

STATE OF CALIFORNIA

The California Mass Fatality Management Guide: A Supplement to the State of California Coroners' Mutual Aid Plan



September 2019

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PLEASE NOTE: This guide does not supersede nor is it exclusive of the State of California Coroners' Mutual Aid Plan. Both are intended to be compatible in the event of a catastrophic mass fatality event. The Coroners' Mutual Aid Plan and companion documents may be found at www.oes.ca.gov.

Foreward

The care and management of the dead as a result of a catastrophe is one of the most difficult aspects of disaster response and recovery operations. California has experienced several disasters over the last half-century, but none that has overwhelmed the capacity of the coroner/medical examiner mutual aid system to care for the deceased victims of these events. Tomorrow we may not be as fortunate. California's natural disaster vulnerability, added to the increasing possibility of terrorism within its borders, could produce mass fatalities that may make the events of recent U.S. history pale in comparison.

This document represents a significant step in identifying the important and necessary role of state agencies in supporting the local Coroners and Medical Examiners in performing their essential duties pertaining to catastrophic mass fatality incidents. Publication of the *California Mass Fatality Management Guide: A Supplement to the State of California Coroners' Mutual Aid Plan* represents the collaboration of several state, local, federal, private, and volunteer organizations that have recognized the compelling need to distinguish the State of California's role in a catastrophic mass fatality event. To accomplish the task of preparing this document and addressing the critical issues of fatality management, the Office of Emergency Services, Law Enforcement Branch, has established the State Mass Fatality Management Planning Committee (see Appendix A).

The guide provides for an organized and unified state level capability to assist in meeting the extraordinary demands of a catastrophic mass fatality event. Where appropriate, federal and private organizations are identified and integrated into this document which will be implemented within the State Standardized Emergency Management System (SEMS) and National Incident Management System (NIMS) structure. Any California state agency role and responsibility described in this document is consistent with their respective "Administrative Order" as referenced in the State Emergency Plan. Also, federal agency citations are recognized as a part of the National Response Framework.

It must be noted that the U.S. Army Research Development and Engineering Command and the U.S. Department of Justice, Office of Justice Programs, Office of Domestic Preparedness publication: Capstone Document: Mass Fatality Management for Incidents Involving Weapons of Mass Destruction, has been an excellent source of information and stimulus for this guide.

Finally, it is recognized that the Coroner/Medical Examiner's responsibility of the operational area may reside with a Sheriff or an appointed/elected Coroner/Medical Examiner. For the purpose of this guide, the term Coroner/M.E. will represent all three types of coroners in California.

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Introduction

"Show me the manner in which a nation cares for its dead, and I will measure with mathematical exactness, the tender mercies of its people, their loyalty to high ideals, and their regard for the laws of the land."

William Ewart Gladstone, (1808-1898)
Former Prime Minister of Great Britain

Notable Mass Fatality Events Worldwide

Several catastrophic events in recent history have demonstrated the need to recognize and strengthen fatality management planning and response.

- ★ The Indian Ocean Tsunami on December 26, 2004, resulting in over 250,000 dead;
- ★ Hurricane Katrina, the U.S Gulf Coast calamity producing over 1,500 deceased victims;
- ★ The tragic events of September 11, 2001, with nearly 3,000 fatalities; and,
- ★ The deliberate bombing of the Alfred P. Murrah Federal Building in Oklahoma City causing 168 fatalities.

Among the many deadly disasters that have struck across the globe in the last century, these four incidents have brought to our collective attention the reality and necessity of preparing for events that produce an overwhelming number of deaths. What lies ahead may be even more deadly as we consider the effects of the anticipated pandemic influenza. (Appendix J provides detailed fatality management considerations for pandemic influenza).

California Mass Fatality Potential

In California, the potential for a catastrophic mass fatality event can occur any moment. Whether natural or human-caused, this state is extremely susceptible to disasters which could produce fatalities that would overwhelm our current governmental response systems. In the past 25 years, California has had numerous disasters that have resulted in many deaths as exhibited in Figure 1. Despite the considerable number of deaths, there was minimal coroner mutual aid assistance.

It is inevitable that California will experience a catastrophic disaster resulting in a significant number of dead. Pre-event planning, a thorough knowledge of the organizational requirements, and a disciplined response to a catastrophic mass fatality event will prove effective and beneficial. The proper care and management of human remains in the aftermath of a disaster deserves no less.

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Introduction, Continued

YEAR	TYPE	LOCATION	DEATHS
1978	PSA AIR CRASH	SAN DIEGO	150
1982	WINTER STORMS	10 COUNTIES	33
1986	CERRITOS AIR CRASH	CERRITOS	82
1987	PSA AIR CRASH	SAN LUIS OBISPO CO.	44
1989	LOMA PRIETA EARTHQUAKE	S.F./OAKLAND	63
1991	EAST BAY HILLS FIRE	OAKLAND/BERKELEY	25
1992	L.A. CIVIL UNREST	LOS ANGELES	53
1994	NORTHRIDGE EARTHQUAKE	LOS ANGELES	57
1997	HEAVEN'S GATE CULT	SAN DIEGO	39
2000	ALASKA AIRLINES CRASH	PORT HUENEME	88
2003	SOUTHERN CA. FIRE SIEGE	5 COUNTIES	30
2006	HEAT EMERGENCY	20 COUNTIES	143
2008	USFS HELO CRASH	TRINITY	9
2008	METROLINK RAIL ACCIDENT	LOS ANGELES	25
2008	BUS CRASH	COLUSA	11
2014	BUS CRASH	GLENN COUNTY	10
2015	MASS SHOOTING	SAN BERNARDINO	14
2016	BUS CRASH	RIVERSIDE	13
2016	BUILDING FIRE	ALAMEDA	36
2017	WILDLAND FIRE	6 COUNTIES	44
2018	MUDSLIDE	SANTA BARBARA	23
2018	MASS SHOOTING	VENTURA	12
2018	WILDLAND FIRE	BUTTE	86

Figure 1

NOTABLE MAJOR FATALITY INCIDENTS IN CALIFORNIA

Responsibilities for Mass Deaths

Unlike many states, California does not have a State Coroner or Medical Examiner. Primary responsibility for the investigation, recovery, and management of human remains resides within the authority of the local coroner or medical examiner. Concurrent with their law enforcement duties, the majority of the counties (operational areas) in California have assigned coroner responsibilities to the Sheriff.

**California's
Coroner/M.E.
System**

California has a combination of 58 county Sheriff-Coroners, Coroners, or Medical Examiners. Since there is no State Coroner or Medical Examiner, the counties must rely on the mutual aid system to meet their resource needs in events that overwhelm their response capacity. Established in 1950, the California Master Mutual Aid System has been utilized to meet the extraordinary demands of significant events. While the fire service and law enforcement disciplines have often utilized their respective mutual aid systems over the years, the Coroners' Mutual Aid system has been in place, but rarely used. The Governor's Office of Emergency Services, Law Enforcement Branch, administers the Coroners' Mutual Aid program and its official plan, while maintaining an active association with all coroners/medical examiners' offices throughout the state.

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Introduction, Continued

Supporting Local Government

Notwithstanding this formal Coroners' mutual aid system, an event in California that produces an overwhelming number of deaths will require the participation and coordination of several state agencies, the federal government, and private organizations to support the impacted local Coroner/M.E. This support to local government in the aftermath of a catastrophic mass fatality event may include the following issues/activities:

- ★ Coroners' Mutual Aid
- ★ Victim Identification
- ★ Portable Morgue Facility and Operations
- ★ Human Remains Recovery and Storage
- ★ Personal Effects Management
- ★ Family Assistance/Victim Identification Centers
- ★ Critical Incident Stress Debriefing/counseling
- ★ Family/community grief and mental health counseling
- ★ Burial and final disposition of human remains
- ★ California Law governing coroners, funeral directors, and cemeteries.

Catastrophic Mass Fatality Defined

Throughout the guide the term "catastrophic mass fatality event" will be used. This phrase is intended to represent an incident, natural or human-caused, that results in an overwhelming loss of life; perhaps in the thousands. Certainly, California could experience such an event. When a catastrophic mass fatality event occurs it may quickly tax the personnel and resources that the Coroners' Mutual Aid System can provide, thus requiring the combined and timely involvement of state, federal, and private resources. The emotionally and socially devastating consequences as a result of a catastrophic mass fatality in California can have an impact for years, even generations.

Finally, California is not immune from disasters that result in many fatalities as Figure 1 on Page 7 reveals. Despite the grim nature of fatality management, it is imperative that the timely, safe, and respectful disposition of deceased victims be an essential component of an effective disaster preparedness, response, and recovery program. This document provides an important tool in assisting the state in strengthening its catastrophic mass fatality preparedness activities.

Purpose of the Guide

Purpose The purpose of the guide is to provide a frame work to facilitate an organized and effective state response to an event involving overwhelming catastrophic loss of life in California.

Primary Functions More specifically the guide:

- ★ Recognizes the potential for catastrophic mass fatality incidents.
- ★ Establishes an organized structure, within SEMS for coordinated and effective response to mass fatality incidents;
- ★ Defines state agency and other organizational roles and resources to support state and local government;
- ★ Identifies state, federal, private, and volunteer resources that may be applied to a mass fatality incident; and,
- ★ Provides planning guidance to state and local agencies in preparation and response to a mass fatality incident.

Authority of the Guide

Authority

- ★ *The California Mass Fatality Management Guide: A Supplement to the State of California Coroners' Mutual Aid Plan* is developed under the authority of California state law, specifically, the California Emergency Services Act (Gov. Code Section 8550, et seq.).
- ★ Nothing in this document should interfere with, or usurp, the authority of the local Coroner/M.E. in carrying out their duties and responsibilities.
- ★ This guide is intended to be utilized within the California Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS).

Scope of the Guide

Subject Area

The guide is a planning document that:

- ★ Recognizes the need to organize state agencies and resources to plan for and respond to an event that occurs in California resulting in a catastrophic loss of life.
 - ★ Recognizes the existing Coroners' Mutual Aid System and other organizations, systems, and laws that pertain to a mass fatality event.
 - ★ Recognizes the legal authorities and responsibilities of local government in response to disasters that include mass fatalities.
 - ★ Does not supersede nor supplant the State of California Coroners' Mutual Aid Plan. This guide is intended to be compatible with the Coroners' Mutual Aid System and plan.
 - ★ Includes a description of how the State of California is organized to respond to a mass fatality incident.
 - ★ Provides planning guidance, definitions, relevant laws, and delineates organizational responsibilities pertaining to a response to a mass fatality incident.
 - ★ Recognizes and incorporates federal, private, and volunteer organizations and resources.
 - ★ Serves as a foundation for further development and refinement of the State of California's preparedness and response to events resulting in mass fatalities.
-

Definitions

Note that some definitions are not verbatim from related codes and regulations but are paraphrased for clear understanding of the concepts involved.

Catastrophic Mass Fatality Event: For the purpose of this document, a catastrophic mass fatality event is one in which loss of life overwhelms the state's mutual aid system and requires extraordinary support from the state, federal, and private resources.

Coordinator of Coroner Functions in an Operational Area: The Sheriff/Coroner, Coroner, or Medical Examiner of the county.

Coordinator of Coroner Functions in a Region: A Sheriff/Coroner, Coroner or Medical Examiner nominated and elected by those vested with coroner responsibility in each Operational Area within that specific Region, to carry out regional Coroner/M.E. mutual aid activities.

Death Care Industry: Includes funeral homes, cemeteries, and crematories. California Department of Consumer Affairs, Cemetery, and Funeral Bureau is the state regulatory agency.

Disaster Mortuary Operational Response Team (DMORT): Disaster Mortuary Operational Response Teams are comprised of private citizens, each with a particular field of expertise, who are activated by the federal government in the event of a disaster. DMORT members are required to maintain appropriate certifications and licensure within their discipline. When members are activated, licensure, and certification is recognized by the State, and the team members are compensated for their duty time by the federal government as a temporary federal employee. During an emergency response, DMORTs function under the guidance of local authorities by providing technical assistance and personnel to recover, identify, and process the decedents. DMORT teams are composed of funeral directors, medical examiners, coroners, pathologists, forensic anthropologists, medical records technicians and transcribers, finger print specialists, forensic odontologists, dental assistants, x-ray technicians, mental health specialists, computer professionals, administrative support staff, and security and investigative personnel

Emergency Management Assistance Compact (EMAC): The Emergency Management Assistance Compact (EMAC) is a state-to-state mutual aid system that can be utilized when the Governor proclaimed a state of emergency. EMAC is administered by the National Emergency Management Association (NEMA).

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Definitions, Continued

Family Assistance Center: The traditional family assistance center is a secure facility established as a centralized location to provide information about missing persons who may be victims of a disaster; a gathering point where information is exchanged in order to facilitate the body identification process and the reunification of next of kin; a location for the collection of DNA; and where spiritual and emotional support is provided for those awaiting information about their loved ones. Also, given the circumstances, additional support services such as housing information/referral, insurance, mental health counseling, and legal assistance may be provided.

Fatality: Death resulting from a disaster (Merriam-Webster). This guide also uses the terms dead, decedent, human remains all of which refer to a human fatality. Fatality *should not* be interchanged with the term “casualty” since a casualty could mean dead or *injured* as a result of various circumstances.

Incident Command System (ICS): The Incident Command System (ICS) is the combination of facilities, equipment, personnel, procedures, and communications, operating within a common organizational structure, with responsibility for the management of assigned resources to effectively accomplish stated objectives pertaining to an incident. The ICS is under the umbrella of the Standardized Emergency Management System (SEMS). When applicable jurisdiction is determined, the first Deputy Coroner/Coroner on the scene is the Coroner Incident Commander.

Joint Field Office (JFO): The facility used to house state, federal, and volunteer agency personnel who administer state and federal recovery assistance programs and manage recovery operations within each state declared a major disaster by the President.

Law Enforcement Branch: The Law Enforcement Branch of the Governor’s Office of Emergency Services is the state facilitator of inter-regional Coroner/M.E. mutual aid response resources to operational areas. The Law Enforcement Branch also provides ongoing liaison with operational areas, municipalities, and state and federal agencies during non-emergency periods to facilitate emergency preparedness planning and mutual aid awareness training. The Branch also coordinates the state’s search and rescue and law enforcement mutual aid programs, and other activities in support of local law enforcement mutual aid response.

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Definitions, Continued

Local Emergency: “Local Emergency” means the duly proclaimed existence of conditions of disaster or of extreme peril to the safety of persons and property within the territorial limits of a county or city, caused by such conditions of air pollution, fire, flood, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestation or disease, the Governor’s warning of an earthquake or volcanic prediction, or an earthquake, or other conditions, other than conditions resulting from labor controversy, which are or are likely to be beyond the control of the services, personnel, equipment, and facilities of that political subdivision and require the combined forces of other political subdivisions to combat, or with respect to regulated energy utilities, a sudden and severe energy shortage requires extraordinary measures beyond the authority vested in the California Public Utilities Commission (Section 8558(c),GC).

Mass Fatality: An incident where more deaths occur than can be handled by local Coroner/M.E. resources. See Health and Safety Code, §103451 (Appendix C).

Mass Fatality Management: In the aftermath of an incident that results in an overwhelming number of deaths, this term refers to the process and accompanying functions performed by the local Sheriff/Coroner, Coroner, and Medical Examiner, among other supporting personnel and resources, in conducting search and recovery operations; decedent storage and morgue/identification operations; decedent personal effects management, assistance for family members; and final arrangements or disposition of the human remains. Mass fatality management may be complicated by type of incident, numbers of dead, location, weather, and contamination of incident scene and victims.

Medicolegal Death Investigation: As noted by Dr. Joseph H. Davis, in *Medicolegal Death Investigation – treatises In The Forensic Sciences*, Yale H. Caplan, Ph.D., Ed., page 79, The Forensic Sciences Foundation press, 1997) a medicolegal death investigation will: “Provide answers to questions of what factors served to cause the fatal incident or interfered with survival. Final conclusions of cause, manner and circumstances of death must rest upon a firm correlative bank of pertinent data, both autopsy and circumstantial derived.”

Mutual Aid Region: A Mutual Aid Region is a geographic area comprised of multiple operational areas (see Figure 3). A Mutual Aid Region manages and coordinates information and resources among Operational Areas within the mutual aid region and between the Operational Areas and the state level.

Continued on next page

Definitions, Continued

National Incident Management System (NIMS): The NIMS is a comprehensive, national approach to incident management that is applicable at all jurisdictional levels and across functional disciplines. This system is used to conduct incident management as specified in Homeland Security Presidential Directive (HSPD)-5. NIMS establishes a national standard methodology for managing emergencies and ensures seamless integration of all local, state, and federal forces into the system.

National Response Coordination Center (NRCC): The facility in Washington, D.C. used by DHS/FEMA to coordinate federal response and recovery operations. Federal Emergency Support Functions (ESFs) are co-located at the NRCC to provide resource support to state counterparts through the Regional Response Coordination Centers. This was formerly called the NEOC and was changed in the National Response Framework.

National Response Framework (NRF): The National Response Framework establishes a comprehensive all-hazards approach to enhance the ability of the United States to manage domestic incidents. The Framework incorporates best practices and procedures from incident management disciplines – homeland security, emergency management, law enforcement, firefighting, public works, public health, responder, and recovery worker health and safety, emergency medical services, and the private sector – and integrates them into a unified structure. It forms the basis of how federal departments and agencies will work together and how the federal government will coordinate with state, local, and tribal governments and the public sector during incidents. It establishes protocols to help protect the national from terrorist attacks and other natural and manmade hazards; save lives; protect public health, safety, property, and the environment; and reduces adverse psychological consequences and disruptions to the American way of life.

Operational Area: A county, along with political subdivisions within that county constitutes an Operational Area.

Personal Effects (PE): Refers to those items carried by, or being transported with, an individual on a common air, rail, or water carrier. In mass fatality disasters, the incident scene can be littered with thousands of personal effects.

Personal Protective Equipment (PPE): Specialized clothing or equipment worn by fatality management personnel for protection against health and safety hazards. Personal protective equipment is designed to protect many parts of the body, i.e., eyes, head, face, hands, feet, and ears.

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Definitions, Continued

Regional Response Coordination Center (RRCC): The federal facility from which federal personnel coordinate response operations and provide resource support to states within each federal region. RRCCs usually stand-down once a Joint Field Office (JFO) is operational in the affected state(s) within the region.

Repatriation: The term used for returning the deceased to their country of birth, nationality, or permanent residence.

Standardized Emergency Management Systems (SEMS): The Standardized Emergency Management System is a system used for coordinating state and local emergency response in California. SEMS provides a multiple level emergency response organization that facilitates the flow of emergency information and resources.

State Emergency Plan: The State Emergency Plan (SEP) addresses the State's response to extraordinary emergency situations associated with natural disasters, technological incidents, and war emergency operations. The operational concepts reflected in this Plan focus on large-scale disasters which often generate situations requiring other than normal responses. Such disasters pose major threats to life and property and can affect the well-being of large numbers of people. The California OES maintains the SEP.

State Law Enforcement/Coroner Mutual Aid Coordinator: The Chief, Law Enforcement Branch, Office of Emergency Services, through his designated Coroner Mutual Aid Coordinator, is responsible for administrative action and coordination between state and regions and Operational Areas for Coroner Mutual Aid. The State Coordinator also acts as the state point of contact for law enforcement and coroner EMAC requests.

State Mass Fatality Management Planning Committee: Established in October 2006 to provide a forum to identify and address state agency roles and responsibilities in a catastrophic mass fatality incident; and, to aid in the development and maintenance of this guidance document. See Appendix A for a more detailed description of the committee.

Continued on next page

Definitions, Continued

State of Emergency: “State of Emergency” means the duly proclaimed existence of disaster or extreme peril to the safety of persons and property within the state caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestation or disease, the Governor’s warning of an earthquake or volcanic prediction, or an earthquake, or other conditions, other than conditions resulting from a labor controversy or conditions causing a “state of war emergency,” which, by reason of their magnitude, are or are likely to be beyond the control of the services, personnel, equipment, and facilities of any single county, city and county, or city and therefore require the combined forces of a mutual aid region or regions to combat, or with respect to regulated emergency utilities, a sudden and severe energy shortage requires extraordinary measures beyond the authority vested in the California Public Utilities Commission. (Section 8558 (b)(GC)). During a state of emergency, the Governor has complete authority over all agencies of state government and the right to exercise within the area or regions designated, all police power vested in the state by the Constitution and laws of the State of California (GC, Article 12, Section 8620 and Article 8627, “California Emergency Services Act”). During a state of emergency mutual aid is mandatory.

State of War Emergency: “State of War Emergency” means the condition which exists immediately, with or without a proclamation thereof by the Governor, whenever this state or nation is attacked by an enemy of the United States, or upon receipt by the state of a warning from the federal government indicating that such an enemy attack is probable or imminent. (Section 8558 (a) GC) During a state of war emergency the Governor has complete authority over all agencies of state government and the right to exercise within the area or regions designated, all police power vested in the state by the Constitution and laws of the State of California (GC, Article 12, Section 8620 and Article 13, Section 8627, “California Emergency Services Act”). During a state of war emergency mutual aid is mandatory.

Unified Command: Unified Command is comprised of jurisdictions and agencies that have an implicit/direct responsibility for the incident. The objective and strategy of Unified Command should be to reach consensus in the consolidated action plan for the incident. In this manner, it increases the effectiveness of the response to a multi-jurisdictional or multi-agency incident.

Mass Fatality Planning Assumptions and Critical Issues

"Despite California's history of disasters, we have been slow to acknowledge the vital role of managing our dead in the wake of catastrophe. Let us now prepare in earnest to meet the challenges of mass fatality management we will ultimately face here in this state."

Robert Gerber

Introduction

California has not experienced a catastrophic mass fatality event that has required significant state and federal government involvement. The state or federal government has rarely considered the consequences and difficult issues resulting in overwhelming loss of life. However, recent national and worldwide events, including the pandemic influenza preparations, have proven the value of mass fatality management preparedness planning.

In the event of a catastrophic mass fatality incident, there will be several critical human remains care management issues and activities which will overburden the capability and capacity of local government in addition to the Coroners' Mutual Aid System. No doubt the impacted Coroner/M.E. will be extremely challenged to meet the extraordinary demands of such an event. While the statutory authority and responsibility to manage the deceased victims resides with the local Coroner/M.E., state and federal agencies must be prepared to provide support when requests for assistance are transmitted through proper channels to the state.

