morticians as deputy MEs so they may provide limited death investigation.

4.5 Morgue Operations

Morgue Operations are under the Mass Fatalities Branch Chief. The MEO morgue in Clackamas County can hold about 120 bodies. A mass fatality will likely necessitate temporary morgues. A number of sites could be used for Morgue Operations including:

- National and Air Guard Armories throughout the state
- State MEO (practical)
- Airplane hangers
- County Public Workshop areas
- Fairgrounds

The requirements for DMORT sites, which all temporary morgue sites will require, are in Section 5.1.

See Tab K-3 for Morgue Position Descriptions.

4.5.1 Pandemic Influenza Considerations

It is not known whether the bodies resulting from pandemic influenza deaths will continue to harbor infectious virus, but some experts suggest that mass fatality plans should be made assuming that continued disease transmission will occur for some time after death. Thus, the following issues need to be part of pandemic flu mass fatality planning:

- The MEO morgue does not accept bodies that are contaminated, including with a biological hazard. Thus, this facility may not be available.
- Anyone in SART or Morgue Operations will need appropriate PPE.

- The Public Health Director may order that remains be buried or cremated within a specified period (ORS 433.449).
- Under extraordinary circumstances, it may be necessary to bury or cremate remains faster than cultural, religious, or family considerations can be honored in order to prevent the spread of disease. This could include temporary internment in mass graves. In this case, OPHD, with the input of its advisory groups, will make a recommendation to the Governor. The Governor may take actions necessary to comply with the recommendations under ORS 401.065, ORS 401.115, or ORS 433.441.
- It should be noted that that the above guidelines will also apply to mass chemical or radiological releases causing mass fatalities.

4.6 Family Assistance Center

The FAC is established primarily for the comfort and information gathering point for families and relatives of potential victims. It will be recognized as a central location where families can come to find the status of individuals thought to be victims and circumstances surrounding the event. It is extremely important that the site selected be functional for the incident and that lodging for families are within easy commuting distance. Location should not be close to the actual scene and must not be co-located with the morgue.

National Transportation Safety Board (NTSB) has responsibility for establishing the FAC for major transportation incidents. For more information on FACs, see Tab K-2.

In the case of an influenza pandemic, the FAC will be managed virtually, using websites and telephone hotlines. It will be important to keep public gatherings at a minimum to prevent the spread of disease.

4.7 Cultural and Religious Issues

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 morgue 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 mass fatality 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. If a temporary burial in

mass graves is necessary, do not embalm the bodies. Track the bodies using Global Positioning System (GPS).

5 Roles and Responsibilities

This section outlines the roles and responsibilities of the federal, state, and local agencies involved in the preparation for and response to an incident.

5.1 Federal

Federal support to state and local governments is coordinated by ESF-8 for Health and Medical Services. It can be activated upon request from OEM. Federal ESF-8, when activated, will operate from the state ECC, and coordinate resource requests with the state ESF-8 AOC. In most cases, activation of any of the federal ESFs maybe subject to a state disaster declaration issued by the Governor.

A federal resource, the DMORTs, are directed by the National Disaster Medical System (NDMS) to provide victim identification and mortuary services. Teams are composed of funeral directors, MEs, coroners, pathologists, forensic anthropologists, medical records technicians and transcribers, fingerprint specialists, forensic odontologists, dental assistants, x-ray technicians, mental health specialists, computer professionals, administrative support staff, and security and investigative personnel. DMORTs are able to be deployed to mass fatality scenes to assist in victim identification, cause of death determinations, and disposition of remains. If activated, personnel and equipment can be on site within 8 to 12 hours. (1-800-USA-NDMS or 1-800-872-6367)

While a DMORT brings its own specialized equipment, the requesting jurisdiction must provide the following:

- Convenient access to scene
- Adequate capacity for storage and workers
- Completely secure scene for recovery, morgue operations, and FAC
- Easy access for vehicles
- Ventilation of all work areas
- Hot/cold water in all work areas
- Drainage of all work areas
- Non-porous floors for morgue operations and storage areas
- Sufficient electrical capacity of all work areas
- Refrigerated storage units, including trucks

- Forklift(s)
- Fuel - diesel, propane etc.
- Communication lines and equipment
- Office space
- Rest/debriefing area
- Refreshment area
- Restrooms, shower, and changing rooms
- ≥ 8000 sq. ft.