Therefore, it is prudent that the guide pre-identify selected rudimentary planning assumptions and critical issues in order to assist the state in mass fatality preparedness and response planning actions and coordination. It is recognized that a pandemic influenza event will produce additional response issues for state consideration in support of the local Coroner/M.E. Appendix J provides more specific planning considerations in the event of a state-wide mass fatality incident due to a pandemic. These basic planning assumptions will be followed by a discussion of many critical issues that may require state consideration and/or assistance.

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Mass Fatality Planning Assumptions and Critical Issues,

Continued

Planning Assumptions

P.A.	PLANNING ASSUMPTIONS
1.	As defined in this document, a “Catastrophic Mass Fatality” event is one in which the loss of life overwhelms the state’s coroner mutual aid system and requires extraordinary support from the state, federal, and private resources.
2.	The ultimate purpose in a catastrophic mass fatality response should be to recover, identify, and effect final disposition in a timely, safe, and respectful manner while reasonably accommodating the religious, cultural, and societal expectations. Under certain circumstances, this will be challenging and require support and leadership from all levels of government.
3.	A natural or man-made incident that results in the catastrophic loss of life will, in most cases, generate state and federal disaster declarations and their inherent provisions and immunities.
4.	The county Sheriff-Coroner, Coroner, or Medical Examiner is the responsible local authority for managing mass fatalities in an incident. Despite the eventual arrival of state, federal, private officials and their resources, the Coroner/M.E.’s authority and control will not be usurped.
5.	It is recognized that mass fatality management on <i>exclusive</i> federal military installations will be under the authority of the Office of the Armed Forces Medical Examiner. Those military installations with <i>concurrent</i> jurisdiction may have agreements in place with the local Coroner/M.E.
6.	A catastrophic mass fatality incident in a state correctional institution may pose extraordinary fatality management issues. Annex K provides planning considerations in this type of response environment.
7.	It is reasonably assumed that each Coroner/M.E. has developed a county catastrophic mass fatality plan and has developed relevant standard operating procedures. Furthermore, upon an incident, an organizational disaster management structure will be established within the jurisdiction including Coroner/M.E. operations.
8.	A catastrophic mass fatality incident as a result of a terrorist act will involve the Federal Bureau of Investigation (lead investigative agency) and other federal agencies that have legal jurisdiction in the investigation of the criminal act and will require close cooperation and coordination with the local Coroner/M.E. in the recovery, identification, and final disposition of the deceased.
9.	Mass fatality incidents due to chemical, biological, radiological, or nuclear factors will present an added difficult dimension to the Coroner/M.E. response, recovery, identification, and final disposition of the deceased victims.
10.	A pandemic influenza outbreak will, according to Department of Health Services estimates, produce 25,000 to 59,000 deaths in California. This may well become the most catastrophic mass fatality event in modern world history. All public and private organizations will struggle to provide a minimum of service. Appendix J provides a more detailed review of catastrophic mass fatality planning considerations.
11.	Commercial airline accidents require the National Transportation Safety Board (NTSB) to conduct extensive investigations and to activate, if necessary, the “Federal Family Assistance Plan for Aviation Disasters.” This plan requires the airlines to perform family notifications, and all aspects of victim and family logistical support (refer to Appendix H for the complete Federal Family Assistance Plan).
12.	The California Standardized Emergency Management System (SEMS) and components will serve as the mechanism to request, provide, and coordinate state resources. Out-of-State resources will be coordinated by State OES through the EMAC process. Federal agencies and resources responding under the auspices of the National Response Framework (NRF), Catastrophic Incident Annex, will integrate into the state and local SEMS organizational structure. The California Military Department will coordinate the deployment of all out-of-state Department of Defense resources.
13.	It should be recognized that a catastrophic mass fatality incident might occur whereby the infrastructure is severely affected. Major utilities and other essential services including fuel supply may be non-existent because of the event.

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Mass Fatality Planning Assumptions and Critical Issues, Continued

Critical Issues There are several critical issues that have been identified in the management of a catastrophic mass fatality event that will require state support and/or action. The issues listed below are categorized according to the standard process of managing human remains following a mass fatality incident as presented in Figure 2. This process can be separated into eight phases that the Coroner/M.E. and associated organizations will work through.

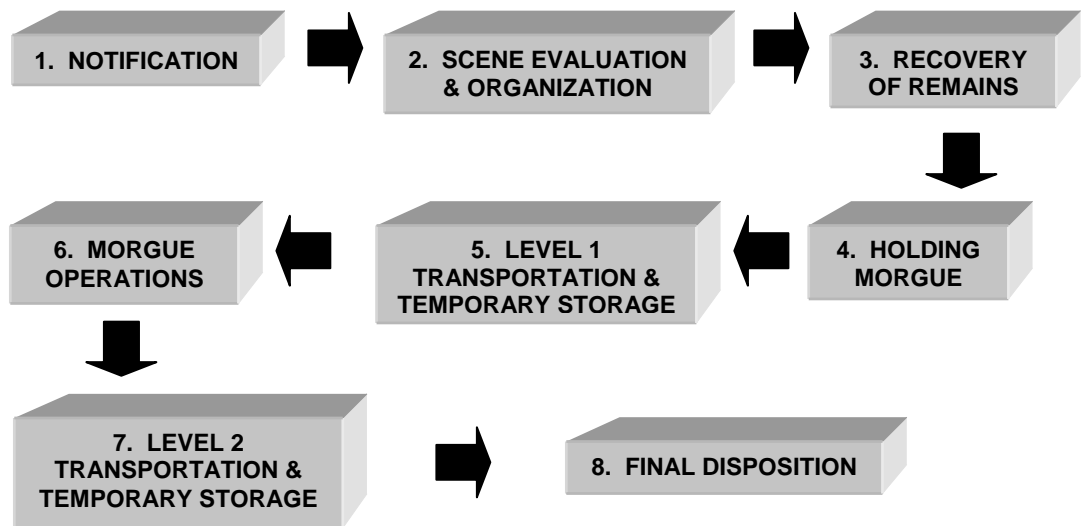


Figure 2

The Processing Flow of Managing Human Remains

While the Coroner/M.E. is the responsible authority for managing this process of planning, responding, recovering, identifying, and the final disposition of the fatalities, the task will be challenging and may be overwhelming. With these planning assumptions as a fundamental base for catastrophic mass fatality planning, the following critical issues are worthy of attention and should be considered at the state level. They are not necessarily configured in order of severity or urgency. Nonetheless, they should form the genesis for follow-on preparedness planning and collaborative resolution.

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Mass Fatality Planning Assumptions and Critical Issues, Continued

State Level
Critical
Planning Issues
(Phase 1 –
Notification)

STATE LEVEL CRITICAL PLANNING ISSUES	
PHASE 1 NOTIFICATION	<p>1.1 In many cases, a natural or man-made disaster resulting in catastrophic mass fatalities will soon become known to the Coroner/M.E. through various media outlets and government emergency notification systems. Incidents similar to the Oklahoma City federal building bombing and the World Trade Center 9-11 terrorist act produce instant mass fatalities. Natural disasters, biological, and chemical incidents may be more difficult to quickly size-up the resultant fatalities. The State Office of Emergency Services provides a 24-hour communications and warning center as a service to state, local and federal agencies. In addition, the OES Warning Center can establish communications with the impacted area(s). In the initial time period of the incident local government will provide the necessary notifications to the Coroner/M.E.</p>
	<p>1.2 A catastrophic mass fatality event would generate the activation of the State Operations Center (SOC). A “Coroners Mutual Aid Special Operations Unit” as illustrated in Figure 7 would be established within the SOC to coordinate mutual aid resource and other special requests from the mutual aid system and impacted jurisdiction.</p>
	<p>1.3 During the first few hours of a catastrophic mass fatality event, the State Coroners’ Mutual Aid Coordinator will conduct a conference call with all seven Coroner/M.E. Regional Mutual Aid Coordinators to discuss the situation status and place the mutual aid regions on notice for potential requests for personnel and equipment.</p>
	<p>1.4 Notification and coordination should be initiated by OES with the federal government, specifically U.S. Department of Health and Human Services to discuss the potential activation and response of the DMORT team(s). Other federal resources (including special military units) should be considered for standby deployment.</p>
	<p>1.5 State OES and other state agencies upon notification should consider sending liaisons to the relevant OES Regional Emergency Operations Center (REOC) and, if necessary, the Operational Area Emergency Operations Center (EOC).</p>
	<p>1.6 A “crisis communication” and Joint Information Center should be established to communicate critical and consistent information regarding the mass fatality event. If necessary a call center or hot line may be initiated to provide information.</p>
	<p>1.7 Determining jurisdiction of a catastrophic mass fatality may present unforeseen complexities. Military, private, foreign consulates and Indian land may generate jurisdictional and/or political issues.</p>
	<p>1.8 Expenses incurred by Coroner/M.E. responders will, most probably, be reimbursable. Therefore, it is important that proper and accurate documentation be applied early and consistently throughout the mass fatality management operation. State OES should provide the necessary awareness training to ensure that all legitimate disaster response costs are captured appropriately.</p>
	<p>1.9 Communication between Coroner/M.E. personnel may be a challenge in a mass fatality operation involving several functional locations, i.e., on-scene incident site, morgue(s), Family Assistance Center, etc. Furthermore, cross-disciplinary communications is critical especially when locating and recovering the deceased. The Coroner/M.E. should be an element of the incident communications plan (ICS Form 205).</p>

Continued on next page

Mass Fatality Planning Assumptions and Critical Issues, Continued

**State Level
Critical
Planning Issues
(Phase 2 –
Scene
Evaluation and
Organization)**

<p>PHASE 2</p> <p>SCENE EVALUATION AND ORGANIZATION</p>	<p>2.1 The evaluation of the mass fatality scene may require state assistance in the form of aerial reconnaissance, transportation, and damage assessment aircraft; and, special chemical, biological, radiological detection equipment and personnel with protective clothing. The establishment of a decedent operations field incident command, as depicted in Figure 6 on Page 32, may require coroner mutual aid assistance beyond the regional level requiring the State Coroner Mutual Aid Coordinator to assist in obtaining intra-regional coroner mutual aid personnel and equipment.</p>
	<p>2.2 Under certain circumstances, e.g., commercial airline accident, terrorist act, select federal agencies will have critical on-scene responsibilities, thus requiring close and on-going coordination with local and state agencies. Preserving the scene and evidence collection, imbedded within the dead body, demands close coordination by on-scene response personnel. The state plays an important role in maintaining effective cooperation and coordination.</p>
	<p>2.3 Communication between Coroner/M.E. personnel may be a challenge in a mass fatality operation involving several functional locations, i.e., on-scene incident site, morgue(s), Family Assistance Center, etc. Furthermore, cross-disciplinary communications is critical especially when locating and recovering the deceased. The Coroner/M.E. function should be an element of the incident communications plan (ICS Form 205).</p>
	<p>2.4 A mass fatality scene that is contaminated or extremely hazardous may prohibit Coroner/M.E. responders from performing a scene evaluation in a timely manner. The state may be requested to help evaluate the risk to responders and to recommend alternatives or safeguards for on-scene response activities.</p>
	<p>2.5 A wide spread or multi-state disaster may impact the U.S. manufacturing agencies "just-in-time" inventory methods thus affecting the reliability of obtaining needed Coroner/M.E. supplies and other associated equipment. Also, competing demands by other disaster response disciplines for the same supplies may be problematic.</p>
	<p>2.6 The state must do all it can to support the Coroner/M.E. in recovering, identifying, and effecting final disposition of the deceased in a dignified and respectful manner. Any undue delay or dysfunction in this process may weaken the public trust in government's ability to properly handle their deceased loved ones.</p>
	<p>2.7 Public education strategies before and after a mass fatality event will prove extremely beneficial in calming the fear and anxiety of relatives and the impacted community. The State Joint Information Center located at the OES State Operations Center should establish effective coordination and cooperation with the regional and local operations centers and their respective public information officers.</p>
	<p>2.8 The State should pre-identify supply vendors that can deliver essential equipment and supplies to support Coroner/M.E. operations. Consideration should be given to establishing dormant contracts with private sector resources to ensure reliability and performance expectations.</p>
	<p>2.9 The State Coroners' Mutual Aid System should consider establishing regional mobile teams that can respond and provide various functions to include on-scene human remains recovery, field morgue management, and transportation assignments. The state should foster the development of its own version(s) of DMORT.</p>
	<p>2.10 The state should consider establishing Memorandum of Understanding (MOU) with specific professional organizations, e.g., forensic odontologists, pathologists, anthropologists, funeral directors, etc., to obtain mutual aid personnel with specific skills sets.</p>
	<p>2.11 The state should review the surge capacity of the various organizations and systems that have a role in the mass fatality management process in order to strengthen and sustain the Coroner/M.E. response. Funeral homes, cemeteries, crematories, private mass fatality management companies, in-state Coroner/M.E. equipment and supply sources, among others, should be included in the analysis.</p>

Continued on next page

Mass Fatality Planning Assumptions and Critical Issues, Continued

**State Level
Critical
Planning Issues
(Phase 3 –
Recovery of
Remains)**

PHASE 3 RECOVERY OF REMAINS	<p>3.1 An accurate and reliable numbering system for all human remains is crucial to an effective response. The system must conform to the needs of the local Coroner/M.E. as well as be sufficient for proper evidence tracking. Implementation of a human remains tracking system by the Coroner/M.E. should be initiated from the onset of the incident. A standard human remains tracking system for California and the nation would provide Coroner/M.E. and assisting mutual aid personnel common methods for tracking remains along the corpse management process. The tracking system should include, at a minimum, a means for distinguishing disaster cases from other Coroner/M.E. caseloads. It should also enable the cross sharing of data between several field functions, such as, the morgue, the Family Assistance Center, and the incident site, or any location where the data is entered.</p>
	<p>3.2 Communication between Coroner/M.E. personnel may be a challenge in a mass fatality operation involving several functional locations, i.e., on-scene incident site, morgue(s), Family Assistance Center, etc. Furthermore, cross-disciplinary communications is critical especially when locating and recovering deceased victims. The Coroner/M.E. should be an element of the incident communications plan (ICS Form 205).</p>
	<p>3.3 The contaminated deceased may require decontamination on-scene prior to admitting to temporary morgue. The Coroner/M.E. may need mutual aid assistance from fire service, hazmat unit, DMORT, military, or other non-Coroner/M.E. discipline. This may require special state assistance to coordinate and/or provide adequate personnel and resources to perform decontamination of decedents.</p>
	<p>3.4 In transportation incidents (land, air, sea) that involve mass fatalities, the collection, inventory, and return of personal effects (PE) to the decedent’s family is important. Coroner/M.E. may not have the personnel within their incident command organization to perform the necessary PE function. In many cases the commercial carrier is responsible and will contract with a private company to perform the PE function. Nevertheless, this function requires close coordination and cooperation by the Coroner/M.E, law enforcement, and other responding agencies. In other types of mass fatality events, personal effects recovered on a body become the responsibility of the agency caring for the deceased. The state may be requested to locate and/or provide a facility for the housing, inventorying, and cleaning of PE.</p>
	<p>3.5 In the recovery of mass fatalities there may be a public concern that a disease epidemic may be caused by dead bodies. Dispelling this myth and calming public fear and anxiety will require a concerted and coordinated effort by local and state officials. The public information centers, including the state Joint Information Center (JIC), will play an essential role in disseminating factual information to the public regarding public health issues and the presence of significant numbers of dead.</p>
	<p>3.6 Depending on the natural or manmade disaster that produces the mass fatalities, the infrastructure may be severely impacted causing significant delays and progress in recovering and managing the dead. The state may be requested to deploy heavy equipment, establish alternate and temporary power, water, and communications utilities to aid the Coroner/M.E. response. Caltrans, the Military Department, and other state and federal agencies may be among the many agencies tasked to respond.</p>
	<p>3.7 In a catastrophic mass fatality incident, access to the scene and other fatality management operations locations may be controlled by law enforcement/security. Public, private, and volunteer organizations assigned mass fatality response missions may have access difficulties. The State may be requested to assist in establishing a credentialing system or coordinating with the relevant organizations to ensure access by appropriate and legitimate response organizations and individuals.</p>
	<p>3.8 The bio-waste and other bodily fluids from human remains during all the phases may become a hazardous and toxic issue requiring the state to amend/suspend Title 22 of the California Code of Regulations dealing with hazardous/toxic waste.</p>

Continued on next page

Mass Fatality Planning Assumptions and Critical Issues, Continued

**State Level
Critical
Planning Issues
(Phase 4 –
Holding
Morgue)**

PHASE 4 HOLDING MORGUE	<p>4.1 A holding morgue is a facility or vehicle(s) which may be on scene, or in close proximity, where human remains are temporarily placed, awaiting transport to the morgue. As remains are recovered, personnel may automatically perform an external evaluation and preliminary identification. In a geographically widespread mass fatality incident scene, several holding morgues or fatality collection locations may be in use. The state may be requested to locate and/or provide clear span facilities to accommodate these temporary holding morgues. Environmental regulations may become an issue to be resolved by local and state agencies regarding the location and storage of dead bodies.</p> <p>4.2 Temporary morgues and storage facilities for human remains will require air temperatures to be maintained at a specific temperature. The state may be requested to locate, provide, or coordinate the establishment of fixed or portable air-conditioned clear span facilities to meet the needs of the Coroner/M.E. (As in previous disasters, the state may allow the temporary use of property and existing facilities for disaster operations.)</p>
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**State Level
Critical
Planning Issues
(Phase 5 –
Transportation
and Temporary
Storage)**

PHASE 5 LEVEL I TRANSPORTATION AND TEMPORARY STORAGE	<p>5.1 Refrigerated vehicles for the transportation and/or temporary storage of human remains may be in short supply, even within the impacted mutual aid region. The state may be requested to locate, provide, or coordinate the refrigerated transportation and storage needs of the mass fatality field operations. The state can anticipate this potential need by pre-identifying private vendors and public/private organizations that can fulfill these type of mission requirements. Caution should be taken when using food, beverage, or other consumer type of commercial vehicles to store and transport human remains. In most cases, these types of vehicles should not be returned to their prior service function.</p>
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**State Level
Critical
Planning Issues
(Phase 6 –
Morgue
Operations)**

PHASE 6 MORGUE OPERATIONS	<p>6.1 In the event that Forensic Pathologists or other medical professionals are needed from out of state there may be action needed by the state to officially recognize their credentials. Professional/medical reciprocity issues should be anticipated by the state and appropriate actions should be pre-established prior to need during disaster situations.</p> <p>6.2 For fatalities with no next-of-kin in California, the state may be requested to assist the Coroner/M.E. in sending death notification information to the appropriate out-of-state law enforcement agency for notifying the next-of-kin.</p> <p>6.3 The State Department of Justice may be requested to assist in the identification of the deceased through their missing persons data base using physical, dental and fingerprint identification and/or through DNA testing.</p> <p>6.4 State OES may be requested to officially authorize the mutual aid use of the California Dental Identification Team (CalDIT) to assist the Coroner/M.E. in decedent identification through forensic odontology.</p> <p>6.5 The state may be requested by the Coroner/M.E. to assist in obtaining portable or fixed clear span facilities that can be used for field morgue and temporary human remains storage purposes. Similar to Phase 4, the state may provide existing facilities and property for use under the conditions of a catastrophic mass fatality.</p>
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Mass Fatality Planning Assumptions and Critical Issues, Continued

**State Level
Critical
Planning Issues
(Phase 7 –
Level 2
Transportn)**

PHASE 7 LEVEL 2 TRANSPORTATION & TEMPORARY STORAGE	<p>7.1 The bio-waste and bodily fluids from human remains during the all the phases may become a hazardous and toxic exposure issue requiring the state to amend/suspend Title 22 of the California Code of Regulations dealing with hazardous/toxic waste.</p>
	<p>7.2 Temporary morgues and storage facilities for the human remains will require air temperatures within the facility to be cooled and maintained at a specific temperature. The state may be requested to locate, provide, or coordinate the establishment of fixed or portable air-conditioned facilities to meet the extraordinary needs of the Coroner/M.E. As in previous disasters the state may allow the temporary use of property and existing facilities for disaster operations.</p>
	<p>7.3 Refrigerated vehicles for the transportation and/or temporary storage of human remains may be in short supply, even within the impacted mutual aid region. The state may be requested to locate, provide, or coordinate the refrigerated transportation and storage needs of the mass fatality field operations. The state can anticipate this potential need by pre-identifying private vendors and public/private organizations that can fulfill the mission requirements. Caution should be taken to when using food, beverage, or other consumer type of commercial vehicles to store and transport human remains. In most cases, these types of vehicles should not be returned to their prior service function.</p>

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Mass Fatality Planning Assumptions and Critical Issues, Continued

**State Level
Critical
Planning Issues
(Phase 8 – Final
Disposition)**

PHASE 8 FINAL DISPOSITION	<p>8.1 The death care industry (funeral homes, crematories, and cemeteries) comprised of public and private agencies may be overburdened or lack facilities due to damage and require mutual aid, regulatory remedy, and/or state and federal support.</p>
	<p>8.2 With regard to the disposition of human remains during a mass fatality and/or public health incident, the Governor may issue executive orders, proclamations, and rules, and/or may amend or rescind them. This will likely happen at the request of local Coroner/M.E. and/or public health officials.</p>
	<p>8.3 Cultural and religious needs should be respected. California has a diverse culture, which includes a variety of funeral services, burial rituals, and mourning practices.</p>
	<p>8.4 Final disposition in a mass grave, while performed in the past, is an extreme measure that requires meaningful deliberation at all levels of government. Government-ordered disposition by mass burial or cremation of unidentified victims creates numerous complications for survivors. Both the World Health Organization (WHO) and the Pan American Health Organization advocate for the identification of all disaster victims before final disposition, regardless of number of victims.</p>
	<p>8.5 A mass fatality incident will generate insurance fraud and wrongful death cases. Ensuring proper identification of the dead and allowing the Coroner/M.E. and supporting organizations to perform their functions, even if time delayed, is critical. The state may establish a task force to handle fraud cases and provide public information/education to mitigate fraudulent practices associated with fatality management.</p>
	<p>8.6 Section 103450 of the Health and Safety Code establishes court allowances and procedures for mass fatality deaths and death certificates. The appropriate state organizations including judicial affairs and State Registrar should have protocols and procedures in place for single court petitions for death certificates covering mass fatalities.</p>
	<p>8.7 Final disposition of a mass catastrophic fatality incident may overwhelm the capacity of the state’s death care industry to manage the volume of dead. Furthermore, varied cultural, religious, and socio-economic backgrounds of the decedents may significantly add to the task of final disposition. The state may be requested to establish, by Executive Order or other legal means, a “standard” method of final disposition that will assist in relieving the burden while maintaining the respect and dignity of the dead.</p>
	<p>8.8 A catastrophic mass fatality incident will include special memorial services, temporary memorial locations for the relatives and public, and other customary memorial events and venues. The state will be among many local, state and federal agencies, including the private sector, which will assist in planning, conducting, and developing memorial services and sites. Since various levels of government and the private sector will be involved, proper care should be taken to de-conflict overlapping or competing demands on personnel and facilities.</p>
	<p>8.9 If a catastrophic mass fatality event occurs in area frequented by a high volume of tourist from foreign countries, the state may be requested to assist in the coordination of “repatriation” of the deceased victim. The process of repatriation requires specialized care and management in order to return the decedent to their country of birth, nationality, or permanent residence.</p>
	<p>8.10 Human remains contaminated by hazardous or toxic materials, that cannot be returned to the next-of-kin for a considerable length of time, or not at all, may present several problems from storage, temporary interment, to the emotional and legal needs of the next-of-kin. The state may be requested to provide educational awareness, legal remedies, and other actions to assist the Coroner/M.E. in this potentially controversial and unfortunate reality.</p>
	<p>8.11 As a “last option,” consideration must be given to state-sponsored mass burials. Though it has rarely been performed in the United States, authorities may accept mass burial under extreme conditions. One such circumstance is when burying remains is safer than cremating remains. The issue presents more often when remains are biologically contaminated rather than chemically contaminated remains. To prevent contamination from spreading, authorities may chose to minimize handling remains and identify a site that can support mass burial. The public may be more inclined to accept state sponsored mass burial if remains are placed in individual caskets, are located in an area that is protected, and the site is commemorated.</p>

Mass Fatality Response Organization

Responders' Mission:

“Preserve the dignity of the deceased, while meeting the rights and needs of the families, the needs of the community, and the requirements of governmental investigations.”

Robert A. Jensen, Author

“Mass Fatality and Casualty Incidents”

Duties of the Sheriff/Coroner, Coroner, and Medical Examiner

All disasters are local events and require the combined efforts of local government organizations to meet the extraordinary demands. It then becomes the role of the state and federal government, with a few exceptions, to *support* local response activities by providing requested resources, coordinating mutual aid, and carrying out the provisions of the Emergency Services Act.

The organizational framework for a coordinated response to a mass fatality event in California begins with the County Sheriff-Coroner, Coroner, or Medical Examiner. A mass fatality incident, regardless of the county impacted, is the legal responsibility of the respective Coroner/M.E. office in which the fatalities occur. The laws which govern the duties, responsibility and authority of the Coroner are generally found in the California State Government Code and Health and Safety Code (see Appendix C for relevant laws pertaining to mass fatalities). The duties performed by a Coroner/M.E. will vary slightly from county to county. Fundamentally, it is the duty of the Coroner/M.E. to inquire and determine the circumstances, cause, manner and mode of certain deaths as defined in Government Code, State of California, Section 27491, and Health and Safety Code Section 102850.

Specific responsibilities include the following:

- ★ Identify human remains
- ★ Provide adequate and decent storage
- ★ Determine the cause and manner of death
- ★ Inventory and protect personal effects found on the decedent
- ★ Locate and notify the next-of-kin
- ★ Establish Family Assistance/Victim Identification Center
- ★ Release remains
- ★ Secure any evidence pertaining to the death

It is recognized that fatality management, resulting from some disasters such as those relating to terrorism, will involve the Federal Bureau of Investigation (FBI) and other federal agencies.

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Mass Fatality Response Organization, Continued

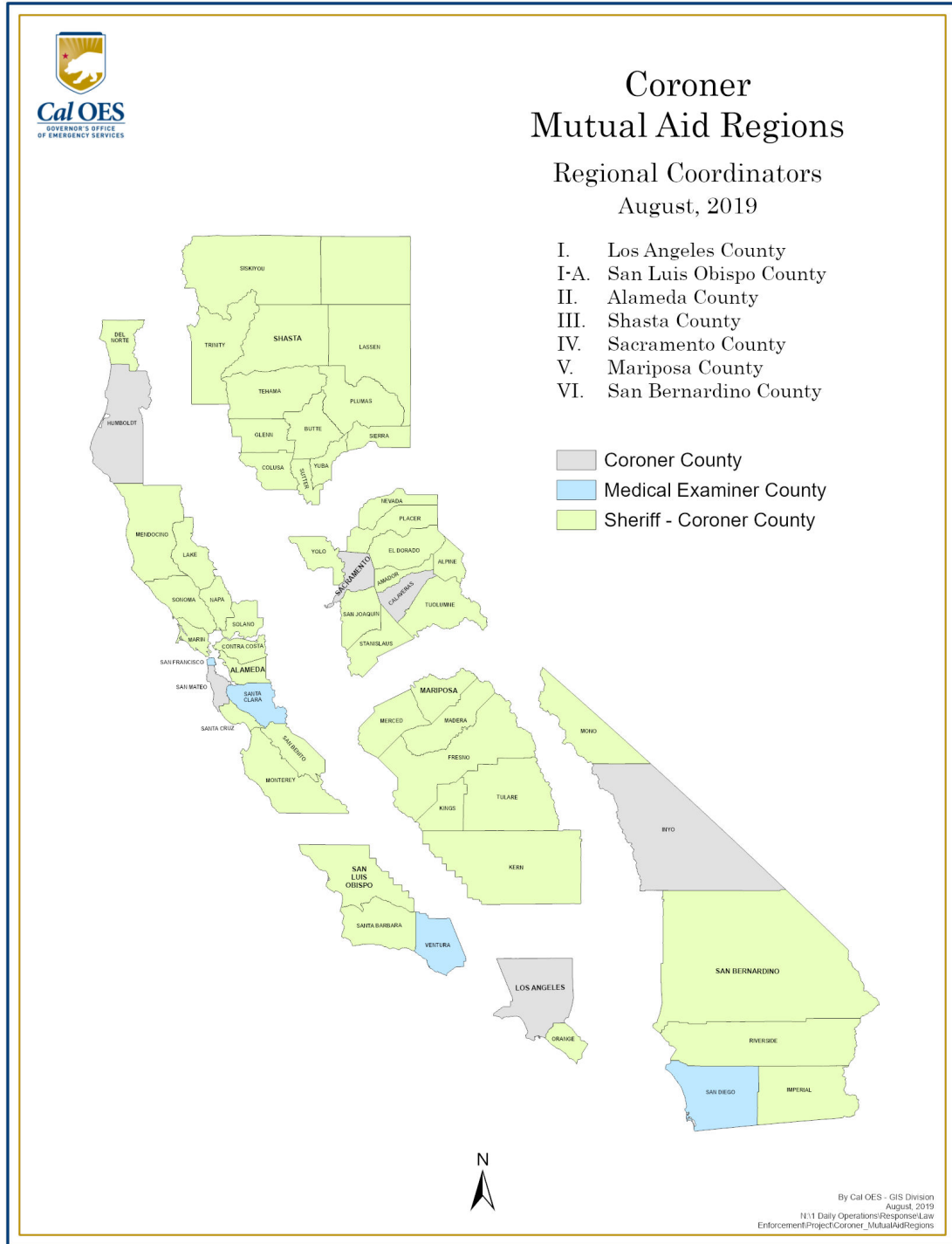


Figure 3

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Mass Fatality Response Organization, Continued

California's Coroner Mutual Aid System

Currently, there are 47 Sheriff-Coroners, 8 Coroners, and, 3 Medical Examiners in the 58 counties in the state (see Figure 3). The personnel and equipment capability varies from county to county with the larger, more urban, counties having a larger percentage of the statewide coroner resources. In order to manage incidents of mass fatalities that overwhelm the resources of the impacted jurisdiction, the state has established a formal Coroners' Mutual Aid System. Similar in concept to the law enforcement and fire service's mutual aid systems, the Coroners' Mutual Aid System is the backbone of mass fatality response in California and an essential component of SEMS.

The Coroners' Mutual Aid System is founded on the requesting and sharing of personnel and resources among various levels of government based on the requirements of the incident. In the original development of the mutual aid system, the state was geographically divided into mutual aid regions. Both the Coroners' Mutual Aid System and the Law Enforcement Mutual Aid System have 7 regions as delineated in Figure 3 on Page 27.

Operational Areas

Each county in California is an Operational Area, and has a Sheriff-Coroner, Coroner, or Medical Examiner as its Coroner Mutual Aid Coordinator. The next mutual aid level is the region. Each mutual aid region has a duly elected Sheriff-Coroner, Coroner, or Medical Examiner, who is elected by their peers within the region. The next mutual aid level is the state, whereby the Chief of the OES Law Enforcement Branch or designee, has the responsibility to coordinate coroner mutual aid beyond the regional level. Federal government involvement may be applied at all levels of Coroners' Mutual Aid activation.

Coroners Mutual Aid Plan

California's mutual aid system has been in place since 1950. The Governor's Office of Emergency Services is responsible for the development and maintenance of the system(s) and its various official plans. In more recent years, the Coroners' Mutual Aid Plan was formally established providing for an organized and coordinated approach to mass fatality response. The plan was developed under the authority of California state law, including the Emergency Services Act (Govt. code section 8550 et seq.) and is compatible with SEMS and the federal government's National Incident Management System (NIMS) as illustrated in Figure 4 on the following page. The plan outlines the procedures for requesting coroner mutual aid personnel and resources. Companion documents to the plan include a field response "Operations Guide" and a county Coroner/M.E. resources inventory.

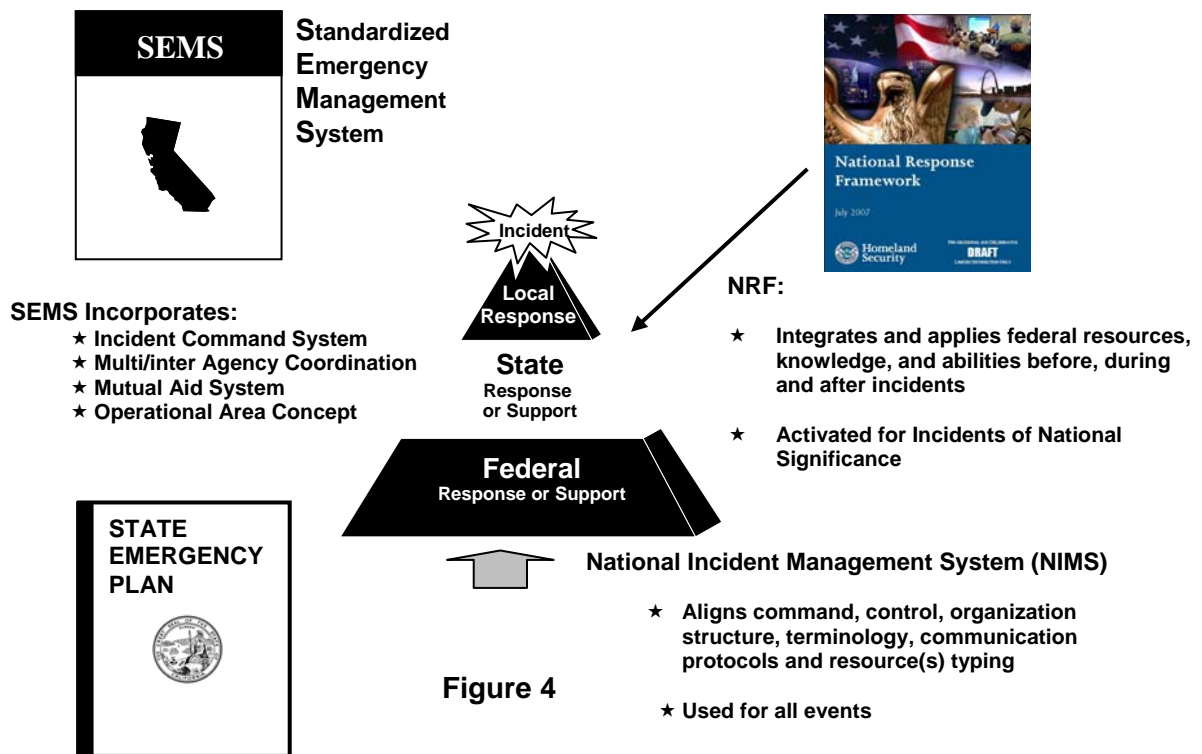
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Mass Fatality Response Organization, Continued

Mutual Aid

The Master Mutual Aid Agreement and the California Emergency Services Act make mutual aid mandatory when the Governor proclaims a State of Emergency or State of War Emergency. Mutual aid is also mandatory in situations of “local peril.” The basic policy of regional or state assistance to Operational Areas is to support the Coroner/M.E. with resources after all their resources are committed and the magnitude of the disaster is, or soon will be, beyond their resources and capabilities. Requests for assistance must be made through the appropriate chain of command i.e., Operational Area to Region; Region to California-OES (State); State to other mutual aid regions and/or other state resources and the federal government. Figure 5 on the following page presents the proper channels for requesting coroner mutual aid. Requests for federal resources can be made by the state on behalf of the requestor after consultation with the impacted operational area Coroner/M.E. and the Regional Coroner Mutual Aid Coordinator.

STATE & NATIONAL RESPONSE



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Mass Fatality Response Organization, Continued

Channels For Requesting Coroner/M.E. Mutual Aid

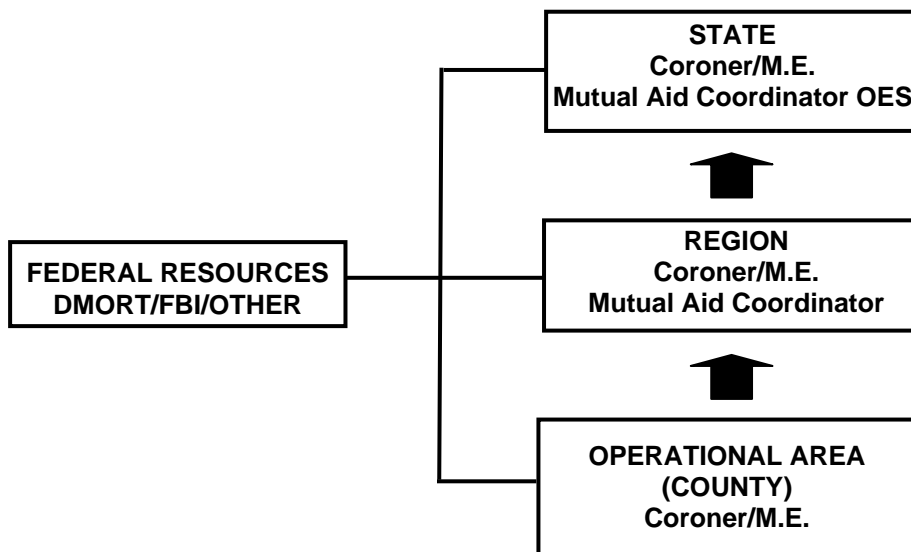


Figure 5

SEMS, NIMS Compatibility

The Coroners' Mutual Aid System is an integral element of California's Standardized Emergency Management System and is compatible with the National Incident Management System. Coroner/M.E. incident coordination and operational activities adhere to the Incident Command System (ICS) principles and practices. Requests for federal resources will be according to the protocols prescribed in the National Response Framework (NRF).

Local Government Level (Operational Area)

At the local government level (Operational Area), the Coroner/M.E. has the primary responsibility for fatality management. As prescribed in Government Code §27491, "It shall be the duty of the coroner to inquire into and determine the circumstances, manner and cause of all violent, sudden, or unusual deaths;

Continued on next page

Mass Fatality Response Organization, Continued

**Local
Government
Level
(Operational
Area)**

unattended deaths, deaths wherein the deceased has not been attended by a physician in the twenty days before death...death in whole or part occasioned by criminal means... deaths known or suspected as due to contagious disease and constituting a public hazard..." Additionally, the Coroner/M.E. or "...the coroner's appointed deputy, on being informed of a death and finding it to fall into the classification of deaths requiring his or her inquiry, may immediately proceed to where the body lies, examine the body, make identification, make inquiry into the circumstances, manner, and means of death, and, as circumstances warrant, either order its removal for further investigation, disposition, or release the body to the next of kin."

Many Coroner/M.E. offices in the state have prepared jurisdictional mass fatality plans and have obtained mobile morgue/storage vehicles and equipment to enhance their capacity to respond. Furthermore, the need to plan and prepare for mass fatalities has been heightened by recent national and worldwide events. Local government agencies have recognized the potential for incidents resulting in mass fatalities and have initiated planning partnerships and have coordinated their response procedures and actions. Figure 6 illustrates an expanded organizational response to a mass fatality incident.

In a mass fatality event, the Coroner/M.E. will require the support of several local organizations to include:

- ★ Office of Emergency Services
- ★ Law Enforcement
- ★ Fire & Rescue
- ★ Public Health
- ★ Hazardous Materials
- ★ Environmental Health Management
- ★ Public Works

In addition to these governmental agencies, the Coroner/M.E. may enlist the support of the American Red Cross (ARC), Metropolitan Medical Response System (MMRS), Morticians and Funeral Directors, and any other local public and private organizations which may have professional relationships with and/or contractual agreements.

Continued on next page

Mass Fatality Response Organization, Continued

Local Government Level (Operational Area)
(continued)

The California Coroners' Mutual Aid System exists to support the local Coroner/M.E. by providing *other jurisdictions'* Coroner/M.E. personnel, and equipment as determined by the requirements of the mass fatality event. When the local resources available to the Coroner/M.E. are insufficient to meet the extraordinary demands of the event, then an official and formal request for assistance is provided to the appropriate Regional Coroners' Mutual Aid Coordinator. **Unless otherwise expressly provided, or later agreed upon, the responsible local Coroner/M.E. requesting mutual aid shall remain in charge of Coroner/M.E. Operations.**

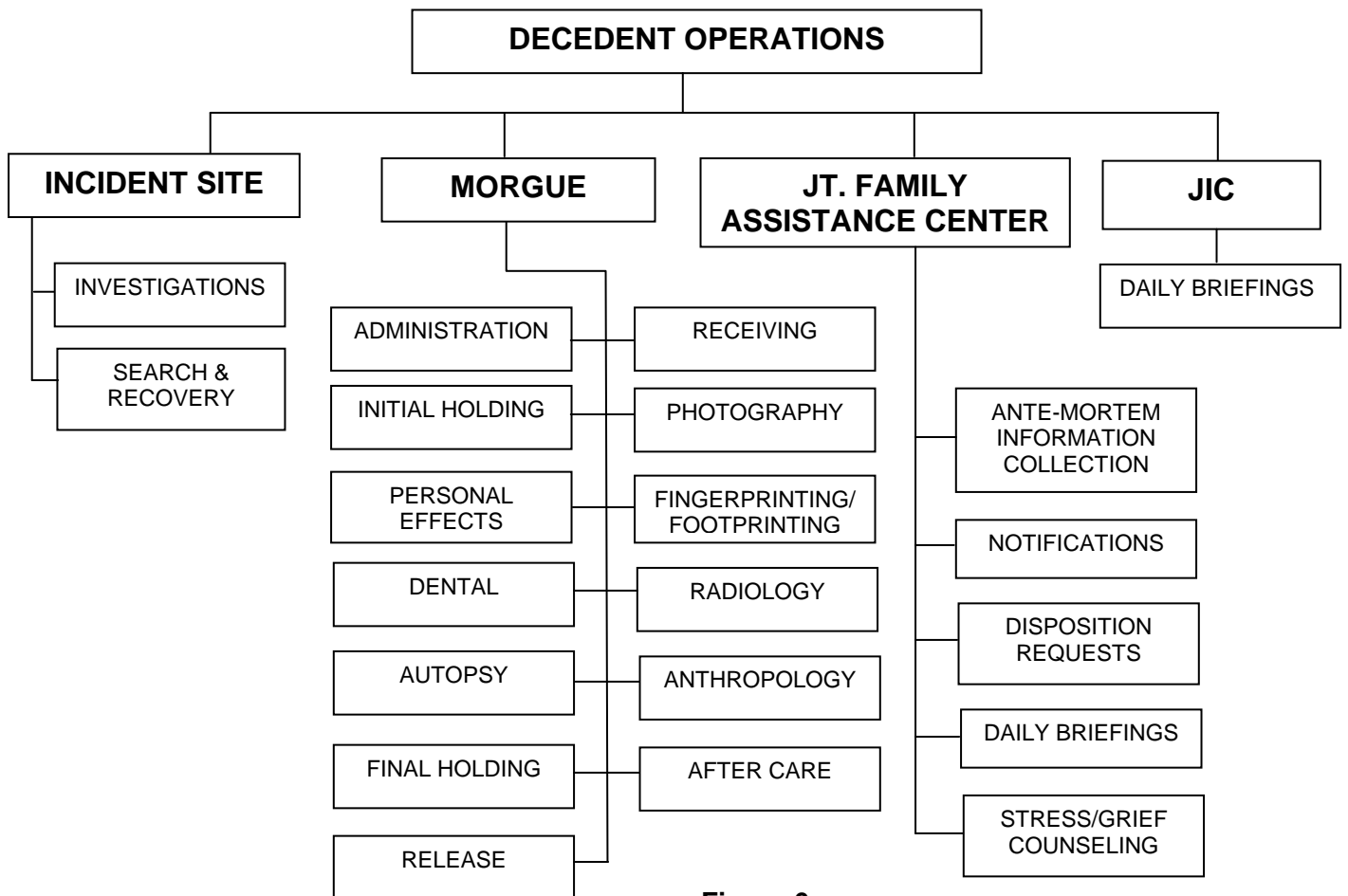


Figure 6

Example organizational chart depicting the various decedent activities that may be required at a mass fatality incident

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Mass Fatality Response Organization, Continued

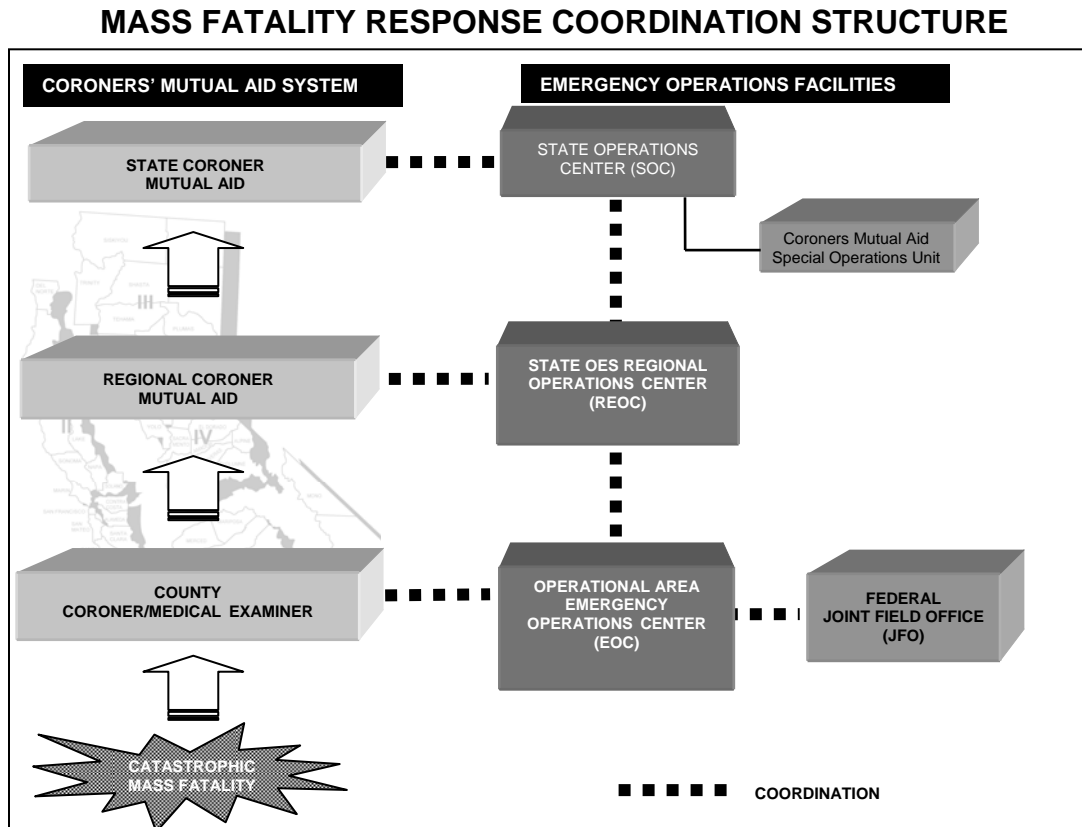


Figure 7

Emergency Operation Facilities

Commensurate with extensive field operations will be the incident management and support functions being performed at various key facilities at the local, regional, and state levels. Figure 7 above illustrates the basic emergency operations facilities that will be established in a catastrophic mass fatality event that exceeds local capacity. While there may be other facilities established by the federal government, both in-state and located near Washington, D.C., the Joint Field Office will be the focal point for federal coordination, response, and recovery activities.