DMORT may also deploy an evaluation team to the location first to evaluate personnel and equipment that may be necessary.

The US military also has resources for search and recovery and morgue operations. A request for military resources would normally go through OEM to Federal Emergency Management Agency.

The NTSB provides FACs for major transportation disasters.

Depending on the nature of the disaster, other federal teams may be called upon to assist in crime scene protection and investigation.

5.2 State

5.2.1 Medical Examiner's Office

The Oregon MEO is a Division of the Oregon State Police Intergovernmental Service Bureau and serves under the direction of the Superintendent. It operates under the guidance of ORS 146 and is headed by the Bureau Commander.

The MEO is responsible for the overall operations and coordination of mass fatality events that are too large for a county ME. It acts as the liaison between county jurisdictions requesting assistance and any other state or federal agency in regards to deceased remains. The MEO may serve as a resource to local county government at their request.

In preparation for a mass fatality incident, the MEO will update its resource list semiannually (Tab K-1). It will also identify community-based collection points and morgues that meet temperature requirements.

When there is a mass fatality incident that exceeds the resources of the jurisdiction, the State MEO may deploy the following teams in three major operational areas:

5.2.1.1 Evaluation and Assessment Team

An evaluation team consisting of three or four individuals from the MEO will go to the site of the mass fatality incident to evaluate the following:

- Presence of chemical, radiological, or biological hazards.
- Number of fatalities involved in relation to survivors.
- Condition of the bodies (e.g., burned, dismembered).
- Difficulty in recovering bodies and the types of personnel and equipment needed (e.g., fire, search and recovery, heavy equipment).
- Location of the incident, terrain, and other factors that may be encountered in transporting bodies from the scene.
- From the information gathered at the scene, formulate a plan as far as documentation, body recovery, and transportation.
- The types and numbers of personnel needed to staff the morgue for identification, body examination, evidence collection, etc.
- Anticipate what type of a facility would be useful for the FAC. Consider if the victims are local or not, thus helping define housing needs.

5.2.1.2 Search and Recovery Team

Once the survivors have been removed, the SART assumes control of the scene and restricts access until all the bodies, body parts, and personal effects have been removed.

The removal of decedents must be handled in accordance with investigative needs for identification of the victim, determination of cause and manner of death, notification of next of kin, and further investigation into the cause of the incident. Care should be taken not to remove decedents until photographed, diagrammed, and videotaped in place to assist in the identification process. The scene should be minimally disturbed to accomplish victim recovery. If a major disruption of the scene is necessary for recovery, associated investigative agencies should be present at the time that the scene is altered significantly if at all possible.

The use of a numbering system for initial identification is suggested, even if the identity of the victim is known. A master list of number designations should be maintained by the ME.

Bodies and body parts will be removed from the incident scene as quickly as possible once required investigative activities are completed. Personal effects obviously related to a decedent should be photographed in place, left with the decedent and removed to the Transport Area.

5.2.1.3 Morgue Operations

- Ensure all personnel have work stations conducive to safe working environments.
- Properly identify and track all personnel involved with the section in regards to who they are, where they are from, and the hours they worked each day.
- The Records Management Team is responsible for all record keeping systems and documentation.

Other areas that need to be addressed include:

- Security and Identification badges - Update daily and required for entry to controlled areas.
- Refrigerated trucks with entrance ramps
- Protective clothing - Gloves, scrubs, shoe covers, masks, coveralls, head cover, etc. (extent of protection will depend upon the situation)
- Communications equipment - Telephones, cell phones, fax machines and an internal P.A. system
- Computers - Complete with set up systems, fax and modem and E-mail capabilities,
- Office equipment - Photocopiers, typewriters, fax machine, and all necessary administrative-related equipment.
- Case files - Initiated with body number. The file must stay with body during entire processing. All forms and paperwork used should be available at each station. The case number should be placed on each form as it is used.
- Body trackers – People to escort body/parts/effects and all paperwork from station to station in the order processed.
- Station processing system - The stations and order may change with the type of incident.
- Worker safety - Ensure that provisions are in place for the health and mental well-being of the examination center workers.