State Agencies' Roles and Responsibilities

Introduction

In a mass fatality event, especially one that is catastrophic, state governmental agencies will perform a significant role in supporting the Coroners' Mutual Aid System and the local Coroner/M.E. While it is recognized that an event which produces mass fatalities will undoubtedly require other public safety discipline's response at the state level, it is important to identify pre-event responsibilities and capabilities to ensure effective disaster coordination and reduce conflicting or competing demands. Where deficiencies arise in the capacity of the state-wide Coroners' Mutual Aid System, the state will be requested to meet the need.

Request for assistance by the local Coroner/M.E. will follow the State Coroners' Mutual Aid plan. Existing Coroner/M.E. working relationships and Memorandum of Understandings (MOUs) with other governmental agencies (including state agencies) and the private sector should remain as previously agreed upon.

The State Coroners' Mutual Aid Coordinator, Office of Emergency Services, Law Enforcement Branch, acts as the state point of contact for all Coroners' mutual aid requests and coordination which is made through proper mutual aid channels. If necessary, a Coroners' Mutual Aid Operations "special unit" will be established at the State Operations Center (SOC) to receive, analyze, and fill coroner mutual aid requests and develop situation status information. State, federal, and private organization representatives may be requested to provide agency liaisons to participate in this event-driven special unit.

The Coroners' Mutual Aid System and accompanying coordination and response activities adhere to the practices and principles of the California Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS). Government agencies at all levels should have a thorough understanding of the various systems, facilities, and positions associated with SEMS and NIMS in order to facilitate mission effectiveness and coordination.

Continued on next page

State Agencies' Roles and Responsibilities, Continued

Introduction (continued)

The State Coroners' Mutual Aid Coordinator will assign an OES "mission number" in order to track Coroners' Mutual Aid resources tasked to provide mutual aid support to the impacted jurisdiction(s). The issuance of a mission number provides official recognition to the mutual aid response and, thus, affords the protection of the Emergency Services Act while maintaining mutual aid system procedural discipline and proper resource management.

Figure 8 on the following page identifies key responsibilities that various state, federal, and private agencies *may* perform in the event of a catastrophic mass fatality event. The matrix represents only those organizations that will play a major role in supporting the local Coroner/M.E. operations. It is recognized that there will be a myriad of other governmental agencies that may participate, to a lesser degree, in supporting mass fatality operations.

Governor's Office of Emergency Services Law Enforcement Branch




The Governor's Office of Emergency Services serves as the lead state agency for emergency management in California. The mission of OES is to ensure the state is ready and able to mitigate against, prepare for, respond to, and recover from the effects of emergencies that threaten lives, property, and the environment. OES coordinates the activities of all state agencies relating to preparation and implementation of the State Emergency Plan. OES serves as the lead agency for mobilizing the State's resources and obtaining federal resources while maintaining oversight of the mutual aid systems. OES coordinates the integration of federal resources into state and local response and recovery operations.

The OES Law Enforcement Branch is responsible for managing the Law Enforcement, Search and Rescue, and Coroners' Mutual Aid Systems. To accomplish this mission the Law Enforcement Branch provides plans, procedures, and training to local, state, and federal law enforcement organizations.

The Chief of the Law Enforcement Branch or his/her designee is the "State Coroner Mutual Aid Coordinator" custodian of the Coroners' Mutual Aid Plan and its companion documents. Responsibilities also include the point of contact for the coordination of inter-regional coroner mutual aid, state agency resource mutual aid application, out-of-state resource coordination (EMAC), and the use of federal resources in California.

Continued on next page

State Agencies' Roles and Responsibilities, Continued

 Agency		KEY MASS FATALITY SUPPORT FUNCTIONS												
		Incident Notification	On-Scene Investigation of Dead	Human Remains / Recovery	Decontamination of Remains	Transportation of Deceased	Temporary Storage	Temporary Field Morgue Operations	Victim Identification	Family Assistance Center	Personal Effects Management	Critical Incident Stress Debriefing	Coroners' Mutual Aid Coordination	Public Information/Education
Local County Coroner/Medical Examiner		P	P	P	P	P	P	P	P	P	P	P	P	P
STATE	Cal Fire (CA Dept. of Forestry & Fire Protection)				S						S			
	California Highway Patrol	S	S	S		S			S			S	S	
	California Military Department	S												
	Department of Consumer Affairs									S				
	Department of Education													
	Department of General Services						S	S		S				S
	Department of Public Health				S									S
	Department of Justice	S	S	S					S	S				S
	Department of Motor Vehicles								S					
	Office of Emergency Services	S										S, P	S	S
Office of Homeland Security	S											S	S	
FEDERAL	Centers for Disease Control and Prevention				S								S	
	Department of Defense				S									
	Department of Transportation					S	S	S						S
	Department of Veteran Affairs													
	DHS-Disaster Medical Assistance Team													
	DHS-Disaster Mortuary Operational Response Team			S			S	S	S	S	S			
	Emergency Management Assistance Compact											S		
	Environmental Protection Agency		S	S	S		S	S						
	Federal Bureau of Investigation		S, P*											
	DHS - Federal Emergency Management Agency	S												S
	International Critical Incident Stress Foundation									S	S		S	
	Interpol								S	S				
	National Transportation Safety Board		S	S					S	S				
	Salvation Army									S				S
	Urban Search & Rescue Response System			S										
PRIVATE	American Red Cross								S	S	S	S	S	
	California Dental Identification Team		S					S	S					
	California Funeral Directors Association						S	S	S	S		S	S	
	CA Law Enforcement Chaplains Association									S			S	

P = Primary Agency
 S = Support Agency
 * = Act of Terrorism FBI Lead Investigative Agency

Figure 8

Continued on next page

State Agencies' Roles and Responsibilities, Continued

**Governor's
Office of
Emergency
Services Law
Enforcement
Branch**
(continued)

In the event of a catastrophic mass fatality incident, the State Coroners' Mutual Aid Coordinator will establish a Coroners Mutual Aid "Special Operations Unit" at the State Operations Center. Throughout the Coroner/M.E. response to the incident, this special operations unit, led by the State Coroners Mutual Aid Coordinator, will maintain contact with the impacted jurisdiction, monitor the incident, coordinate mutual aid requests, and acts as liaison to federal and private organizations.

OES will coordinate with the State Offices of Homeland Security to develop and conduct exercises to validate this document and to enhance the State's response to mass fatality events.

**Office of
Homeland
Security**



The Governor's Office of Homeland Security (OHS), in the designated advisory role to the Governor and State Agencies, will collaborate with the diverse set of federal, state, local, private sector and Tribal entities to provide ongoing coordination in the support of the State of California Mass Fatality Management Concept of Operations.

OHS will encourage all recipients of State Homeland Security Grant and Urban Area Security Initiative grant program funding to work with our State partners, city or county representatives to develop projects and provide assistance in the procurement of necessary supplies and equipment, develop or enhance current local plans and incorporate training into exercises in support of the Mass Fatality Management and Disaster Mortuary Operational Response Teams.

Continued on next page

State Agencies' Roles and Responsibilities, Continued

Department of Public Health (CDPH)



Under the authority of the State Health and Safety Code Section 103490 (b), the State Registrar shall assist the Coroner/M.E. in the notification of spouses or next of kin.

The Department of Public Health (CDPH) will assist local government in assessing health hazards and ensuring compliance with health regulations.

The CDPH is responsible for ensuring observance of health regulations and policies. To assist in Coroner operations, CDPH will provide or assist in providing emergency supplies of death certificates, disposition forms, and training in their use.

The services of CDPH should be obtained by contacting the Office of Emergency Services.

Department of Justice (DOJ) Missing/ Unidentified Persons Section



The DOJ's Missing/Unidentified Persons Section (MUPS) maintains statewide files containing the physical characteristics, photographs, and dental records of missing and unidentified persons reported to DOJ by law enforcement agencies and county coroners in accordance with mandates contained in Penal Code Sections 14200-14251 and Health & Safety Code Section 102870. In the event of a mass disaster where there are believed to be missing persons or unidentified deceased persons, the MUPS can offer the following services to California law enforcement agencies and official emergency services agencies:

- ★ **Physical identification** - MUPS compares missing person reports against unidentified person reports, and vice versa, to determine if there are possible matches. Possible matches can be made from comparison of physical characteristics such as hair color, eye color, height and weight, or from comparison of other physical identifiers such as clothing, jewelry, scars or tattoos.
 - ★ **Dental identification** - MUPS classifies, indexes and compares missing person dental records against unidentified person dental records, and vice versa, to determine possible matches. If a possible match is made, the appropriate law enforcement and emergency services agencies are notified.
-

Continued on next page

State Agencies' Roles and Responsibilities, Continued

(continued)

- ★ **Database Searches** - MUPS possesses expertise regarding the operation of the National Crime Information Center's (NCIC) Missing and Unidentified Persons System. The NCIC MUPS contains information regarding missing and/or unidentified persons that is input by law enforcement agencies. MUPS staff can compare this information to locate missing persons and/or identify unidentified deceased persons. MUPS also makes inquiries into a variety of governmental and private databases to find information that may result in the location of missing persons. If any possible matches are made or any information is found, the appropriate law enforcement and emergency services agencies are notified.
-

DOJ Bureau of Forensic Services (BFS) Section



The California Department of Justice carries out the constitutional responsibilities of the Office of the Attorney General. The department works 24-hours a day to provide a wide range of support to state and local law enforcement agencies through forensic sciences, criminal investigation, intelligence and training. The Bureau of Forensic Services (BFS) is the scientific arm of the Attorney General's Office, whose mission is to assist the criminal justice system. The BFS maintains 10 full-service crime laboratories throughout California that provide the following forensic services.

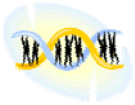
- ★ **Crime Scene Response** - BFS Scientists provide local law enforcement agencies with on-site investigative support. Full service crime laboratory analysis can be applied to any evidence collected (e.g., chemical analysis, toxicology, firearms examination, toolmark analysis, questioned document examination, etc.). Agencies are provided with reports explaining findings and disposition of evidence and offers expert testimony in court. In the event of a mass disaster, crime scene specialists can assist in the collection and analysis of forensic evidence and human remains. Services include:
 - ★ **Latent Prints** – Using state-of-the-art crime fighting tools and scientific methods BFS scientists assist in processing major crime scenes. Scientists search crime scenes and evidence for latent prints. In addition to standard black powder dusting methods, cyanocrylate fuming, fluorescent dyes, and high intensity lasers, and other chemicals are used to develop prints on difficult surfaces such as paper, Styrofoam, and duct tape. Sophisticated digital equipment is used to enhance the image quality of marginal latent prints and to document the evidence.
-

Continued on next page

State Agencies' Roles and Responsibilities, Continued

- (continued) Detailed reports are provided explaining examinations, comparisons, and disposition of latent print evidence. Offers expert testimony in court.
- ★ ***Questioned Documents*** – Scientists examine and compare questioned handwriting and printing on documents such as, threatening letters, anonymous notes, and robbery demand notes. Other examinations are conducted on inks, papers, computer printers, copiers, typewriters, ribbons, and charred documents. Evidence collected at crime scenes are examined and compared to known writings of possible suspects. Scientist use an electrostatic detection apparatus to make indented writings visible and a variety of infrared and ultraviolet light sources for differentiating inks. Detailed reports explaining examinations, comparisons, and disposition of evidence are provided to the client. Scientists provide expert testimony in court.
-

DOJ DNA Analysis



The BFS DNA Laboratory has significant expertise in the analysis of degraded human remains, and the statistical analysis of putative family relationships. DOJ has a strong working relationship with every Coroner/M.E. office in the state, as all are required to submit samples from unidentified persons for DNA analysis. DOJ assists law enforcement and criminal justice agencies investigating missing and unidentified persons through DNA analysis and data comparison. In event of a mass disaster DOJ personnel provide the following services to ensure identifications occur in a timely manner:

- ★ ***Sample Collection of Remains*** - Assist in the coordination, collection, documentation and submission of biological samples from unidentified remains for DNA analysis. Knowledge of the best samples available from partial, decomposed or otherwise compromised human remains can make the difference in the ability to utilize DNA for identification.
 - ★ ***Reference (Family Member) Sample Collection*** - Assist in the coordination, collection, documentation and submission of biological samples from family members of missing persons or personal articles belonging to the missing person for DNA analysis.
-

Continued on next page

State Agencies' Roles and Responsibilities, Continued

(continued)



- ★ ***Family Assistance Center Assistance*** – Provide staff and computerized mass fatalities DNA sample submission tracking system to assist in the Family Assistance Center to ensure proper collection and documentation of family reference samples. To provide the best opportunity for identification it is imperative that collection of biological samples from family members are collected in accordance with DOJ specifications.
- ★ ***DNA Collection Kits*** - Provide DNA collection kits for remains, personal articles from the missing and reference samples from family members of the missing.
- ★ ***DNA Analysis*** –Using state-of-the-art equipment, highly trained DNA scientists perform nuclear and mtDNA analysis and data comparison. Knowledge of the technical tools available for analysis, the inheritance of both sources of DNA (nuclear and mitochondrial) and the statistical weighting of putative matches is critical to making an appropriate comparison and drawing conclusions of identification. BFS also focuses on forensic applications of DNA by analyzing biological evidence seized by law enforcement in criminal cases. The laboratory has an established computerized DNA identification data bank to which evidence analysis results can be compared to identify unknown offenders involved in violent crime cases.
- ★ ***Examination and Findings Reports*** – Detailed reports are provided explaining examinations, comparisons, and disposition of biological evidence.
- ★ ***Court Testimony*** – DNA scientists provide expert testimony in court.
- ★ ***Media Support*** –DNA expert to provide consultation to Coroner/ME to questions from the media pertaining to the DNA methods used to assist in the identification of the victims.
- ★ ***Ongoing Support*** – On-going support of DNA services for the identification of unidentified persons.

Continued on next page

State Agencies' Roles and Responsibilities, Continued

Department of Motor Vehicles (DMV)



The California DMV's Information Service Branch will assist in the identification of deceased by providing photographs and thumbprints from its driver license records and vehicle/vessel ownership information from its vehicle registration files.

In addition, the DMV's Information Service Branch will provide assistance to law enforcement agencies during emergencies by performing the following searches:

- ★ ***VR Law Search*** – A work order processes the search for vehicle/vessel records using a variety of information including the partial license plate number, partial VIN number, and vehicle makes, year, and models.
- ★ ***DL Law Search*** – Searches on name, partial name, height, weight, color of hair, color of eyes, age, sex, county, etc.
- ★ ***DL/ID Card Address Search*** – Provides all the names of individuals residing at a specific address as indicated on a DL/ID card.
- ★ ***VR or DL ANI Search*** – Provides a cross-reference between a driver's name and DL/ID card number or between a registered owner name and vehicle registration.
- ★ ***ANI Edit*** – Provides a list of names when ANI response or when 16 or more records match the criteria.

The Registration Automation Development Section will perform the following searches:

- ★ ***VR Name File Pass*** – Provides vehicle description and address information pertaining to a specific name.
- ★ ***VR Address File Pass*** – Provides vehicle description and name pertaining to a specific address

The Driver License Automation Development Section will perform the following search:

- ★ ***Journal Search*** – Provides information concerning all inquiries, updates, requests, and responses from the VR, DL, and ANI journal tapes.

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State Agencies' Roles and Responsibilities, Continued

California Military Department



The State Military Department, when authorized by the Governor and requested through OES, may provide personnel and equipment necessary for collection, identification, transportation, and storage of the deceased, as well as a variety of requested support services.

California National Guard (CNG)



The State Military Department will assist civil authority to discharge lawful responsibilities by performing tasks which are not limited to the protection of life and property, search and rescue, and general logistics.

The Governor, through his Office of Emergency Services, will commit the State Military Department resources in support of local authority under Sections 143 and 146 of the Military and Veterans Code and only upon determination that emergency or highly perilous conditions exist or are imminent.

The State Military Department will support, not supplant, local authorities and will terminate their support at the earliest practical time.

Where military resources are deployed, a military liaison will co-locate with the Incident Commander at the Incident Command Post. Military support will, at all times, remain under the military chain of command. Support may be obtained by officials of local government making a request through the Office of Emergency Services when a disaster or emergency is, or is about to be, beyond the capabilities of local government and all mutual aid resources have been exhausted.

Department of General Services



In the event of a catastrophic mass fatality there may be a strain on existing equipment and facilities. While Coroner/M.E.s and local government work to meet the resource needs of their incident, it may be expedient and/or necessary for the state to assist in obtaining needed supplies and identifying specific facilities to support mass fatality management operations. The State Department of General Services (DGS) assists state agencies procure materials, supplies, and equipment.

Continued on next page

State Agencies' Roles and Responsibilities, Continued

**Department of
General
Services
(continued)**



Furthermore, DGS, per their Administrative Order contained in the State Emergency Plan with OES, can provide the following with regard to medical/equipment/facility supply support:

- ★ Assists state agencies procure materials, supplies, and equipment, including any medical supplies needed in areas affected by the emergency.
- ★ Maintains a list of state facilities and their potential uses to meet emergency requirements
- ★ Maintains lists of qualified contractors and source of equipment, other than heavy engineering contractors and equipment.
- ★ Develop contingency contracts for procurement of services, materials, and supplies.
- ★ In coordination with OES, prepares facility plans such as mobilization centers, disaster support areas or staging areas, shelters, and regional evacuation points.
- ★ Expedite review of contracts that pertain to emergency operations, exempting such contracts from review when proper to do so.

In-State Professional Resources and Associations

Introduction

A mass fatality incident of catastrophic proportions will tax the existing personnel and resources of the 58 county coroners and medical examiners. Unmet resource deficiencies unavailable at the local, state, and federal government level will likely be filled by private and professional resources. Because of the grim and unique aspects of recovering and managing deceased victims of disasters, it is imperative that “other” non-governmental resources be identified and partnerships developed to add capacity and capability to the current Coroners’ Mutual Aid System. Many of the organizations listed below have already established agreements and have previous experience in working with the coroners and medical examiners. The state should continue to pursue and cultivate partnerships with non-governmental and private organizations to strengthen California’s mass fatality response.

California State Coroners’ Association



The California State Coroners’ Association will coordinate with law enforcement and abide by the Coroners’ Mutual Aid Plan. The association is committed to the exchange of information, expertise, training, and disaster preparation.

The Coroners’ Association has established a mutual aid committee which maintains close coordination with the Office of Emergency Services, Law Enforcement Branch.

California State Sheriffs’ Association



Due to the significant number of the Sheriff/Coroners in California, the California State Sheriffs’ Association (CSSA) maintains a coroners committee and representative Sheriff/Coroner to be the committee chairperson and liaison to the State Coroners and their professional association. In addition, the CSSA Coroner’s Representative maintains a liaison with the State Office of Emergency Services, Law Enforcement Branch and the California State Coroner’s Association.

Continued on next page

In-State Professional Resources and Associations, Continued

California Law Enforcement Chaplains Association (CLECA)

The California Law Enforcement Chaplains Association (CLECA) purpose is to help coordinate law enforcement chaplain responses in the State of California during times of major disasters and/or events which require a significant response. The purpose of this organization is not for training, screening, development, or qualification, but rather to assist in the coordination of resource to expedite the process of lining up chaplains in any part of California during times of crisis.

The California Law Enforcement Chaplains Association (CLECA) works in conjunction with the International Conference of Police Chaplains (ICPC), whose Region 6 Director, is Senior Chaplain Mindi Russell of the Law Enforcement Chaplaincy – Sacramento. The mission of the CLECA Team is to respond to calls from other Chaplaincies, Police Chiefs, Sheriffs, or other law enforcement executives for assistance. Some of the assistance but limited to are:

- ★ Law enforcement death,
- ★ Assist with any or all of the unique details surrounding a Law officer on-duty death,
- ★ Official functions
- ★ Mutual aid in emergencies and non-emergencies.

The Regional 6 Director notifies CLECA chaplains. The Chaplains available and nearest to the specified location are then contacted with the department's contact information. The department relays the need, and if chaplain assistance is requested, the chaplain responds to assist the department and/or family as needed.

The CLECA is a significant benefit to the State of California. In the event of natural disasters (such as major traffic incidents, extensive fires, earthquakes, flooding, and tornadoes) or terrorist acts, trained law enforcement chaplains are available to respond to help in time of need.

In-State Professional Resources and Associations, Continued

California Dental Identification Team (CalDIT)

CalDIT

The California Dental Identification Team (CalDIT) provides support to a jurisdiction that may be overwhelmed during a mass disaster involving a large number of deceased persons. In all cases, CalDIT serves at the pleasure of the local Coroner or Medical Examiner and serves to support the forensic odontologist that serves that area.

California is fortunate to have more forensic odontologists than any other state in the nation. Most have served local law enforcement agencies and Coroner/M.E.s' in their local area assisting in dental identification of deceased persons who cannot be identified by other means.

The State Office of Emergency Services, Law Enforcement Branch, has incorporated CalDIT into the Coroners' Mutual Aid Plan. CalDIT is considered a coroner mutual aid resource in the event of a mass fatality disaster that may require a large volume of dental identifications. CalDIT will be activated by OES under an MOU as Disaster Service Workers upon request by the local Coroner/M.E.

CalDIT is organized into the following sections:

1. Administration Section
2. "GO TEAM" Section
3. Body Recovery Section
4. Antemortem Section
5. Postmortem Section
6. Comparison Section
7. Team Support Section

The composition of each section will vary depending upon the magnitude of the mass fatality incident. In all cases, an experienced forensic odontologist will be the leader of each section. In addition, trained forensic odontologist will work at a minimum in pairs in the Antemortem, Postmortem, and Comparison Sections. Additional support personnel such as dentists, dental hygienists, and dental assistants may serve at the discretion of the Director after consultation with the local forensic odontologist.

Continued on next page

In-State Professional Resources and Associations, Continued

California Funeral Directors Association



California Funeral Directors Association (CFDA) is comprised of more than 575 locally owned and corporately owned funeral homes throughout the State of California.

CFDA has the leadership and resources available to facilitate coordination and communication through our membership network which is comprised of 75% of the funeral home licensees to respond to a mass fatality anywhere in California.

CFDA has the ability to provide resources through OES to local, county, state and federal agencies by coordinating with local embalmers and funeral directors to provide resources including human remains recovery, transportation, and preservation of human remains, Family Assistance Centers and Final Disposition or Repatriation.

Forensic Fire Death Course (SLOFIST)

SLOFIST is a non-profit training organization based in San Luis Obispo California. The organization conducts extremely high quality training in the investigation of fire deaths including identification and recovery of remains. The organization is not a government agency which prevents them from being mission tasked as a mutual aid resource but they maintain an e-mail list of graduates, many of which are employed by a government agency in California. SLOFIST has agreed to forward any request for fire death investigators to prior students to determine if any are available to assist.

CSU Chico

The California State University at Chico has a robust forensic anthropology program, which includes the Human Identification Lab. Staff and students from CSU Chico have provided extensive support in the identification and recovery of human remains.

Federal Agencies Roles and Responsibilities

Introduction

Federal government resources will be requested to provide supplemental assistance when the consequences of the mass fatality incident exceed the capacity and capability of the Coroners' Mutual Aid System. There may be some special circumstances where specific federal resources, e.g., DMORT, may be requested and activated prior to exhausting local and state Coroner/M.E. resources. Also, in the event of an act of terrorism, the FBI will deploy and lead the criminal investigation.

A catastrophic mass fatality event will undoubtedly trigger disaster declarations at the state and federal level. A federal declaration will mobilize an array of resources to support state and local response and recovery efforts. Under the guidelines of the National Response Framework (NRF) and the National Incident Management System (NIMS), federal agencies deployed to California will integrate into the SEMS system and support the impacted Coroner/M.E. and the Coroners' Mutual Aid System. The federal Joint Field Office (JFO) will be the main operational coordination facility for personnel not responding to an on-scene mission.

Department of Homeland Security – Federal Emergency Management Agency (FEMA)



Under Section 401 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, (P.L. 93-288 as amended by P.L. 100-707), all requests for a declaration by the President that a major disaster exists shall be made by the Governor of the affected State. Such a request shall be based on a finding that the disaster is of such severity and magnitude that effective response is beyond the capabilities of the state and the affected local governments and the federal assistance is necessary. As part of such request, and as a prerequisite to major disaster assistance under this Act, the Governor shall take appropriate response action under state law and direct execution of the state's emergency plan. The Governor shall furnish information on the nature and amount of state and local resources which have been or will be committed to alleviate the results of the disaster, and shall certify that, for the current disaster, state and local government obligations and expenditures (state commitments must be of significant proportion) will comply with all applicable cost-sharing requirements of this Act. Based on this request, the President may declare that a major disaster or emergency exists.

Source: Capstone Document

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Federal Agencies Roles and Responsibilities, Continued

**Department of
Health and
Human
Services,
NDMS,
DMORT**



The Department of Health and Human Services (HHS) draws resources to support Emergency Support Function (ESF) #8 from the National Disaster Medical System (NDMS), a Nationwide medical mutual-aid network between the federal and non-federal sectors. Within NDMS is the Disaster Mortuary Operational Response Team (DMORT), an organized team with the experience and expertise to manage large numbers of fatalities. There is one team for each of the 10 federal regions in the United States. The teams are comprised of private citizens with expertise in victim identification and mortuary procedures. When they are activated for a disaster, the teams respond as a federal asset. Under the authority of the local jurisdiction, DMORT does the following:

- ★ Provide a mobile morgue
- ★ Perform autopsies
- ★ Performs identification of remains by fingerprint, forensic dental and/or forensic pathology/anthropology methods.
- ★ Performs tracking of remains
- ★ Assists in DNA retrieval
- ★ Establishes and assists in operating an FAC
- ★ Provides ante-mortem data collection
- ★ Prepares remains for final disposition (with the exception of cremation)

Source: Capstone Document

**Department of
Health and
Human
Services,
NDMS,
DMORT**
(continued)

DMORT does not establish command and control over the fatality management operation; the Coroner/M.E. maintains responsibility to recover remains, as well as determine cause and manner of death and sign all death certificates. Each jurisdiction should have a system that is flexible enough to effectively incorporate DMORT's personnel and resources, but should not rely on DMORT as the sole asset for managing a disaster.

DMORT has one WMD team for the Nation that is capable of decontaminating chemically contaminated remains and monitoring the remains' level of contamination. Once remains have been decontaminated, they can be transferred to the traditional DMORT team for further processing if necessary.

The local Coroner/M.E. should consider consulting with his or her DMORT leadership to understand how DMORT can best fit into his or her jurisdiction's response plan. The DMORT Regional Commander is familiar with how resources can be used and how efforts can be funded. California is in DMORT Region IX. Please refer to www.dmort9.org for more specific information.

Continued on next page

Federal Agencies Roles and Responsibilities, Continued

Department of Health and Human Services, NDMS, DMORT
(continued)



- ★ The DMORT team supports the local medico-legal authority by providing expertise, personnel, supplies, and equipment. The responsibility for assigning the cause and manner of death, signing the death certificates, and death notification remain with the local authority. All records created by DMORT should be left with the local authority. DMORT should provide identification reports and a computer program documenting the information collected during their response.
- ★ The DMORT family assistance center (FAC) team assists in the organization and operation of the FAC.

If a DMORT team member is activated from your agency to work at a disaster, that employee may present you with a copy of his or her travel orders as proof of activation.

Source: Capstone Document

Federal Bureau of Investigation



The Federal Bureau of Investigation (FBI) is the lead investigating agency for any credible threat or other situation that could potentially threaten the public. It is likely that the FBI will investigate all WMD incidents to determine if a situation involves domestic terrorism. In WMD incidents, the FBI should obtain as much evidence as possible, including evidence gathered from remains. The Coroner/M.E. and the FBI should consider working together, as one agency processes remains for evidence and the other processes the scene for evidence. In certain incidents, the Coroner/M.E. and FBI personnel may need to share the same location to perform their tasks. Cooperation between these two agencies will enhance their ability to process remains and gather evidence.

The FBI may assist at any time, free of cost on an approved request for assistance.

Source: Capstone Document

Continued on next page

Federal Agencies Roles and Responsibilities, Continued

Federal Bureau of Investigation (continued)



Title 28 of the Code of Federal Regulations, Section 0.85P(b), authorizes the Director of the Federal Bureau of Investigation (FBI) to provide identification assistance in disasters and for other humanitarian purposes, subject to the general supervision of the Attorney General, as part of the U. S. Department of Justice.

Since 1940, the FBI Disaster Squad has provided fingerprint specialists for assistance in printing the deceased at disaster scenes, assistance in collecting antemortem fingerprints of victims, and assistance in identifying friction ridge skin of the deceased. Under certain conditions the Disaster Squad may aid local officials in identifying human physical characteristics and characteristics of jewelry belonging to the unknown deceased persons. Additionally, each FBI field division has an Evidence Response Team (ERT). ERT members process crime scenes and work mass disasters.

The FBI Disaster Squad is part of the FBI's Laboratory Division, currently located at Quantico, Virginia, and is part of the Latent Print Support Unit.

Deployment of the FBI's Disaster Squad requires consent from the disaster scene coroner or medical examiner, a ranking law enforcement or government official, a representative of the National Transportation Safety Board, or a representative of the U.S. Department of State.

Requests for assistance must be made through the nearest FBI field office, or the FBI's Strategic Information and Operations Center (SIOC) at (202) 323-3300 twenty-four hours per day.

Source: Capstone Document



The Emergency Management Assistance Compact (EMAC) was established in 1996. EMAC is administered by the National Emergency Management Association (NEMA). EMAC is a congressionally ratified organization that provides form and structure to interstate mutual aid. Through EMAC, a disaster impacted state can request and receive assistance from other member states quickly and efficiently. The EMAC system resolves upfront: liability and reimbursement issues. (www.emacweb.org).

Federal Supporting Agencies

**Department of
Homeland
Security's
National
DMAT**

The NDMS's Disaster Medical Assistance Teams (DMATs) are another asset within DHS. There are over 40 DMATs located in the 10 U.S. federal regions. DMATs deploy to disaster sites with sufficient supplies to sustain themselves for 72 hours while providing medical care at a fixed or temporary medical site. Their responsibilities include triaging patients, providing basic medical care, and preparing patients for evacuation. In other situations, DMATs may provide primary health care and/or augment overburdened local health care staff. Under the rare circumstance that disaster victims are evacuated to a different locale to receive definitive medical care, DMATs may be activated to support patient reception and disposition of patients to hospitals. DMATs are a rapid-response element to supplement local medical care until other federal or contract resources can be mobilized. Though these teams are primarily intended to medically support casualties, they may also be able to support Coroner/M.E. in other ways; for example, if a DMAT is available, it could help evaluate Coroner/M.E. personnel who enter and exit the disaster incident site. DMATs accustomed to decontaminating non-ambulatory casualties may be able to help the Coroner/M.E. prepare for decontaminating chemically contaminated remains by providing decontamination equipment and consultation.

Source: Capstone Document

**Department of
Homeland
Security
Nuclear
Incident
Support Teams**

Though this document does not directly focus on the response measures associated with radiological material or nuclear devices, the Coroner/M.E. may require the assistance of the DHS Nuclear Incident Support Teams: the Nuclear Emergency Search Team (NEST), the Radiological Emergency Response Team, and/or the Radiological Assistance Program. As part of the DHS, these teams provide advice and assistance in handling and disposing of radiologically contaminated remains.

Source: Capstone Document

Continued on next page

Federal Supporting Agencies, Continued

Department of Health and Human Services Center for Disease Control and Prevention

The Centers for Disease Control and Prevention (CDC), an agency within the Department of Health and Human Services (HHS), can provide consultation regarding disease epidemiology. The local Coroner/M.E. may need the CDC's assistance in cases involving biologically contaminated remains. The CDC can help the local jurisdiction diagnose biological agents and provide bio-safety and infection control information. It may also be able to provide laboratory assistance for evidence analysis.

Source: Capstone Document

Department of Health and Human Services Center for Disease Control and Prevention
(continued)

The CDC also houses the Medical Examiner and Coroner Information Sharing Program (MECISP). The MECISP was developed to improve the quality of death investigations in the United States and to promote the use of standardized policies for conducting investigations. The program primarily serves to facilitate communication among death investigators and interested groups, improve dissemination of information on investigated deaths, and promote sharing and use of Coroner/M.E. death investigation data.

Source: Capstone Document

Environmental Protection Agency



The Environmental Protection Agency (EPA) may assist federal health and medical response operations by providing technical assistance and environmental information. The Coroner/M.E. may need EPA's assistance to perform environmental assessments when processing chemically contaminated remains.

Source: Capstone Document

Department of Transportation



The Coroner/M.E. may need the Department of Transportation (DOT) to identify and arrange for all types of transportation (air, rail, marine, and motor vehicle). The DOT may also have refrigerated transportation assets that can be used as temporary storage units; however, it may not have access to an unlimited supply.

Source: Capstone Document

Continued on next page

Federal Supporting Agencies, Continued

American Red Cross



The American Red Cross is a non-governmental organization (NGO) included in the National Response Framework (NRF). Traditionally, the American Red Cross contributes to an event by providing general support, such as food, shelter, and first aid to victims and disaster relief workers. The American Red Cross is the only NGO designated as the lead Primary Agency under the NRF for ESF #6 – Mass Care. This involves coordination of federal resources in support of mass care activities at the State and local level during major disasters. These services include shelter, food, and bulk distribution of needed items, among other activities. The American Red Cross is a designated Support Agency under the NRF to ESF #8. It provides basic first aid; referral to appropriate medical care facilities; augmentation of medical staff; supportive counseling to victims, their families, and emergency responders; and organization of blood services/products in coordination with the American Association of Blood Banks and the HHS. Local American Red Cross capabilities focus primarily on mass care activities; however, chapters may also be able to provide local disaster volunteers to perform administrative duties. Chapters may also take the lead in establishing FACs. The Coroner/M.E. should consider developing a plan with his or her local American Red Cross chapter to determine specific areas where it can support fatality management operations.

Source: Capstone Document

Agency for International Development, Office of Foreign Disaster Assistance

In mass fatality situations, the Coroner/M.E. may need to process numerous foreign nationals. The Agency for International Development may be able to assist in contacting a deceased foreigner's family through the appropriate embassy.

Source: Capstone Document

Urban Search & Rescue Response System



FEMA is the primary agency that oversees the Urban Search and Rescue (US&R) Response System. The US&R system provides specialized lifesaving assistance to State and local authorities in a major disaster or emergency. The national system is made up of more than 5,000 individuals in 27 task forces. Each task force is composed of 62 individuals and can be broken into five teams. These teams maintain 24-hour operations to search for living casualties. Though the mission of the US&R teams is to rescue the living, often its work involves recovering the deceased.

Continued on next page

Federal Supporting Agencies, Continued

**Urban Search
& Rescue
Response
System**
(continued)

The Coroner/M.E. should consider coordinating recovery efforts with this team's rescue efforts, since the team will likely know of the environmental hazards associated with the disaster site. Additionally, US&R may be able to provide some support during the recovery of remains, as well as consultation regarding probable locations of remains.

Source: Capstone Document

**Department of
Veteran Affairs**



The Department of Veterans Affairs (VA) provides assistance in managing human remains, including victim identification and disposition. The VA may be able to provide a small contingent of non-mortuary affairs specific assets, such as dentists, radiological technicians, and some medical supplies through its medical centers. Though the mission of the VA is to provide for the needs of veterans, it may be able to provide mortuary assistance with the use of VA cemeteries, or help to prepare new areas as cemeteries.

Source: Capstone Document

**Department of
Justice, Office
of Justice
Programs,
Office for
Victim
Assistance**

The Office for Victim Assistance (OVA) in the FBI coordinates assistance to victims of terrorism, criminal aviation disasters, and other mass casualty federal crimes on behalf of the FBI. The OVA can send a rapid deployment team of specially trained Victim Specialists to coordinate or assist with victim assistance. Through its Terrorism and International Victims Unit, the program supports victims of terrorism both in the United States and abroad and responds to the challenges WMD incidents pose for victims of such terrorist attacks.

Source: Capstone Document

**Department of
Defense**



The DoD will provide military support to civil authorities during all aspects of a disaster (as specified in the NRF, DoD Directives 3025.15 and 2000.12, and the Chairman Joint Chiefs of Staff CONPLAN 0300-97). Upon the approval of the Secretary of Defense, the DoD will support the Lead Federal Agency (LFA) and/or the primary agencies as appropriate.

Continued on next page

Federal Supporting Agencies, Continued

Department of Defense
(continued)



Under ESF #8, the DoD is to specifically assist civil authorities with victim identification and mortuary service. The DoD's Director of Military Support (DOMS) and the Joint Task Force-Civil Support (JTF-CS) coordinate military support to civil authorities. DOMS represents the DoD's executive agent, the Secretary of the Army, for providing military assistance to civil authorities. Based on the magnitude and type of disaster, and the anticipated level of resource involvement, DOMS may establish a Joint Task Force (JTF) or a Response Task Force to consolidate and manage military activities. Both task forces are temporary, multi-service organizations created to support consequence management response efforts to a major natural or manmade disaster or emergency.

In 1999, the Commander in Chief of the U.S. Joint Forces Command activated JTF-CS to manage military assets in civil disasters and to establish command of designated DoD forces. JTF-CS focuses on CBRNE incidents and will deploy a command and control element to support the LFA. Management of human remains is one of JTF-CS's primary tasks when called upon to coordinate military assets in a WMD incident.

The DoD's 54th, 311th, and 246th Quartermaster Companies; the Armed Forces Institute of pathology; the Office of the Armed Forces Medical Examiner; the Dover Port Mortuary; and the Armed Forces DNA Identification Laboratory have a key role in mortuary affairs. The 54th Quartermaster Company is the only active mortuary affairs unit; one of its primary missions is supporting mass fatality operations. The two other Army mortuary affairs units, the 246th and 311th, are also capable of performing fatality management operations; however, since they are both reserve units, they require sufficient time to mobilize and travel.

The Armed Forces Institute of Pathology (AFIP) is a tri-service agency (Army, Navy, and Air Force) with a threefold mission of consultation, education, and research. Within AFIP are 22 subspecialty departments with more than 120 pathologists and odontologists. The Office of the Armed Forces Medical Examiner (OAFME) and the Armed Forces DNA Identification Laboratory (AFDIL) specifically support fatality management efforts.

Continued on next page

Federal Supporting Agencies, Continued

Department of Defense
(continued)



Congress established the OAFME in 1988 to investigate the deaths of military personnel. In 1991, the OAFME was further authorized to investigate all deaths that occurred on federal property, to hold secondary investigations of military personnel and dependents, and to support requests for assistance by other federal agencies (10 U.S. Code 1471).

The OAFME has a mobile team equipped with enough disposable resources to process 1,000 remains; however, it must rely on local assets for support staff and other accommodations, as it does not have a mobile morgue

The OAFME identified the remains from the Pentagon and supported identifying remains from United Airlines Flight 93, which crashed near Shanksville in Somerset County PA, after the September 11, 2001, attacks.

When there are large numbers of remains, the Armed Forces Medical Examiner (AFME) processes them at the Dover Port Mortuary at Dover Air Force Base (AFB), DE. This mortuary has the capacity to process hundreds of remains and has a surge capacity to accommodate even larger numbers. There are limitations; personnel assigned to Dover are not fully prepared to manage contaminated remains.

Also within AFIP is the DoD's AFDIL. In 1991, the DoD established policies for the use of DNA analysis in the identification of remains, particularly when traditional identification methods were not possible. AFDIL has extensive experience identifying decomposed remains and has supported many efforts to identify service members from the Vietnam War, the Korean War, and the World War II.

Other military assets that can support limited aspects of fatality management include the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID), the U.S. Army Medical Research Institute of Chemical Defense (USAMRICD), the U.S. Army Technical Escort Unit (TEU), and the U.S. Marine Corps' Chemical Biological Incident Response Force (CBIRF).

Continued on next page

Federal Supporting Agencies, Continued

Department of Defense
(continued)



USAMRIID is the DoD's lead laboratory for medical aspects of biological warfare defense. In addition to developing vaccines, drugs, and diagnostics for laboratory and field use, USAMRIID formulates strategies, information, procedures, and training programs for medical defense against biological threats. Within the USAMRIID is one of the Nation's two Bio-Safety Level 4 (BSL 4) laboratories, where scientists study the most infectious diseases. It is the only laboratory capable of accommodating autopsies in the BSL 4 environment. Currently, it is used to study human primates. Although USAMRIID does not have a specific role in fatality management, it does provide consultation for other agencies/departments when a situation involves biological warfare agents.

USAMRICD focuses on chemical agents; its mission is to develop medical countermeasures to chemical warfare agents and to train medical personnel in the medical management of chemical casualties. USAMRICD can trace its origin to World War I, when the United States first encountered chemical agent warfare. Although USAMRICD is a research institute without a response team, where an incident involves the use of chemical weapons, USAMRICD can provide information regarding chemical agents and the inherent risks associated with exposure to them.

In addition to consultation, the DoD has technical assistance teams with chemical and biological expertise, like the TEU, which provides worldwide response for mitigating hazards and identifying weaponized and non-weaponized chemical and biological HazMat. TEU is capable of escorting, packaging, detecting, monitoring, rendering-safe, disposing of, and sampling chemical and biological agents. TEU may be able to provide consultation and perform limited tasks that support fatality management operations.