Anatomical Charting / Personal Effects / Clothing

Personnel: Forensic Pathologist, Pathologist Assistant and Personal Effects Officer, Photographer

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- If criminal evidence is going to be collected, a law enforcement officer may also be present at the station to receive the evidence.
- The personal effects and clothing should be collected, inventoried, and bagged with the appropriate case number. All personal effects and clothing should be placed in a secure area with a designated person in charge of the area.
- Each body, body part, or personal effect received should be documented in the log-in books (one for bodies, one for body parts, one for effects) by date, time received, person receiving the body, and the person delivering the body.
- Person in charge of intake must know location and final disposition of bodies/parts/effects at all times.
- The same numbers for the body, the body bag, body parts, and personal effects should be used throughout the entire process.

Pictures should be taken before and after clothing items are removed. All paperwork generated at this station should be placed in the case file to go with the body to the next station.

Fingerprinting

Personnel: Local Law Enforcement Specialist, Oregon State Police ID Bureau and FBI Identification Bureau, Washington, D.C.

Fingerprint specialists should attempt to print all bodies. Fingers should only be removed on non-viewable bodies at the discretion of the Chief ME. If fingers are removed, they should be placed in a sealed bag with the case number and placed back with the body after processing.

Photography

Personnel: Photographers and assistants

Full body pictures should be taken of each body/part/effect with the case number in each picture taken.

X-ray and Radiology

Personnel: X-Ray Technicians and assistants

Equipment: Portable x-ray units with film developers

Type and number of x-rays will be determined depending on type of incident. All x-rays should be given to handler to go with the body through the rest of the stations.

Dental

Personnel: Odontologists and dental assistants

Equipment: Portable dental x-ray with film, dental charts and X-ray developers

Jaws are only removed on non-viewable bodies and at the discretion of the Chief ME.

All records become part of the case file.

Autopsy or Anatomical Description

Autopsies may not be necessary if the cause and manner of death is readily apparent.

Personnel: Forensic Pathologist and assistants

Death Certificate

Death certificates are required before remains can be released to relatives or funeral homes.

Cause of death must be part of the death certificate, and the certificate must be filed with the Office of Vital Records, OPHD>

Release of Remains

- The final responsibility for determining if there is adequate information for positive identification rests with the Chief ME or the Deputy State ME in charge of morgue operations.
- No remains will be released without identification approval by ME.
- Release of remains will be made as designated by the appropriate next of kin.
- The OFDA may assist in development of a rotational referral list and coordinate disposition of remains.
- Embalming will not occur at the morgue facility and will only occur at the direction of families or Chief ME.

Position descriptions are in Tab K-5.

Morgue Operations teams will bring their own PPE, but additional reserves should be available.

5.2.1.4 Family Assistance Center

The FAC is responsible for taking care of victims' families, including gathering antemortem information, sharing information with families, developing a notification procedure, and assisting in providing information and services to

family members in the days after the incident. The facility will be easily accessible to families involved and secure from media sources. Compassion and integrity in service is essential.

More information and position descriptions are in Tab K-2.

5.2.2 Fire Marshal's Office – Hazardous Materials (Hazmat) Teams

Regional Hazmat Teams will provide assistance with decontamination critical to health and safety of personnel responding to the incident as well as that of the victims of the incident. These teams operate under the guidance of the State Fire Marshal's Office.

Hazmat is responsible for:

- Coordinating decontamination operations and supervising decontamination of personnel on site.
- Contacting the IC and, together with the Safety Officer, Logistics Officer, and technical advisors, determining:
 - Any hazardous products present and how to handle.
 - With Oregon Poison Control Center (800-452-7165), if secondary contamination is a problem and, if decontamination is necessary, the decontamination procedures are recommended by Poison Control.
- Appropriate level of PPE for entry and decontamination
- Location of zones and established decontamination corridor.

5.2.3 CISD – Department of Human Services, Addiction and Mental Health Division

It is necessary in any incident that trained counseling and mental health personnel are available and/or actively participating in the incident on behalf of volunteers and staff.

Stress management and relief should be addressed prior to, during, and after involvement by participants in the incident. Monitoring of volunteers and staff by trained mental health and counseling personnel should take place for the purposes of identifying and correcting harmful stress reactions.

See Attachment F – Behavioral Health of Annex F and its associated Field guide for information on accessing emergency response behavioral health teams.

5.3 Counties

The local health departments (LHDs) have responsibility for the ESF-8 portions of their County Emergency Operations Plan. LHDs will coordinate ESF-8 incidents and requests through the county EOC to the state ECC.

Every county has a ME office, and it will be in charge of mass fatality planning and response in its jurisdiction. When the scale of the incident overwhelms the county resources, the ME office will request help through the county EOC.

5.4 Private Agencies

The OFDA may provide resources and manpower assistance upon request of any governmental agency without the requirement of a local disaster declaration. OFDA is a component of the larger national organization of funeral directors and has access to a large amount of resources and expertise. Access to OFDA and its national counterpart are in Section 8.

The National Foundation for Mortuary Care has a mobile morgue at Sky Harbor Airport, Phoenix, Arizona and may be called up in part or total through the State ECC with recommendation or request from the Morgue Operations Manager.

6 Plan Maintenance

OPHD will maintain the plan and review it biennially. The MEO will review its resource list every six months.

7 Training and Exercises

During 2008, OPHD will organize four regional trainings to introduce this plan and run a tabletop exercise for all relevant parties.

8 Websites

- International Mass Fatalities Center
<http://www.massfatalities.com/>
Includes a free online course for responding to mass fatalities
- National Mass Fatalities Institute
<http://www.nmfi.org/>
- Disaster Mortuary Operational Response Teams (DMORTs)
<http://www.dmort.org/>
- International Cemetery, Cremation, and Funeral Association
<http://www.icfa.org/>
- National Transportation Safety Board
<http://www.nts.gov/>
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9.1 Pandemic Influenza References

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10 Acronyms

10.1 Acronyms

AOC	Agency Operations Center
CISD	Critical Incident Stress Debriefing
DMORT	Disaster Mortuary Operational Resource Team
ECC	Emergency Coordination Center
EMT	Emergency Medical Technician
EOC	Emergency Operations Center
ESF	Emergency Support Functions
FAC	Family Assistance Center
FBI	Federal Bureau of Investigation
IC	Incident Commander
ICS	Incident Command System
LHD	Local Health Department
ME	Medical Examiner
MEO	Medical Examiner’s Office
NTSB	National Transportation Safety Board
OEM	Office of Emergency Management
OFDA	Oregon Funeral Directors Association
OPHD	Oregon Public Health Division

ORS	Oregon Revised Statute
ORVOAD	Oregon Volunteer Organizations Active in Disaster
OSHA	Occupational Safety and Health Administration
PIO	Public Information Officer
PPE	Personal Protective Equipment
SART	Search and Recovery Team

10.2 Glossary

Emergency Support Function. A functional area of response activity established to facilitate the delivery of federal assistance required during the immediate response phase of a disaster to save lives, protect property and public health, and to maintain public safety.

Incident Command System. A standardized on-scene emergency management system that enables multiple agencies and jurisdictions to respond to single or multiple incidents using an integrated organizational structure.

Incident Commander. The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for managing all incident operations at the incident site.

Mass Fatality Incident. Any situation where there are more bodies than can be handled using local resources.

Oregon Medical Examiner's Office. The MEO provides direction and support to the state death investigation program and has responsibility for technical supervision of county offices in each of the 36 counties of Oregon. The main activity of the division is to certify the cause and manner of a death requiring investigation within the authority of ORS Chapter 146. This activity includes post mortem examination and alcohol and drug analyses. The division also maintains appropriate records and provides lectures and training on legal medicine and death investigation to medical school physicians and students, attorneys, law students, police officers, emergency medical technicians, and other persons associated with the death investigation system.

National Incident Management System. A system that provides a consistent nationwide approach for governments (federal, state, local, and tribal), private-sector businesses, and nongovernmental organizations to work effectively and efficiently together to prepare for and respond to incidents.