SBIRF is a task-organized, self-sustaining unit consisting of approximately 275 marines and sailors from a variety of military occupational specialties. CBIRF elements provide chemical/biological agent detection and identification, hazard prediction, advanced lifesaving and triage, evaluation of victims from contaminated areas, decontamination, incident site management, and security as authorized. CBIRF is a consequence management force highly

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Federal Supporting Agencies, Continued

Department of Defense
(continued)



trained for short-notice response to terrorist-initiated chemical and biological incidents; however, CBIRF is most effective when it is deployed to events that are considered possible targets before an incident occurs. Although the mission of CBIRF is to assist the living, it may be able to support local Coroner/M.E. efforts with managing chemical, biological, radioactive, nuclear and high-yield explosives (CBRNE) contaminated human remains.

Even though military fatality management assets are limited, other military resources would be available to provide general support (e.g., personnel to handle remains, non-refrigeration transportation assets, HRP, hoses, and caskets). In WMD cases, the military is also able to assist civilians in some contaminated environments, as its personnel are accustomed to performing tasks while wearing Mission-Oriented Protective Posture (MOPP) ensembles. Although this PPE differs from what civilians use and from the Occupational and Safety Health Administration (OSHA) endorses MOPP 4 is similar to Level C PPE. The military also has resources that can accommodate situations requiring Level A or B PPE; however, these resources may be allocated for other aspects of the response effort.

Source: Capstone Document

Supporting Agencies Other Than Those Listed in the National Response Framework

Introduction

In addition to the government agencies outlined in the NRF, Coroner/M.E. can look for general support in other government organizations designed to assist disaster relief efforts, such as the Office of Transportation Disaster Assistance (OTDA), Interpol, the Salvation Army, and the International Critical Incident Stress Foundation (ICISF). Many other national and international professional organizations may also be able to aid fatality management efforts.

National Transportation Safety Board's Office of Transportation Disaster Assistance



The National Transportation Safety Board (NTSB) is an independent federal agency charged by Congress with investigating every civil aviation accident in the United States., as well as any significant railroad, highway, marine, or pipeline accident (40 Code of Federal Regulations {CFR} Chapter VIII). The Board issues safety recommendations aimed at preventing future accidents.

One component of the NTSB is the OTDA, formerly known as the Office of Family Affairs. In 1996, this office was assigned the role of integrating the resources of the federal government with those of the local and State authorities and airlines to meet the needs of aviation disaster victims and their families. In July 2002, NTSB changed the name to better reflect the broad range of the office's duties and the extension of its services to all modes of transportation. During a major transportation disaster, the OTDA would provide family/victim support coordination, FACs, forensic services, communication with foreign governments, and interagency coordination between communities and commercial carriers. The Coroner/M.E. should include the services of OTDA in his or her disaster plans involving transportation carriers.

Source: Capstone Document

Interpol



The mission of Interpol is to ensure and promote the widest possible mutual aid assistance between all criminal police authorities within the limits of laws existing in different countries and in the spirit of the Universal Declaration of Human Rights.

During a mass fatality incident, Interpol can provide assistance by identifying victims and their loved ones around the world. It has developed a Disaster Victim Identification Guide to assist law enforcement and Coroner/M.E. in identifying live victims and the deceased.

Continued on next page

Supporting Agencies Other Than Those Listed in the National Response Framework, Continued

Interpol (continued)



The guide provides forms and recommends what information an agency should gather, particularly when data concerning a known missing person or any unknown deceased person is to be forwarded to another country. Interpol maintains international databases, included an international fingerprint database. These databases may be able to assist personnel in matching ante-mortem and post-mortem data. During the WTC incident of September 11, 2001, with the use of Interpol's database, New York city authorities were able to identify the remains of many foreign nationals who worked at the WTC, as well as identify fraudulent death certificates for persons living outside the country.

Source: Capstone Document

The Salvation Army



The purpose of the Salvation Army is to care for the poor, feed the hungry, clothe the naked, love the unlovable, and befriend the friendless. This dedication has produced an international network of helpful ministries. Among its many ministries, the Salvation Army is able to provide disaster relief services, such as shelter for the homeless, mobile and congregate distribution of food and basic commodities, identification/registration of families, financial assistance, and spiritual counseling.

The Salvation Army has disaster response teams managed by commissioned officers and trained personnel. Additional volunteers are on call to serve at all types of disasters.

The Salvation Army typically focuses its disaster relief efforts on aiding emergency response workers and those most directly affected by the incident; for example, throughout Columbia Space Shuttle disaster, the Salvation Army dispatched personnel and canteen vehicles to provide counseling and relief to those directly involved in search for debris from the spacecraft.

Continued on next page

Supporting Agencies Other Than Those Listed in the National Response Framework, Continued

The Salvation Army (continued)



During the WTC incident of September 11, 2001, the Salvation Army named its response effort “Operation Compassion Under Fire.” The Salvation Army provided support at Ground Zero until May 30, when authorities officially concluded the recovery operation. The Salvation Army continued to support personnel assigned to the New York City Office of Chief Medical Examiner (NYCOCME) office and the Staten Island Fresh Kill landfill operation through June 2002. Although relief operations throughout New York City ended in June 2002, the Salvation Army, through its Family Assistance Program, continues to help families directly impacted by the disaster.

Source: Capstone Document

ICISF



The International Critical Incident Stress Foundation, Inc. (ICISF) is a nonprofit, open-membership foundation dedicated to the prevention and mitigation of disabling stress. ICISF focuses on Critical Incident Stress Management (CISM), crisis intervention, suicide prevention, and the treatment of trauma-related syndromes. With on-scene consultations to first responders and consultations post-deployment, ICISF provides CISM training to emergency planners before an incident occurs. Through ICISF concentrates on first responders, it can assist other mental health professionals who seek to help victims and their families. The ICISF has volunteer CISM teams located worldwide with 501 U.S. teams and 66 international teams.

During the WTC incident of September 11, 2001, the New York City Police Department (NYPD) requested the support of ICISF’s CISM teams. The ICISF responded and coordinated more than 150 teams to dedicate support for several months after rescue efforts had ceased. Three teams were assigned to provide continual support to responders at the incident site. Members were rotated during their deployment, spending five days on scene and two days at other locations.

If an incident is so large that the local CISM team is unable to handle the response, the team should call the ICISF for support.

Source: Capstone Document

APPENDICES

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APPENDIX A

STATE MASS FATALITY MANAGEMENT PLANNING COMMITTEE



Appendix A – State Mass Fatality Management Planning Committee

PROPOSAL TO ESTABLISH THE:

STATE MASS FATALITY MANAGEMENT PLANNING COMMITTEE



ROBERT GERBER, DEPUTY CHIEF
OFFICE OF EMERGENCY SERVICES
LAW ENFORCEMENT BRANCH

Continued on next page

State Mass Fatality Management Planning Committee, Continued



STATE OF CALIFORNIA MASS FATALITY MANAGEMENT PLANNING COMMITTEE



Chairman: Robert Gerber
Executive Secretary: Kimberly Lorenz

Background

The care and management of the dead as a result of a catastrophe is one of the most difficult aspects of disaster response and recovery operations. California has experienced several disasters over the last century, but none that has overwhelmed the capacity of the local Coroner and Medical Examiner authorities to care for the deceased victims. California's natural disaster vulnerability, added to the increasing possibility of terrorism within its borders, could produce mass fatalities that may require the State to significantly support the local government efforts of fatality management.

The Office of Emergency Services (OES), Law Enforcement Branch, in its role as the State Coroners' Mutual Aid Coordinator established the State Mass Fatality Management Planning Committee in October of 2006 to address state level preparedness, response, and recovery issues pertaining to mass fatality management in the event of a catastrophic disaster.

Authority

The State Mass Fatality Management Planning Committee was established under the authority of Article 6, Section 8591 of the California Emergency Services Act. This section provides for the Director of the OES to establish "advisory committees" for the purpose of addressing and carrying out emergency preparedness, response, and recovery activities.

Purpose

The purpose of the State Mass Fatality Management Planning Committee is to provide a forum to identify and address state agency roles and responsibilities in a catastrophic mass fatality incident; and, to aid in the development and maintenance of a document describing the state's mass fatality organization and functional role. Furthermore, the purpose of the committee is to forge alliances with public, private, and volunteer organizations in order to enhance mass fatality response and recovery activities.

Continued on next page

State Mass Fatality Management Planning Committee, Continued

Scope The State Mass Fatality Management Planning Committee will act as a multi-disciplined organization, which, through a collaborative process, will work to enhance and strengthen the state's ability and capacity to support the important and necessary functions of recovering, identification, and the final disposition of deceased victims of catastrophic mass fatality disasters.

Objectives In its mission to enhance and strengthen mass fatality management in California, the Committee is guided by the following objectives:

1. Provide a forum for state, local, federal, private, and professional associations to exchange information and best practices.
2. Identify and define state agencies, and other organizations, roles and resources to support state and local government.
3. Assist in the development and maintenance of *The California Mass Fatality Management Guide: A Supplement to the State of California's Coroners Mutual Aid Plan*.
4. Recommend/initiate needed state policy or regulatory changes.
5. Recognize and ensure that State Mass Fatality Management Planning Committee documents and actions are consistent and compatible with the Standardized Emergency Management Systems (SEMS), and National Incident Management System (NIMS). Furthermore, Committee products should be in unison with the State Emergency Plan and the National Response Plan.
6. Promote and encourage increased emphasis in planning, training, and exercising.

Structure The State Mass Fatality Management Planning Committee is a multi-disciplined group of primarily state agency representatives in addition to members from local, federal, private, and professional associations. The principal committee is chaired by the OES Law Enforcement Branch, State Coroners' Mutual Aid Coordinator. The Executive Secretary will also be from the OES Law Enforcement Branch. The committee meets on a quarterly basis for formal activities, maintains communication and discourse between these quarterly meetings, and remains available for rapid consultation/coordination as events may demand.

Continued on next page

State Mass Fatality Management Planning Committee, Continued

Membership*

A. State Agencies

- ★ Office of Emergency Services
- ★ Office of Homeland Security
- ★ Department of Transportation
- ★ CA Highway Patrol
- ★ CAL FIRE
- ★ CA Military Department
- ★ State and Consumer Services Agency
Department of Consumer Affairs
- ★ Department of Corrections and Rehabilitation
- ★ Department of Education
- ★ Department of General Services
- ★ Department of Public Health
- ★ Department of Justice
- ★ Department of Motor Vehicles
- ★ Department of Education
- ★ Department of Forestry and Fire Protection

B. Federal Agencies

- ★ U.S. Department of Homeland Security
- ★ Department of Health and Human Services
- ★ Federal Bureau of Investigation
- ★ Federal Emergency Management Agency
- ★ Region IX Disaster Mortuary Operational Team (DMORT)

C. Local Agencies

- ★ Regional Coroners Mutual Aid Coordinators (7)

D. Private Organizations

- ★ American Red Cross
- ★ California Dental Identification Team

* Additional members to be added as necessary.

Continued on next page

State Mass Fatality Management Planning Committee,

Continued

E. Professional Associations

- ★ California State Coroners' Association
- ★ California State Sheriffs' Association
- ★ California Police Chiefs Association
- ★ California Fire Chiefs Association
- ★ California State Funeral Directors' Association
- ★ California Conference of Local Health Officers
- ★ California Utilities Emergency Association (CUEA)

Subcommittees** In order to facilitate the work and progress of the principal committee it may be necessary to establish issue-specific subcommittees. The following have been designated as standing subcommittees:

1. Family Assistance/Victim Identification Center
2. Regulatory/Legal
3. Death Care Industry
4. Resource Typing
5. Standardized Fatality Case Numbering System
6. Identification (DNA, dental, fingerprint, etc.)
7. Correctional/Military Facilities
8. Socio-Cultural/ Religious/Tribal Practices

APPENDIX B

CALIFORNIA STATE MASS FATALITY INCIDENT AGENCY ROSTER



Appendix B – California State Mass Fatality Incident Agency Roster

CALIFORNIA STATE MASS FATALITY INCIDENT AGENCY ROSTER

AGENCY	CONTACT PERSON				COMMENTS
	PRIMARY		ALTERNATE		
	NAME	CONTACT INFO	NAME	CONTACT INFO	
STATE					
Office of Emergency Services	Dennis Smithson	(916) 317-0397	Law Branch Duty Chief	(916) 845-8911	
Office of Homeland Security	State Warning Center	(916) 845-8911			
Department of Transportation	Headquarters	(916) 654-2852			
California Highway Patrol	ENTAC	(916) 843-4199			
CAL FIRE	Director	(916) 653-7772			
Military Department	Joint Operations	(916) 854-3440			
State and Consumer Services	Headquarters	(800) 952-5210			
Department of Consumer Affairs	Headquarters	(800) 952-5210			
Department of Corrections and Rehabilitation	Headquarters	(916) 324-7308			

Continued on next page

Appendix B – California State Mass Fatality Incident Agency Roster, Continued

Department of Education		(916) 322-6623		(916) 327-6155	
Department of General Services		(916) 376-1928		(916) 376-5271	
Department of Public Health					
Department of Justice – Division of DLE, BFS, and DNA		(916) 319-9365		(916) 227-5997	
Department of Justice – Division of CJIS, BCIA, and MUPS		(916) 227-3854		(916) 227-1174	
Department of Motor Vehicles		(916) 774-4504		(916) 657-9135	
LOCAL					
Regional Coroners Mutual Aid Coord. - Region I	Brian Elias	(323) 343-0620			
Regional Coroners Mutual Aid Coord. – Region IA	Anthony Perry	(805) 781-4550			
Regional Coroners Mutual Aid Coord. – Region II	Tara Russell	(510) 382-3000			
Regional Coroners Mutual Aid Coord. – Region III	Gene Randall	(530) 245-6550			
Regional Coroners Mutual Aid Coord – Region IV	Kim Gin	(916) 874-9320	Kim Gin	(916) 874-9248	

Continued on next page

Appendix B – California State Mass Fatality Incident Agency Roster, Continued

AGENCY	CONTACT PERSON				COMMENTS
	PRIMARY		ALTERNATE		
	NAME	CONTACT INFO	NAME	CONTACT INFO	
LOCAL (continued)					
Regional Coroners Mutual Aid Coord. – Region V	Andrea Stewart	(209) 966-3615			
Regional Coroners Mutual Aid Coord – Region VI	Kevin Lacy	(909) 387-2978			
FEDERAL					
U.S. Department of Homeland Security					
Department of Health and Human Services					
Federal Bureau of Investigation	Local Field Office				
Federal Emergency Management Agency	Headquarters	(202) 646-2500			
Region IX Disaster Mortuary Operational Team (DMORT)	Operations Center	(800) 872-6367			

Continued on next page

Appendix B – California State Mass Fatality Incident Agency Roster, Continued

PRIVATE ORGANIZATIONS					
American Red Cross	Greg John	(916) 854-7349	Kevin Leisher	(916) 854-7349	
California Dental Identification Team	Rick Cardoza	(619) 444-6196			
PROFESSIONAL ASSOCIATIONS					
California State Coroners' Association	Cathy Valceschini	(530) 265-1321			
California State Sheriffs' Association	Jim Denney	(530) 822-7312			
California Police Chiefs Association		661-325-9004			
California Fire Chiefs Association		(916) 923-9455			
California State Funeral Directors' Association		(916) 325-2361			
California Conference of Local Health Officers					
California Utilities Emergency Association	Don Boland	(916) 845-8517			

APPENDIX C

GOVERNMENT, PENAL, AND CIVIL CODES



Appendix C – Government Codes

<u>STATUTE OR CODE</u>	<u>TITLE</u>	<u>AUTHORITY</u>
Health and Safety Code, §102850	Coroner; Notification of Death	<p>A physician and surgeon, physician assistant, funeral director, or other person shall immediately notify the coroner when he or she has knowledge of a death that occurred or has charge of a body in which death occurred under any of the following circumstances:</p> <p>(a) Without medical attendance. (b) During the continued absence of the attending physician and surgeon. (c) Where the attending physician and surgeon or the physician assistant is unable to state the cause of death. (d) Where suicide is suspected. (e) Following an injury or an accident. (f) Under circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another.</p> <p>Any person who does not notify the coroner as required by this section is guilty of a misdemeanor.</p>
§102855	Coroner; Duty to Investigate	The coroner whose duty it is to investigate such deaths shall ascertain as many as possible of the facts required by this chapter.
§102860	Coroner; Duties; Re Certificate	<p>The coroner shall state on the certificate of death the disease or condition directly leading to death, antecedent causes, other significant conditions contributing to death and other medical and health section data as may be required on the certificate, and the hour and day on which death occurred. The coroner shall specifically indicate the existence of any cancer, as defined in subdivision (e) of Section 103885, of which he or she has actual knowledge.</p> <p>The coroner shall within three days after examining the body deliver the death certificate to the attending funeral director.</p>
§102870	Coroner or Medical Examiner; Dental Examination	<p>In deaths investigated by the coroner or medical examiner where he or she is unable to establish the identity of the body or human remains by visual means, fingerprints, or other identifying data, the coroner or medical examiner may have a qualified dentist, as determined by the coroner or medical examiner, carry out a dental examination of the body or human remains. If the coroner or medical examiner with the aid of the dental examination and other identifying findings is still unable to establish the identity of the body or human remains, he or she shall prepare and forward the dental examination records to the Department of Justice on forms supplied by the Department of Justice for that purpose.</p> <p>(b) The Department of Justice shall act as a repository or computer center, or both, with respect to dental examination records and the final report of investigation specified in Section 27521 of the Government Code. The Department of Justice shall compare the dental examination records and the final report of investigation, if applicable, to records filed with the Violent Crime Information Center (Title 12 (commencing with Section 14200) of Part 4 of the Penal Code, shall determine which scoring probabilities are the highest for purposes of identification, and shall submit the information to the coroner or medical examiner who submitted the dental examination records and the final report of investigation, if applicable.</p>

Continued on next page

Appendix C – Government Codes, Continued

<u>STATUTE OR CODE</u>	<u>TITLE</u>	<u>AUTHORITY</u>
Health and Safety Code, §103450	Court Procedure to Establish Fact of Death	<p>(a) A verified petition may be filed by any beneficially interested person with the clerk of the superior court in and for (1) the county in which the birth, death, or marriage is alleged to have occurred, (2) the county of residence of the person whose birth or marriage it is sought to establish, or (3) the county in which the person was domiciled at the date of death for an order to judicially establish the fact of, and the time and place of, a birth, death, or marriage that is not registered or for which a certified copy is not obtainable.</p> <p>(b) In the event of a mass fatalities incident, a verified petition may be filed by a coroner, medical examiner, or any beneficially interested person with the clerk of the superior court in and for (1) the county in which the death is alleged to have occurred, or (2) the county in which the person was domiciled at the date of death for an order to judicially establish the fact of, and the time and place of, a death that is not registered or for which a certified copy of the death certificate is not obtainable.</p> <p>(c) In the event of a mass fatalities incident, a single verified petition with respect to all persons who died may be filed by a coroner or medical examiner with the clerk of the superior court in and for the county in which the mass fatalities incident occurred for an order to judicially establish the fact of, and the time and place of, each person's death that is not registered or for which a certified copy of the death certificate is not obtainable.</p>
§103451	Mass Fatalities Incident; Definition	<p>(a) For purposes of this chapter, "mass fatalities incident" means a situation in which any of the following conditions exist:</p> <ol style="list-style-type: none"> (1) There are more dead bodies than can be handled using local resources. (2) Numerous persons are known to have died, but no bodies were recovered from the site of the incident. (3) Numerous persons are known to have died, but the recovery and identification of the bodies of those persons is impracticable or impossible. <p>(b) The county coroner or medical examiner may make the determination that a condition described in subdivision (a) exists.</p>
§103466	Court Procedures; Mass Fatalities Incident	Notwithstanding Section 103465, upon the filing of a petition for a determination of the fact of death in the event of a mass fatalities incident, the clerk shall set a hearing no later than 15 days from the date the petition was filed. The petitioner shall make a reasonable effort to provide notice of the hearing to the known heirs of the deceased up to the second degree of relationship. Failure to provide the notice specified in this section shall not invalidate the judicial proceedings regarding the determination of the fact of death.

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Appendix C – Government Codes, Continued

<u>STATUTE OR CODE</u>	<u>TITLE</u>	<u>AUTHORITY</u>
§103490	Certified	<p>(a) The State Registrar shall send certified copies of the court order delayed certificate to the local registrar and the county recorder within the area in which the event occurred and in whose offices copies of records of the year of occurrence of the event are on file. However, if the event occurred outside the state, a certified copy shall be sent only to the county recorder of the county in which the petitioner resides.</p> <p>(b) In the event of a mass fatalities incident, the State Registrar, without delay, shall send certified copies of the court order delayed death certificate to the local registrar and the county recorder of the county in which the incident occurred and in whose offices copies of records of the year of occurrence of the incident are on file. The State Registrar, without delay, also shall send a certified copy of the court order delayed death certificate to the spouse or next of kin of the decedent, if there is no spouse, provided the spouse or next of kin's name and address information are included in the court order or on the application form submitted by the spouse, next of kin, coroner, or medical examiner. However, if the incident occurred outside the state, a certified copy shall be sent only to the county recorder of the county in which the decedent was domiciled at the date of death.</p>
Federal Government Code, U.S. Public Law 93-288	Federal Government	Provides authority to respond to emergencies and provide assistance to protect public health; implemented by Federal Emergency Management Act.
USC Title 42-264	Federal Government	<p>Provides the U.S. Surgeon General the authority to apprehend and examine any individual(s) reasonably believed to be infected with a communicable disease for purposes of preventing the introduction, transmission, or spread of such communicable disease only;</p> <ol style="list-style-type: none"> 1. if the person(s) is moving or about to move from state to state. 2. if the person, upon examination, is found to be infected, he may be detained for such time and in such manner as may be reasonably necessary.
USC Title 42-139 Sec. 14503	Federal Government	Liability protection for volunteers – No volunteer of a non-profit organization or governmental entity shall be liable for harm caused by an act of omission of the volunteer on behalf of the organization or entity.