11 Record of Changes

Date	Summary of Change	Initials
1999	Initial release	OEM and MEO
2008	Revision by Public Health Emergency Preparedness (PHEP) and MEO. Integrated into Annex F – ESF-8 Public Health and Medical Response Emergency Plan	PHEP and MEO

12 Tabs

- Tab K-1 Resource Directory
- Tab K-2 Family Assistance Center
- Tab K-3 Morgue Position Descriptions
- Tab K-4 Search and Recovery Team Position Descriptions
- Tab K-5 Security and Records Management Position Descriptions
- Tab K-6 List of Necessary Forms
- Tab K-7 OSHA Fact Sheet: Health and Safety Recommendations for Workers Who Handle Human Remains
- Tab K-8 Calculation of Excess Deaths Due to Pandemic Influenza
- Tab K-9 Public Information and Risk Communication

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Tab K-1 Resource Directory

Available under separate cover from the State ME.

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Tab K-2 Family Assistance Center

A representative of the MEO should be in charge during the initial setting up of the FAC. The FAC is a multi-agency organization and can not be handled by the MEO alone. In the case of aviation disasters, the NTSB requires the airline involved to set up the FAC.

- Staff for the FAC may be recruited from the OFDA and the Oregon Volunteer Organizations Active in Disaster (ORVOAD):
Dick Roland, President
E-Mail: droland@nwmti.org
Phone: 503-624-1042
- American Red Cross and Salvation Army can provide family support, transportation, food services, housing, supplies, equipment, and volunteer coordination.

Site Selection

In consideration of site selection, be aware of size of the incident, potential lodging sources for families, feeding areas, transportation, and private areas for counseling and other services that may be provided. Fairgrounds, schools, National Guard Armory, some hotels/motels or areas with large assembly areas should be given first consideration. Location must be Americans with Disabilities Act approved with appropriate restroom facilities available.

Security

Parking and safety issues must be a consideration depending on the number of families expected. Security for the parking lot, outside perimeter, inside of the FAC, as well as provisions to shield victim families from the media is a high priority.

- A system of identification and verification of credentials must be put in place immediately to prevent unauthorized individuals from access to the FAC. Possible use of badges or other means of identification will be used and changed daily to protect against unwanted and unauthorized persons.
- Each person admitted, family or worker, must register for every visit and have credentials checked.
- Uniformed security or law enforcement will be utilized and have a major presence in and around the facility.

General Administration

- Be prepared to meet the families as they arrive.
- Provide a liaison between the families and the other agencies involved.
- Antemortem records, family information, and death notification is under the direct control of the MEO.
- Administration of the next of kin interviews is the responsibility of the MEO or designee.

Crisis Counseling

Provide counseling services for families in dealing with grief surrounding the death of loved ones. Be available also for staff and workers in dealing with death notification and over-all impact of situation. Enlist the aid of CISD Team from the beginning. Enlist the aid of the local Ministerial Association for family and staff support. ORVOAD member agencies dealing with ministerial support may be utilized.

Communications

- Establish a toll free phone number with dedicated call-takers for a multi-line system.
- Put in place phones for communicating among the morgue/examination center, Incident Command, and other pertinent sites.
- Put in place systems for paging, conferencing, fax, internet, and computer capabilities.
- Provide interpreters if there is a possibility of non-English speaking families or other communications disabilities, including hearing impaired disabilities.

Facility and Maintenance

- Comfortably equip lounges for family rest with TV and radio for diversion. Equip a separate lounge for staff workers.
- Obtain custodial and site maintenance support with reputable company, or consider a volunteer organization for these services.

Resource Support

Work closely with the IC Logistics and Resource person to gain all necessary equipment and supplies. Equipment to consider: photocopy machine, chairs/blankets/cots, shredder, etc.