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Appendix C – Government Codes, Continued

<u>STATUTE OR CODE</u>	<u>TITLE</u>	<u>AUTHORITY</u>
<p>California Government Code, §27491</p>	<p>Coroner Duties</p>	<p>It shall be the duty of the coroner to inquire into and determine the circumstances, manner, and cause of all violent, sudden, or unusual deaths; unattended deaths; deaths wherein the deceased has not been attended by a physician in the 20 days before death; deaths related to or following known or suspected self-induced or criminal abortion; known or suspected homicide, suicide, or accidental poisoning; deaths known or suspected as resulting in whole or in part from or related to accident or injury either old or recent; deaths due to drowning, fire, hanging, gunshot, stabbing, cutting, exposure, starvation, acute alcoholism, drug addiction, strangulation, aspiration, or where the suspected cause of death is sudden infant death syndrome; death in whole or in part occasioned by criminal means; deaths associated with a known or alleged rape or crime against nature; deaths in prison or while under sentence; deaths known or suspected as due to contagious disease and constituting a public hazard; deaths from occupational diseases or occupational hazards; deaths of patients in state mental hospitals serving the mentally disabled and operated by the State Department of Mental Health; deaths of patients in state hospitals serving the developmentally disabled and operated by the State Department of Developmental Services; deaths under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another; and any deaths reported by physicians or other persons having knowledge of death for inquiry by coroner. Inquiry pursuant to this section does not include those investigative functions usually performed by other law enforcement agencies.</p> <p>In any case in which the coroner conducts an inquiry pursuant to this section, the coroner or a deputy shall personally sign the certificate of death. If the death occurred in a state hospital, the coroner shall forward a copy of his or her report to the state agency responsible for the state hospital.</p> <p>The coroner shall have discretion to determine the extent of inquiry to be made into any death occurring under natural circumstances and falling within the provisions of this section, and if inquiry determines that the physician of record has sufficient knowledge to reasonably state the cause of a death occurring under natural circumstances, the coroner may authorize that physician to sign the certificate of death.</p> <p>For the purpose of inquiry, the coroner shall have the right to exhume the body of a deceased person when necessary to discharge the responsibilities set forth in this section.</p> <p>Any funeral director, physician, or other person who has charge of a deceased person's body, when death occurred as a result of any of the causes or circumstances described in this section, shall immediately notify the coroner. Any person who does not notify the coroner as required by this section is guilty of a misdemeanor.</p>

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Appendix C – Government Codes, Continued

<u>STATUTE OR CODE</u>	<u>TITLE</u>	<u>AUTHORITY</u>
California Government Code, §27491.1	Coroner Duties Continued	In all cases in which a person has died under circumstances that afford a reasonable ground to suspect that the person's death has been occasioned by the act of another by criminal means, the coroner, upon determining that those reasonable grounds exist, shall immediately notify the law enforcement agency having jurisdiction over the criminal investigation. Notification shall be made by the most direct communication available. The report shall state the name of the deceased person, if known, the location of the remains, and other information received by the coroner relating to the death, including any medical information of the decedent that is directly related to the death. The report shall not include any information contained in the decedent's medical records regarding any other person unless that information is relevant and directly related to the decedent's death.
California Government Code, §27491.2	Examination and Identification of Body; Cause of Death Inquiry; Removal	<p>(a) The coroner or the coroner's appointed deputy, on being informed of a death and finding it to fall into the classification of deaths requiring his or her inquiry, may immediately proceed to where the body lies, examine the body, make identification, make inquiry into the circumstances, manner, and means of death, and, as circumstances warrant, either order its removal for further investigation or disposition or release the body to the next of kin.</p> <p>(b) For purposes of inquiry, the body of one who is known to be dead from any of the causes or under any of the circumstances described in Section 27491 shall not be disturbed or moved from the position or place of death without permission of the coroner or the coroner's appointed deputy. Any violation of this subdivision is a misdemeanor.</p>
California Government Code, §27491.3	Control of Premises Where Body Found; Death Due to Traffic Accident; Anatomical Donor Card	<p>(a) In any death into which the coroner is to inquire, the coroner may take charge of any and all personal effects, valuables, and property of the deceased at the scene of death or related to the inquiry and hold or safeguard them until lawful disposition thereof can be made. The coroner may lock the premises and apply a seal to the door or doors prohibiting entrance to the premises, pending arrival of a legally authorized representative of the deceased. However, this shall not be done in such a manner as to interfere with the investigation being conducted by other law enforcement agencies.</p> <p>Any costs arising from the premises being locked or sealed while occupied by property of the deceased may be a proper and legal charge against the estate of the deceased. Unless expressly permitted by law, any person who enters any premises or tampers with or removes any lock or seal in violation of this section is guilty of a misdemeanor.</p> <p>(b) Any property or evidence related to the investigation or prosecution of any known or suspected criminal death may, with knowledge of the coroner, be delivered to a law enforcement agency or district attorney, receipt for which shall be acknowledged.</p> <p>(c) Except as otherwise provided in subdivision (d), any person who searches for or removes any papers, moneys, valuable property or weapons constituting the estate of the deceased from the person of the deceased or from the premises, prior to arrival of the coroner or without the permission of the coroner, is guilty of a misdemeanor.</p>

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Appendix C – Government Codes, Continued

<u>STATUTE OR CODE</u>	<u>TITLE</u>	<u>AUTHORITY</u>
California Government Code, §27491.3 <i>continued</i>	Control of Premises Where Body Found; Death Due to Traffic Accident; Anatomical Donor Card <i>continued</i>	<p>At the scene of any death, when it is immediately apparent or when it has not been previously recognized and the coroner's examination reveals that police investigation or criminal prosecution may ensue, the coroner shall not further disturb the body or any related evidence until the law enforcement agency has had reasonable opportunity to respond to the scene, if their purposes so require and they so request. Custody and control of the body shall remain with the coroner at all times. Reasonable time at the scene shall be allowed by the coroner for criminal investigation by other law enforcement agencies, with the time and location of removal of the remains to a convenient place to be determined at the discretion of the coroner.</p>
California Government Code, §27491.55	Delegation of Jurisdiction; Another County; Federal Government; Conditions	<p>In any case where a coroner is required to inquire into a death pursuant to Section 27491, the coroner may delegate his or her jurisdiction over the death to an agency of another county or the federal government when all of the following conditions have been met:</p> <p>(a) The other agency has either requested the delegation of jurisdiction, or has agreed to take jurisdiction at the request of the coroner.</p> <p>(b) The other agency has the authority to perform the functions being delegated.</p> <p>(c) When both the coroner and the other agency have a jurisdictional interest or involvement in the death.</p>
Emergency Services Act, §8607	Standard Emergency Management System (SEMS)	<p>a) By December 1, 1993, the Office of Emergency Services, in coordination with all interested state agencies with designated response roles in the state emergency plan and interested local emergency management agencies shall jointly establish by regulation a standardized emergency management system for use by all emergency response agencies. The public water systems identified in Section 8607.2 may review and comment on these regulations prior to adoption.</p> <p>This system shall be applicable, but not limited to, those emergencies or disasters referenced in the state emergency plan. The standardized emergency management system shall include all of the following systems as a framework for responding to and managing emergencies and disasters involving multiple jurisdictions or multiple agency responses:</p> <p>(1) The Incident Command Systems adapted from the systems originally developed by the FIRESCOPE Program, including those currently in use by state agencies.</p> <p>(2) The multi-agency coordination system as developed by the FIRESCOPE Program.</p> <p>(3) The mutual aid agreement, as defined in Section 8561, and related mutual aid systems such as those used in law enforcement, fire service, and coroners operations.</p>

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Appendix C – Government Codes, Continued

<u>STATUTE OR CODE</u>	<u>TITLE</u>	<u>AUTHORITY</u>
Emergency Services Act, §8607 continued	Standard Emergency Management System (SEMS) continued	<p>(4) The operational area concept, as defined in Section 8559.</p> <p>(b) Individual agencies' roles and responsibilities agreed upon and contained in existing laws or the state emergency plan are not superseded by this article.</p> <p>(c) By December 1, 1994, the Office of Emergency Services, in coordination with the State Fire Marshal's Office, the Department of the California Highway Patrol, the Commission on Peace Officer Standards and Training, the Emergency Medical Services Authority, and all other interested state agencies with designated response roles in the state emergency plan, shall jointly develop an approved course of instruction for use in training all emergency response personnel, consisting of the concepts and procedures associated with the standardized emergency management system described in subdivision (a).</p> <p>(d) By December 1, 1996, all state agencies shall use the standardized emergency management system as adopted pursuant to subdivision (a), to coordinate multiple jurisdictions or multiple agency emergency and disaster operations.</p> <p>(e) (1) By December 1, 1996, each local agency, in order to be eligible for any funding of response-related costs under disaster assistance programs, shall use the standardized emergency management system as adopted pursuant to subdivision (a) to coordinate multiple jurisdiction or multiple agency operations.</p> <p>(2) Notwithstanding paragraph (1), local agencies shall be eligible for repair, renovation, or any other non-personnel costs resulting from an emergency.</p> <p>(f) The office shall, in cooperation with involved state and local agencies, complete an after-action report within 120 days after each declared disaster. This report shall review public safety response and disaster recovery activities and shall be made available to all interested public safety and emergency management organizations.</p>
California, Disaster Assistance Act, §1591 (b)		<p>Establishes liability limits for registered disaster volunteers. No political subdivision, municipal corporation, or other public agency under any circumstances, nor the officers, employees, agents, or duly enrolled or registered volunteers thereof, or unregistered persons duly impressed into service during a state of disaster or a state of extreme emergency, acting within the scope of their official duties under this chapter or any local ordinance shall be liable for personal injury or property damage sustained by any duly enrolled or registered volunteer engaged in or training for disaster preparedness or relief activity.</p>

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Appendix C – Government Codes, Continued

<u>STATUTE OR CODE</u>	<u>TITLE</u>	<u>AUTHORITY</u>
Penal Code §830.35(c)	Coroners and Deputy Coroners; Peace Officers; Limitations	The following persons are peace officers whose authority extends to any place in the state for the purpose of performing their primary duty or when making an arrest pursuant to Section 836 as to any public offense with respect to which there is immediate danger to person or property, or of the escape of the perpetrator of that offense, or pursuant to Section 8597 or 8598 of the Government Code. Those peace officers may carry firearms only if authorized and under terms and conditions specified by their employing agency. (c) The coroner and deputy coroners, regularly employed and paid in that capacity, of a county, if the primary duty of the peace officer are those duties set forth in Sections 27469 and 27491 to 27491.4, inclusive, of the Government Code
Civil Code §1714.5		No disaster service worker who is performing disaster services ordered by lawful authority during a state of war emergency, a state of emergency, or a local emergency, as such emergencies are defined in Section 8558 of the Government Code, shall be liable for civil damages on account of personal injury to or death of any person or damage to property resulting from any act or omission in the line of duty, except one that is willful.
§1766		In order to encourage local agencies and other organizations to train people in emergency medical services, no local agency, entity of state or local emergency medical services, no local private organization which sponsors, authorizes, supports, finances or supervises the training of people, ...in emergency medical services shall be liable for any civil damages alleged to result from such training programs.
§1767		In order to encourage people to participate in emergency medical services training programs and to render emergency medical services to others, no person who in good faith renders emergency care at the scene of an emergency shall be liable for any act or omission.
§1799.102		Emergency care at the scene of a emergency. No person who, in GOOD FAITH and not for compensation, renders emergency care at the scene of an emergency shall be liable for any civil damages resulting from any act or omission. The scene of an emergency shall not include emergency departments and other places where medical care is usually offered.

APPENDIX D

ABBREVIATIONS AND ACRONYMS



Appendix D – Abbreviations and Acronyms

AFB	Air Force Base
AFLDSL	Armed Forces DNA Identification Laboratory
AFIP	Armed Forces Institute of Pathology
AFME	Armed Forces Medical Examiner
AFEB	Armed Forces Epidemiological Board
ATF	Bureau of Alcohol, Tobacco, Firearms, and Explosives
B, anthracis	Bacillus anthracis
BCP	Body Collection Point
BSL	Bio-Safety Level
CBIRF	Chemical Biological Incident Response Force
CBRNE	Chemical, biological, radiological, nuclear, or high-yield explosive
CDC	Centers for Disease Control and Prevention
CDP	Center for Domestic Preparedness
CDPH	California Department of Public Health
CFDA	California Funeral Directors Association
CFR	Code of Federal Regulations
CIDRAP	Center for Infectious Disease Research and Policy
CISM	Critical Incident Stress Management
CME	Chief Medical Examiner
CST	Civil Support Team
DCA	Department of Consumer Affairs
DCO	Defense Coordinating Officer
DEP	Department of Environmental Protection
DGS	Department of General Services
DHS	Department of Homeland Security
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Operational Response Team
DNA	Deoxyribonucleic Acid
DOD	Department of Defense
DOE	Department of the Energy
DOH	Department of Health
DOJ	Department of Justice
DOMS	Director of Military Support
DOT	Department of Transportation
DPW	Department of Public Works
EHP	Emergency Health Powers Act
EM	Emergency Manager
EMA	Emergency Management Agency
EMS	Emergency Medical Services

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Appendix D – Abbreviations and Acronyms, Continued

EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EPA	Environmental Protection Agency
EP & R	Emergency Preparedness and Response (Directorate under DHS)
ERT	Emergency Response Team
ESF	Emergency Support Function
FAC	Family Assistance Center
FBI	Federal Bureau of Investigation
FCO	Federal Coordinating Officer
FD	Fire Department
FEMA	Federal Emergency Management Agency
FOG	Field Operations Guide
Haz Mat	Hazardous material
HazWoper	Hazardous Waste Operations and Emergency Response
HEPA	High Efficiency Particulate Air
HHS	Department of Health and Human Services
HQ	Headquarters
HRP	Human remain pouches
IC	Incident Commander
ICISF	International Critical Incident Stress Foundation, Inc.
ICS	Incident Command System
IRP	Improved Response Program
JOC	Joint Emergency Operations Center
JTF	Joint Task Force
JTF-CS	Joint Task Force – Civil Support
LC	Lethal Concentration
LE	Law Enforcement
LFA	Lead Federal Agency
LRN	Laboratory Response Network
MA	Mortuary Affairs

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Appendix D – Abbreviations and Acronyms, Continued

MAC	U.S. Army Mortuary Affairs Center
MADCP	Mortuary Affairs Decontamination Collection Point
MCI	Mass Casualty Incident
MDW	Military District of Washington, D.C.
ME	Medical Examiner
MESORT	Medical Examiner Special Operations Response Team
MFM	Mass Fatality Management
MLI	Medicolegal Investigator
MMRS	Metropolitan Medical Response System
MOA	Memorandum of Agreement
MOPP	Mission Oriented Protective Posture
MOU	Memorandum of Understanding
NAME	National Association of Medical Examiners
NDMS	National Disaster Medical System
NEST	Nuclear Emergency Research Team
NFPA	National Fire Protection Agency
NGO	Nongovernmental organization
NIJ/NCFS	National Institute of Justice/National Center for Forensic Science
NIMS	National Incident Management System
NIOSH	National Institute for Occupational Safety and Health
NTSB	National Transportation Safety Board
OAFME	Office of the Armed Forces Medical Examiner
OCME	Office of the Chief Medical Examiner
ODP	Office of Domestic Preparedness
OSHA	Occupational and Safety Health Administration
OTDA	Office of Transportation Disaster Assistance (a component of NTSB)
OVC	Office for Victims of Crime
PAPR	Powered Air Purifying Respirator
PE	Personal effects
POC	Point of contact
PPE	Personal protective equipment

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Appendix D – Abbreviations and Acronyms, Continued

REOC	Regional Emergency Operation Center
SCO	State Coordinating Officer
SCSA	State Consumer Services Agency
SNS	Strategic National Stockpile
TEU	U.S. Army Technical Escort Unit
US & R	Urban Search and Rescue
VA	Department of Veterans Affairs
VHF	Viral Hemorrhagic Fevers
WTC	World Trade Center

APPENDIX E

FAMILY ASSISTANCE CENTER



Appendix E – Family Assistance Center

In the aftermath of a catastrophic mass fatality, a fundamental and essential component of the care and management of the dead is the expeditious establishment of a Family Assistance Center (FAC). The establishment of a FAC is necessary to facilitate the exchange of information and to address the families' needs. It is recognized that in the event of a Pandemic Influenza the establishment of a FAC may not be feasible requiring alternative measures to perform the functions discussed below. These alternatives are considered later in this appendix.

Various state agencies including the Department of Justice, Department of Motor Vehicles, Office of Emergency Services-Law Enforcement and Victim Services Division, and numerous departments within the Health and Human Services Agency, may provide significant support to the local Coroner/M.E. in this necessary FAC function.

The traditional FAC is a secure facility established as a centralized location to provide information about missing persons who may be victims of the disaster; a gathering point where information is exchanged in order to facilitate the body identification process and the reunification of next of kin; a location for the collection of DNA; and where spiritual and emotional support is provided for those awaiting information about their loved ones. Also, given the circumstances, additional supportive services such as housing information/referral, insurance, and legal assistance may be provided.

Generally, the local Coroner/M.E. is responsible for the establishment of the FAC. An exception to this responsibility is in a major aviation accident whereby the National Transportation Safety Board (NTSB) was given oversight responsibility for the provision of services to the FAC. Air carriers are required to provide the actual FAC and to work with the American Red Cross to provide family support services. Appendix H provides the NTSB's "Federal Family Assistance Plan for Aviation Disasters" in its entirety. Regardless of this arrangement the state may still be requested to support FAC operations and provide available state services to the victims' survivors.

It is important for the state to understand the significance and critical role of the FAC. No other aspect of fatality management may have as much human emotion, compassion, grief, and anger as may be exhibited within the confines of a FAC. Furthermore, the FAC provides the opportunity to collect personal information on the decedent allowing investigators vital information for positive identification. The following list* includes some FAC components and considerations that the state should be aware of in the event support is requested:

1. Site Selection

The type of mass fatality incident and number of fatalities will affect site selection. The local Coroner/M.E. may request assistance from the state in locating an existing facility to house the FAC. The FAC should be close enough to the incident scene for the Coroner/M.E. and local staff to travel to while not being too close to the scene causing unnecessary prolonged exposure to the family. The FAC should be able to reasonably and comfortably allow the staff to conduct their important and sensitive mission while meeting the multiple needs of the families.

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Appendix E – Family Assistance Center, Continued

* U.S. Department of Justice, Office of Justice Programs, “Providing relief to Families After a Mass Fatality.”

2. Infrastructure

The FAC must be able to accommodate the various needs of the staff and family who are providing services. The structure must offer adequate utilities including electrical power, telephone/cell phone, toilets, controlled heat and air conditioning, water, sewage, and disability accommodations. It must allow for adequate security measures to be established.

3. Space and Floor Plan

The FAC facility size should not be underestimated. Enough floor space and rooms should be available to conduct the many basic functions listed below.

4. Basic Functions

A. Operations center and administrative offices. An operations center is necessary to allow the different service groups and organizations to meet. If representatives from all organizations are present at meetings, then victim services can be coordinated and efforts need not be duplicated. In addition, administrative offices should be available for all of the different service groups including mental health professionals, clergy, and medical examiners and organizations including the American Red Cross and Salvation Army. Since these administrative offices will hold files and confidential information generated by the FAC, they must be kept secure. It could be devastating to the victims’ families if information about their loved ones was leaked before the families were properly notified. Controlling how, when, and where official death notification information is released minimizes confusion and helps staff avoid problems. Finally, the FAC should have a separate entrance for its staff so they can check in, be briefed, and receive their assignments before they interact with the families.

B. General assembly room. A large room with a public address system should be available so that updates on the search and recovery process can be given at least twice daily to large gatherings of family members and friends. Activities in this room may require translator services, including sign language interpretation. In large cities, possible sources for translators include a local consulate, embassy, or the U.S. Department of State. For more information about such services, contact a local federal agency, university, hospital, or judicial system or court.

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Appendix E – Family Assistance Center, Continued

C. Reflection room. The FAC should provide a space where the victims' families and friends can quietly reflect, meditate, pray, seek spiritual guidance, or observe religious practices. This space must be designed and furnished to respect diverse cultures and beliefs.

D. Death notification rooms. To provide privacy and to expedite the notification process, several rooms should be set aside for families to receive the information that their loved ones have been identified. In most cases, it is preferable for death notification teams to be sent to the families' homes rather than requiring families to come to the FAC.

E. Counseling rooms. Several small rooms should be available to provide a private space where information such as antemortem data can be gathered from families and where families can receive counseling from clergy and mental health professionals. In addition, these rooms can be used for family members to spend time together and to use the telephone to contact other relatives and friends. The number of rooms necessary will vary depending on the number of fatalities. The following is a general rule: 100 or fewer fatalities will require 3–5 rooms, 101–200 fatalities will require 10–12 rooms, and more than 200 fatalities will require 15–25 rooms. Counseling that is meant to convey positive identification of the loved one and emotional support for families should not be conducted in hotel rooms with bedroom furniture. If hotel rooms are the only rooms available, replace the bedroom furniture with couches and chairs.

F. Medical area. Family members and friends of the victims may require medical assistance. In addition, an ambulance should be on standby at all times to transport patients to area hospitals if necessary.

G. Reception and registration for families. When family members and friends arrive at the FAC, the staff should greet them and gather information about who will be visiting the FAC. Staff will assign them an escort who will take them to a designated area where they may be more comfortable and can be located if necessary. When families and friends leave the FAC, they should check out and leave their address so that they can be contacted with additional information and support and notification of their loved ones' deaths. When adequate personnel are available, an escort may be assigned to each family group. Escorts may help the families with any need that arises during their stay at the FAC. The American Red Cross and some private companies can provide personnel who are trained in counseling to serve as escorts.

H. Collect antemortem data. Personnel at the FAC will be assigned to collect accurate and detailed antemortem information from the families and friends of the victims. This information may be gathered by experienced death investigators or funeral

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Appendix E – Family Assistance Center, Continued

directors who have been well briefed on the information they need to collect from the families. If funeral directors are providing this service, it is critical that they act as representatives of the Coroner/M.E.'s office and not as funeral directors. Funeral directors may be selected to perform this service for many reasons, including their training in collecting antemortem information and their experience in dealing with families in crisis. However, they must act as representatives of the Coroner/M.E.

Death certificate information can be collected at the initial interview to save the families from going through another interview at the funeral home. Many states require that similar information be provided on death certificates, including the deceased's occupation, level of education, and residency and the name of the informant (person providing the information collection, it is important to reassure families that all information will remain confidential).