Position Descriptions

Family Assistance Team Leader

- Responsible for overall operation of the FAC.
- Ensure members or representatives of local pastoral pool and crisis counselors are present.
- Assign personnel to receive antemortem information.
- Coordinate with the Records Supervisor in morgue operations to ensure transmission of collected antemortem data to the ME's Office.
- Conduct daily (or more frequent) briefings with family members on the incident's progression.
- Coordinate and implement a death notification procedure to properly notify family members.
- Protect family members from media and curiosity seekers.
- Coordinate with other agencies involved at the FAC.
- Ensure data received from families concerning identification is held confidential.

Family Assistance Team Member

- Meet with families to obtain antemortem information.
 - Ensure that interview rooms are private and quiet.
 - Schedule and document all interviews with the legal next of kin.
 - Limit the number of legal next of kin in each interview room.
 - Require all interviewed legal next of kin to complete a personal interview form.
- Provide families with information and progress.
- Assist with death notification or confirmations.
- Coordinate services required by families (temporary housing, funeral arrangements, etc.).

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Tab K-3 Morgue Position Descriptions**Chief Medical Examiner (or Deputy State Medical Examiner)**

- Maintain overall responsibility and provide command supervision for morgue operations and coordinate recovery efforts.
- Conduct meetings with key personnel during the operation to discuss problems encountered and to brief on the overall status.
- Responsible for final identifications of the dead.

Morgue Operations Manager

- Carry out the implementation of the mass fatalities plan by providing support and direction to morgue personnel.

Public Information Officer (PIO)

- Available from the Oregon State Police through the ECC.
- Responsible for the release of information to the public and news media concerning mass fatalities.
- Coordinate with the Morgue Operations Manager concerning all press releases.

Forensic Dentistry Team

This team utilizes forensic methods in conducting dental examinations of each set of remains in an attempt to effect positive identification or assist in the identification process.

This procedure will be conducted in all circumstances involving remains with dentition and will be determined by the Team Leader.

Team Leader

- Responsible for the overall operation of the Forensic Dentistry Team.
- Ensures consistency in charting; will define methods to be used by staff.
- Review all identifications made by the team.
- Provide information for each positive identification to the Fingerprint Team to assist them with their fingerprint card search and fingerprint identification process.
- Monitor personnel working in the Dental Radiology Section for exposure.

Postmortem Dental Examination Section

- Perform a thorough postmortem dental examination on each set of remains.
- Compare postmortem dental records and radiographs with assembled antemortem records and radiographs in an attempt to effect positive identification or exclusion.
- Complete a *Dental Identification Summary Sheet* for each dental identification made.

Dental Photographer

- Take photographs as directed by the Forensic Dentistry Team Leader (may be the same photographer as listed under the SART).

Reception Team

The Reception Team is responsible for the initial receipt and processing of remains at the morgue, integration of the remains into the morgue processing system, proper storage, and the accountability of all remains.

Reception Team Leader

- Responsible for overall operations of the Reception Team.
- Ensure a morgue file is initiated on each set of remains.
- Ensure a log is maintained showing which remains have been processed and where they are at all times.
- Ensure an escort is assigned to each set of remains.
- Utilize a clerical pool and photographers to ensure tasks are carried out.

Forensic Pathology Team

Located in the Morgue, it will utilize forensic methods to determine cause of death, to discover individualizing, and if possible identifying characteristics for each set of remains.

Forensic Team Leader

- Responsible for overall operations of the Forensic Pathology Team.
- Brief all team members concerning autopsy protocol and procedures for handling toxicology specimens.
- Oversee autopsies and preparation of autopsy reports to ensure uniformity.
- Periodically rotate forensic pathologists between various positions requiring individual expertise.

SA H. Mass Fatality

- Work directly with Logistics Section Leader to ensure all supplies and necessary equipment is available and in supply.

Forensic Pathologists

- Perform autopsies when needed and examine each set of remains, to include examination of clothing, a detailed external body examination to determine cause of death, and identifying characteristics that may assist in identification.
- Under the direction of the Forensic Pathology Team Leader, rotate to other positions and perform other duties requiring specific skills.

Toxicology Section

- Responsible for receipt, chain of custody, and proper storage and control of toxicology specimens received from the forensic pathologists.
- Assist in autopsy area by preparing toxicology containers for each set of remains.
- Assist in obtaining specimens as directed.

Forensic Anthropologist

- Provide technical assistance to the forensic pathologists.

Fingerprint Team

This team examines the remains in an attempt to positively identify remains either by fingerprint or footprints.

Fingerprint Team Leader

- Responsible for overall operation of the Fingerprint Team.
- Reviews identifications made by Fingerprint Specialists.
- May request assistance from National FBI Fingerprint Bureau if necessary through preexisting procedures.

Fingerprint Specialists

- Attempt to identify remains based on fingerprint and/or footprints.
- Annotate the control sheet in the morgue file indicating whether fingerprints or footprints could be obtained and whether the remains were identified.

Radiology Team**Radiology Team Leader**

- Responsible for overall operation of a Radiology Team.
- Ensure appropriate radiographs are taken of remains and review radiographs to ensure they are adequate for use by the Forensic Pathology Team.
- Monitor personnel working in radiology area for excessive exposure.

Duty Team

This team performs as a ready work force, responsible for various duty functions within the operation to include moving supplies and equipment, keeping work areas orderly and clean, and other duties assigned by the Team Leader.

Duty Team Leader

- Prioritize missions assigned to the Duty Team and coordinate activities with the appropriate team leader.
- Supervise a team consisting of mainly volunteer labor in areas requesting extra untrained assistance.

Administration Team

Responsible for all administrative matters with the exception of those related functions specifically performed by another component of the morgue (e.g., Records Management Team).

Team Leader

- Responsible for the overall operations of the Administrative Team.
- Personally monitor all high priority administrative decisions.

Administrative Officer

- Responsible for operation of the administrative section.
- Supervise the administrative, word processing, clerk typists sections in the performance of their duties.
- Coordinate with the Records Management Team to establish procedures for the transfer and filing of paperwork after final typing.
- Responsible for acquisition of housing for morgue personnel.
- Maintain records of all personnel tasked to support operations relating to payroll, hours worked, etc.

Administrative Clerks

Will perform duties as assigned by the Administrative Officer to include processing, hand carried paperwork, reviewing paperwork before and after typing, and final review before filing.

May assist other teams in the ME section to include the FAC, SART, Transportation and others.

Logistics Team

The Logistics Team is responsible for operation of the Logistics Section, including acquisition, storage, issue, and accountability of all supplies and equipment necessary to support the operation.

Logistics Team Leader

- Monitor status of all procurement actions.
- Hand carry, as necessary, all high priority supply actions.
- Maintain expense data, accountability documents, procurement documents, and other information pertaining to logistics of the operation.
- Ensure Logistics Section is staffed at all times during operational hours.

Supply Clerk

- Perform duties assigned by Team Leader to include staffing logistics section of the morgue, making supply runs, preparing supply documents, issuing supplies and equipment.

Photography Team

This team is responsible for all photographic support to each team necessitating its services.

Photography Team Leader

- Responsible for overall operation of the Photography Team.
- Identify sections requiring ongoing photographic support and assign team members accordingly (e.g., in-processing, autopsy, SART).
- Review requests for photographic support and assign as applicable.
- Ensure all photographs taken of remains are identified by number assigned to the particular set of remains.
- Responsible for control and accountability of all film exposed during operation.

- Ensure that only authorized personnel view or have access to any photographic journals of the event. Integrity is paramount. *Nothing is released to media or public in general. All public information requests go to the PIO.*

Photographers

- Perform duties as assigned by the Photography Team Leader.

Tab K-4 Search and Recovery Team Position Descriptions

Team Leader

- Responsible for leading a search team to find, mark, and recover human remains. The size and number of teams will be dependent upon the nature and type of disaster, the area affected, and the potential number of human remains.
- Reports to the Mass Fatality Branch Chief (Operations).
- Responsible for the overall operation and communications of SART.
- Establish a search plan that provides for a thorough, deliberate, overlapping search of the disaster area by SART personnel.
- Coordinate with other authorities to ensure that a cordon is established around the disaster recovery area, that access is strictly controlled, and that remains and personal effects are not moved or disturbed in any way until approved by the SART Team Leader.
- Ensure that a sufficient quantity of pre-numbered stakes and pre-numbered body tags are available for use at the disaster site. See Section 4.3.2 for specifics on numbering.
- Ensure that a log is maintained to record numbers assigned to found remains and body fragments and that each number is used only once.
- Supervise the removal of remains from the disaster site and arrange for the proper transportation to the morgue/examination area.
- Ensure that personal effects found on a body are left on the body as is and transported with that body to the mortuary.

Search and Recovery Team Members

- Search for, number, and remove human remains, fragments, and personal effects from scene as directed by the SART Team Leader.

Dental Consultant

- Advise SART members on the procedures for identifying and collecting dental fragments.
- Assist in the search operation to the extent possible and practical.

Photographer

- Take photographs as directed by SART leader and maintain the integrity and security of such photos.

Transportation Officer

- Responsible for all activities relating to the transportation of remains to the morgue/examination area and works with the Logistics Section to obtain transport vehicles. Use of funeral home vehicles is preferred. Funeral home vehicles should have commercial markings or name covered when in use.
- Determine specific staffing needs for transportation and handling.
- Ensure that proper logging and documentation are in place, including ownership/driver of each vehicle used, receipt of each body/part transported, times involved, and all other necessary paperwork to complete the process. Maintain security of all bodies/parts and paperwork.

Tab K-5 Security and Records Management Position Descriptions

Security Team

The Security Team is responsible for overall integrity and security of the disaster scene, morgue operations, and FAC.

Team Leader

- Responsible for the overall security of the operation.
- Ensure control of media events.
- Establish an access control system to prevent unauthorized entry into controlled areas.
- Brief personnel concerning security requirements, to include physical, informational, communications security.
- Ensure that only authorized photographers are allowed to take photographs or videotape in and around controlled areas.
- Work closely with local law enforcement personnel in crime/disaster scene integrity.

Security or Law Enforcement Personnel

- Control check points, check ID badges, and ensure that authorized personnel only are allowed in controlled areas.
- Other security duties as assigned.

Records Management Team

Team members in both the Morgue and FAC are responsible for the acquisition, maintenance, and security of all records pertaining to the fatalities and collected remains (eg., medical, dental, completed morgue files, etc).

Team Leader

- Responsible for overall operation of Records Management Team.
- Oversee the collection of a list of possible victims of the event to obtain antemortem information at the earliest possible time and maintain security of these files.
- Oversee collection of all antemortem data provided through FAC (e.g., questionnaire, dental, x-rays, prints and medical records).

- Gather and maintain all records from morgue.

Registrar

- Responsible for morgue files.
- Maintain control log for records pertaining to each death.
- Ensure completed files are held in strict confidential control.

File Clerks

- Perform duties as assigned by the Registrar.

Communications Personnel

- Conduct telephone communications as directed in support of the operation.

Tab K-6 List of Necessary Forms

(Not included in the plan – available from MEO and DMORT)

Search and Recovery

- Log sheets
- Location sketch

Morgue Operations

- Male body diagram
- Female body diagram
- Child body diagram
- Clothing diagram/list
- Personal effects diagram/list
- Dental charting diagram
- Fingerprint cards
- Fingerprint charting worksheets
- X-ray chart - skeletal survey

Family assistance center

- Next of Kin Information Interview
- Disposition of Remains Declaration
- Next of Kin Notification Data Form

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**Tab K-7 OSHA Fact Sheet: Health And Safety
Recommendations For Workers Who Handle Human
Remains**

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Tab K-8 Calculation Of Excess Deaths Due To Pandemic Influenza

The national pandemic flu plan (<http://www.hhs.gov/pandemicflu/plan/#overview>) estimates an excess of 209,000 deaths over an 8 week period for a moderate pandemic.

Oregon's population is 1.2% of the US, and therefore estimates pan flu deaths are 2,500 over 8 weeks, or 314/week assuming the death rate is constant for the 8 weeks.

Oregon's crude death rate for 2005 is 850/100,000 or a total of 30,855 deaths/year or 593/week assuming a population of 3.631 million (2006 census).

Thus, the model predicts a 53% increase over the average death rate for the 8 weeks of a pandemic.

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Tab K-9 Public Information and Risk Communication

[TO BE DEVELOPED]

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