I. Conduct death notifications. The procedures for death notification are an important component of a sensitive family assistance plan. Whenever possible, death notification should be made by a team rather than an individual. The team may consist of a representative of the Coroner/M.E., a member of the clergy, a mental health professional, and possibly a medical professional. Some families may feel a notification team is not necessary, but other families may need the support. It is better to err on the side of having support persons present in case they are needed than to need them and not have them present. If the family's own pastor or other clergy member is present, the team clergy should play only a supportive role. The notification team should be well briefed on the information being provided to the families so they can answer as many questions as possible. The team should be given a fact sheet that contains relevant information that they can leave with the family for later reference, because family members may forget to ask questions at the time of the notification.

Death notification teams also should be available to travel to meet with families who do not want to or are not physically able to come to the FAC. Next of kin who are out of town should always be notified in person. When a death notification must be made in a distant location, the office charged with death notification responsibilities can contact the sheriff or chief of police in the distant community to request coordination of notification. The American Red Cross or the state victim assistance agency can assist in providing a mental health professional. The office charged with death notification responsibilities can provide the notifying law enforcement agency with a letter from the Coroner/M.E. that contains information about the deceased and the name and contact number for the Coroner/M.E. in case the family has questions.

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Appendix E – Family Assistance Center, Continued

Staff conducting a death notification for a victim whose body is not intact must ask the family at the time of notification if they want to be informed about later identification of common tissue. Informing the family later about common tissue identification without their consent may be upsetting to them once they have buried their loved one. Families may prefer to be notified only about the memorial service and burial of the common tissue. After the family members make their decision, staff should provide them with a written copy of their decision as a reference for what they agreed to at that time.

J. Determine fiscal responsibility for expenses. The expense of setting up the investigation site and providing family assistance accommodations varies depending on the event and the state in which it occurred. If the President of the United States declares the event a disaster, the FEMA is immediately contacted. FEMA provides “consequence management” that involves emergency management to save lives, protect property, restore government services, and provide emergency relief. It also funds a crisis counseling program that is carried out through the Center for Mental Health Services. In the event of a major transportation accident, the Coroner/M.E. for the locality in which the accident occurred is contacted within an hour of the accident. NTSB discusses with the Coroner/M.E. the capabilities and resources of the local office. If the Coroner/M.E. believe the operation is beyond local capabilities, HHS and DMORT can provide support services. Generally, NTSB assumes investigative expenses, and the airline involved assumes the expenses to shelter and care for the families, including flying relatives to a location near the site, and the victim identification costs, including DNA analysis. The American Red Cross manages and coordinates volunteer and support services to provide disaster relief for victims that addresses basic human needs, including shelter, food, and health and mental health services. The American Red Cross also feeds emergency workers, provides blood and blood products, and helps locate other resources for those affected by the disaster.

K. Dispose of common tissue. After incidents such as high-impact aviation crashes, bombings, and other violent incidents, some human tissue may not be identifiable. When the Coroner/M.E. determines that all means of identification have been exhausted, the decision about the disposition of common tissue must be made. Typically, common tissue is interred at a memorial service to which the victims’ families are invited. In a major aviation accident, the American Red Cross is the designated planning organization for memorial services and may also assist the Coroner/M.E.

Continued on next page

Appendix E – Family Assistance Center, Continued

L. Establish victims’ suffering. The issue of victims’ suffering can cause tension. On the one hand, there is a need to preserve evidence that establishes the amount of suffering the victim endured for use at the perpetrator’s sentencing hearing. On the other hand, there is great need to comfort families and answer their questions about how much their loved ones suffered before dying. During the recovery of bodies, the Coroner/M.E. must sensitively convey information to families that is consistent with the information provided to the prosecution.

M. Implement security measures. Access to the FAC must be controlled so families and friends of the victims have privacy and are not overwhelmed by the press, photographers, and the public. Checkpoints may need to be established at entrances to the FAC and its parking lot. A badging or credentialing system can be implemented that gives family members and authorized workers easy access to the FAC.

N. Work with the media. The Coroner/M.E. should designate a public information officer to release information about the mass-fatality event. The press will have questions that only a representative of the Coroner/M.E.’s office can answer properly, including questions about the recovery operation, identifications, and condition of the bodies. Information must be released to the press **only** by the designated public information officer and not by any staff members of the Coroner/M.E.’s office. A joint information center (JIC) should be set up to coordinate the release of information, and no information should be released to the media unless it has been discussed with the families first.

Family Assistance Center Considerations in the event of a Pandemic Influenza Incident

The contagious aspect of a pandemic flu outbreak in California will prohibit many of the mass fatality management operational functions that include frequent human interaction. Social distancing will become the norm in all aspects of daily life. Therefore, a FAC is not feasible in meeting the needs of the surviving family members of the deceased. Furthermore, the fact that most deaths will occur in the home, hospital or other health care type of facility and bodies will have complete integrity, will make positive identification less difficult. Therefore, the in-person need to collect personal information and provide other services may be performed by distributing information out (pushed) to the public rather than needing to bring in people. Public information and education will be critical in this type of environment.

It has been recommended by Coroner/M.E. professionals that a “virtual” family information center be established to provide information via newspaper, television, and radio media, telephone/call centers, and Internet. The state would be an integral participant in providing

Continued on next page

Appendix E – Family Assistance Center, Continued

information and guidance, in support of, and consistent with the local Coroner/M.E. Timely and accurate information to the public regarding mortuary affairs, public health issues, and other concerns relative to a pandemic might include:

General Information**

- Financial assistance – resources, application/referral process
- Social security – access to death and disability benefits
- Legal assistance – insurance benefits, death-related concerns
- Health-safety issues regarding food, water, medications

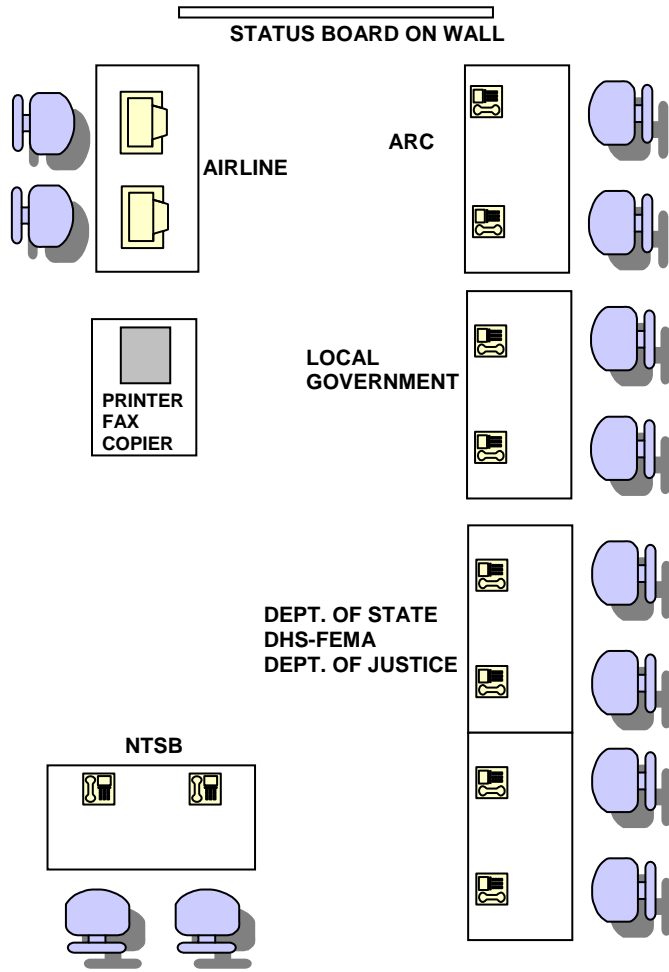
Individualized Information and Support**

- Burial site
- Death certificate information
- Information regarding keeping the dead in home when the potential exists for a prolonged period before removal of the body

** White Paper, “The Provision of Family Assistance and Behavioral Health Services in the Management of Mass Fatalities Resulting from a Pandemic Influenza in the United States”, Joint Task Force Civil Support, USNORTHCOM.

Appendix E – Family Assistance Center, Continued

SUGGESTED LAYOUT FOR JOINT FAMILY SUPPORT OPERATIONS CENTER (JFSOC)



APPENDIX F

INFECTIOUS RISK OF HUMAN CORPSES



Appendix F – Infectious Risk of Human Corpses

“Epidemic caused by dead bodies: a disaster myth that does not want to die.”
Claude de Ville de Goyet

In preparing for a catastrophic mass fatality it is important for the responders and the public to understand the myths and realities surrounding the presence of large numbers of dead bodies. There is a widespread false belief that dead bodies are a source of disease and therefore a threat to public health. This misconception by some uninformed community leaders and citizens may place undue pressure on the Coroner/M.E. and state authorities to cause the rapid unplanned disposal of the dead, sometimes before proper identification of the victims can be made. Concerns about disease may also lead to unnecessary “precautions” such as burying the deceased in common graves. The state should coordinate with the local Coroner/M.E. in educating and informing the public regarding the facts and falsehoods of managing the dead after a disaster.

The World Health Organization, Regional Office for the Western Pacific has produced a fact sheet that provides more definitive information on the risks in handling dead bodies. In addition, an Occupational Safety and Health Administration (OSHA) health and safety recommendations for handling human remains information sheet is offered. Both of these fact sheets are included below. For more information on this subject please see the references in Appendix R and the frequently asked questions in Appendix Q.

FACT SHEET World Health Organization
Regional Office for the Western Pacific

Care of the dead in disasters

07 December 2006

Background

Every year, more than 100 000 people are killed during natural disasters and millions are injured and disabled. Governments are frequently overwhelmed by such large numbers of dead and may order mass burials in the interests of protecting public health. Initial media focus is often on the dead and graphic images of dead bodies among the debris creates pressure on governments to “do something”.

There is a widespread and erroneous belief, even among some health professionals, that dead bodies are a source of disease and therefore a threat to public health. This is untrue. There has never been a documented

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Appendix F – Infectious Risk of Human Corpses, continued

case of an epidemic occurring after a natural disaster that could be traced to exposure to dead bodies. In fact, epidemics of any kind are very unusual after natural disasters. In the past five years, there have been many major disasters with tens to hundreds of thousands of dead lying uncollected for days or even weeks. In none of these disasters did epidemics of any kind occur. Those killed by natural disasters are generally healthy at the time of their death, and therefore very unlikely to be a source of infection to others. The microorganisms responsible for the decomposition of bodies are not capable of causing disease in living people. Most infectious agents of public health concern that may be present at the time of death will themselves die within hours of the person dying. Generally, for an epidemic to occur, certain necessary conditions related to infectious agents, susceptible hosts and a favorable environment have to be met. If any of these conditions are not present an epidemic cannot occur. Experience has shown that a disaster event of itself does not automatically create these conditions.

However, epidemics certainly can occur in the period after a disaster. The peak danger period is between 10 days and one month after the event. Unsafe food and a lack of access to safe water, lack of facilities for personal hygiene and safe sanitation arrangements all create a real risk for outbreaks of infectious disease at any time, but after a disaster these conditions, added to large numbers of people in overcrowded temporary shelters, makes an epidemic certainly possible. It is how the survivors are managed, rather than how the dead are managed, that determines if and when an epidemic may occur. Despite this potential, there have been no recorded serious epidemics in recent times after a disaster, which is evidence of the great progress made in disaster planning, response and recovery.

Certain diseases, such as HIV and hepatitis, pose a potential risk for individuals who come into close contact with dead bodies, but not for the general public. Those assigned any roles associated with handling dead bodies and body parts should be properly trained and always use protective equipment.

Overall, care of the dead is not a primary health sector responsibility. There is no public health threat from dead bodies and this misapprehension causes unnecessary diversion of staff and resources at a critical time. Pressure from misinformed journalists and media organizations can cause governments to behave inappropriately, for example spraying the area around dead bodies with disinfectant or covering dead bodies with lime. These operations are costly, time consuming, require complicated logistics and coordination, take staff away from caring for survivors and are totally unnecessary.

Recommendations for the care of the dead

Care of the dead and missing is an important area of work after a disaster and is clearly a major social responsibility of government. It is very important for the psychological recovery of survivors to have their

Continued on next page

Appendix F – Infectious Risk of Human Corpses, continued

dead relatives returned to them for culturally appropriate rites and disposal.

A well organized system for the retrieval, storage, identification and disposal of the dead is an essential part of a national disaster management structure, but like other parts of that structure, it must be properly planned and resourced.

WHO recommends the following:

1. Governments must define in law and national policy the arrangements required for dealing with the dead after a disaster and mandate a specific agency to take responsibility for this task.
2. The mandated agency must have the resources needed to fulfill its responsibility and its staff must have the required knowledge and skills to fulfill their role.
3. Local government must have plans in place for dealing with large numbers of dead bodies, based on the protocols, procedures and guidelines issued by the mandated agency.

References

A list of references and downloadable material can be found at:

<http://www.who.int/hac/techguidance/ems/myths/en/index>

APPENDIX G

GUIDELINES FOR ESTABLISHING A HUMAN REMAINS REFERENCE SYSTEM



Appendix G – Guidelines for Establishing a Human Remains Reference System

Since a catastrophic mass fatality incident will include hundreds, even thousands of victims that may require some type of handling by the Coroner/M.E. office, it is essential that a reference number be assigned to accurately track and manage the human remains. The process of storage, identification, and the final disposition of the human remains relies on the timely and consistent application of a simple and effective reference system. Where incidents cross jurisdictional boundaries, include coroner mutual aid, or require a regional morgue, it would be beneficial to establish a statewide standard reference system for mass fatality management.

The development and implementation of a standard human remains reference system for the State of California will include the participation and approval of the 58 County Coroner/Medical Examiners, the State Coroner’s Association, the State Sheriff’s Association, and the State Office of Emergency Services. It is recommended that a subcommittee of the State Mass Fatality Management Planning Committee and/or the State Coroner’s Association perform this task.

As an exemplar, an excerpt from the State of Florida’s Emergency Mortuary Operations Response System (FEMORS) “Numbering System for Human Remains Policy” is provided below. The State of Florida is among the nation’s leaders in fatality management planning and response.

Numbering System for Human Remains Policy

An accurate and reliable numbering system for all human remains is crucial to an effective mission. The system must conform to the needs of the local Sheriff/Coroner, Coroner, or Medical Examiner (Coroner/M.E.) as well as be sufficient for proper evidence tracking. *In the absence of an established Medical Examiner system*, the following guidelines may be employed. There are several places where the numbering system must be carefully managed.

1. Field or Search and Recovery – The numbering system starts in the field.
 - a. It should always be consecutive and non-repeating. A simple system is preferred (e.g., Bag 1, Bag 2, Bag 3, etc.).
 - b. Prefixes MAY be used to clarify where they were found (e.g., F-1 for floating remains in water, S-1 for submerged remains, Grid B-3, etc.).
 - c. In the field, all individual remains must be given their own number.
 - d. If remains are not connected by clothing or tissue, they must get different bags and numbers.

Continued on next page

Appendix G – Guidelines for Establishing a Human Remains Reference System, Continued

2. Morgue Operations –
 - a. If possible, the field assigned number shall be used as a Morgue Reference Number (MRN) unless a different system is established by the Coroner/M.E.
 - b. THE MRN and suffices will be used to further identify multiple items related to the MRN (be sure to include the leading zero for numbers 01 through 09):
 - i. Digital photographs stored in the computer server should be titled with the MRN followed by DP01 through DP0x to designate the number of digital photographs taken.
 - ii. Personal Effects collected should be labeled with the MRN followed by PE01 through PE0x to designate the number of times collected for each case.
 - iii. Post mortem digital body x-rays stored in the body x-ray computer service (if applicable) should be titled with the MRN followed by BX01 through BX0x to designate the number of digital body x-rays taken.
 - Antemortem body x-rays, digitized would be labeled by the number assigned to the FRED ante mortem folder, e.g., FRED#-BX01 through BX0x to designate the number of digital body x-rays received and digitized.
 - iv. Fingerprint cards created should be labeled with the MRN followed by FP01 through FP0x to designate the number of print impression cards made for each case.
 - Antemortem fingerprint cards would be labeled by the number assigned to the FRED ante mortem folder, e.g., FRED#-FP01 through FP01 through –FP0x to designate the number of fingerprint cards received.
 - v. Post mortem digital dental x-rays stored in the dental x-ray computer server (DEXIS) should be titled with the MRN followed by DX01 through DX0x to designate the number of digital dental x-rays taken.
 - Antemortem dental x-rays digitized would be labeled by the number assigned to the FRED ante mortem folder, e.g., FRED#-DX01 through DX0x to designate the number of digital dental x-rays received and digitized.

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Appendix G – Guidelines for Establishing a Human Remains Reference System, Continued

- vi. Post mortem DNA specimens (only if multiple specimens are collected from a single MRN item) should be titled with the MRN followed by DN01 through DN0x to designate the number of specimens taken.
 - Antemortem DNA known family samples (Buccal swabs) would be labeled by the number assigned to the FRED ante mortem folder, e.g., FRED#-DB01 through DB0x to designate the number of samples received.
 - Antemortem DNA known reference specimens (e.g., tooth brush, clothing, razor, etc.) would be labeled by the number assigned to the FRED ante mortem folder, e.g., FRED#-DR01 through DR0x to designate the number of specimens received.
 - c. Summary of case numbering suffixes applied (be sure to include the leading zero for numbers 01 through 09):
 - DP01 Digital Photos
 - PE01 Personal Effects
 - BX01 Body X-rays
 - FP01 Finger Prints
 - DX01 Dental X-rays
 - DN01 DNA Specimens (post mortem)
 - DB01 DNA Family Samples (Buccal swabs)
 - DR01 DNA Reference Specimens (known victim DNA)
3. Identified Remains Case Number Conventions
- a. The Coroner/M.E. may elect to enter identified remains in the District's existing computerized case file management system for the office once the MRN case files have been matched to FRED case files.
 - i. Cross reference notes should be made to indicate which FRED case and MRN case(s) are associated with the master case number.
 - ii. Multiple MRN cases may be matched by dental or DNA identification to one individual.
 - b. The Sheriff/Coroner, Coroner, Medical/Examiner may elect to use the first MRN identified with a particular FRED as the PRIMARY number.
 - i. Additional MRN cases identified as the same individual may be cross referenced to the primary MRN for tracking purposes.
 - ii. Logs of MRN numbers should be updated to reflect the primary and secondary links for tracking purposes.
-

APPENDIX H

FEDERAL FAMILY ASSISTANCE PLAN FOR AVIATION DISASTERS



**Appendix H – Federal Family Assistance Plan for Aviation
Disasters**

**FEDERAL
FAMILY ASSISTANCE PLAN FOR
AVIATION DISASTERS**



**PREPARED BY THE NATIONAL TRANSPORTATION
SAFETY BOARD**

August 1, 2000

Continued on next page

Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

SUBJECT: Federal Family Assistance Plan for Aviation Disasters

1. REFERENCES.

- a. Presidential Executive Memorandum, Subject: Assistance to Families Affected by Aviation and Other Transportation Disasters, September 9, 1996
- b. Public Law 104-264, Title VII, Aviation Disaster Family Assistance Act of 1996, October 9, 1996
- c. Memorandum of Understanding between Department of Defense and National Transportation Safety Board, April 3, 1997
- d. Memorandum of Understanding between Department of Health and Human Services and National Transportation Safety Board, June 19, 1997
- e. Memorandum of Understanding between Department of Justice and National Transportation Safety Board, January 28, 1997
- f. Memorandum of Understanding between Department of State and National Transportation Safety Board, June 18, 1997
- g. Memorandum of Understanding between Federal Emergency Management Agency and National Transportation Safety Board, October 24, 1998
- h. Statement of Understanding between American Red Cross and National Transportation Safety Board, September 28, 1998
- i. Memorandum of Understanding between Department of Transportation and National Transportation Safety Board, June 19, 1997
- j. Department of Transportation and National Transportation Safety Board, Final Report, Task Force on Assistance to Families of Aviation Disasters, October 29, 1997
- k. Public Law 105-148, Foreign Air Carrier Family Support Act, December 16, 1997

2. PURPOSE. This plan assigns responsibilities and describes the airline and Federal response to an aviation crash involving a significant number of passenger fatalities and/or injuries. It is the basic document for organizations which have been given responsibilities under this plan to develop supporting plans and establish procedures.

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Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

3. IMPLEMENTATION. This plan shall be executed in full or part by the Director, Office of Family Affairs (FA), at the direction of the Chairman, National Transportation Safety Board (NTSB).

a. The Director shall recommend to the Chairman activation of the plan or portions thereof.

b. Federal agencies that have responsibilities under this plan shall maintain control of their resources while supporting the NTSB in accordance with the above references. (For purposes of this document the terms "Federal agencies" and "Federal staff" includes the American Red Cross.)

c. The NTSB, through its communications center, will initiate notification of Federal agencies to activate planning and coordinating with the airline an appropriate response based upon the magnitude of the aviation crash. As information about the incident becomes more concise, additional resources may be called to support the incident. Upon direction from the Director, the NTSB communications center will notify any or all of the following operations centers:

(1) American Red Cross (ARC) (703) 206-8822

(2) Department of State (DOS) (202) 647-1512

(3) Department of Health and Human Services (DHHS) (301) 443-1167 Ext. 0 1-800- 872-6367

(4) Federal Bureau of Investigation Operations Center (FBI) (202) 324-6700

(5) Federal Emergency Management Agency (FEMA) (202) 898-6100

(6) Department of Defense (DOD) (703) 697-0218

(7) Department of Justice (DOJ) (202) 514-5000

d. The role of the NTSB can generally be described as a coordinator to integrate the resources of the Federal Government and other organizations to support the efforts of the local and state government and the airline to meet the needs of aviation disaster victims and their families. The NTSB assists in coordinating Federal resources to local authorities and the airlines. Family counseling, victim identification and forensic

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Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

services, communicating with foreign governments, and translation services are among the services with which the Federal government can help local authorities and the airlines deal with a major aviation disaster. It is recommended that the local government emergency services provide a representative to the Joint Family Support Operations Center (JFSOC) to participate in the local, airline, and Federal response. Details of the JFSOC are provided at Appendix B. It is recognized that the JFSOC layout is dependent on the facilities and rooms available at the time.

e. Local authorities will maintain the same jurisdiction in regards to the initial accident response, recovery, security, site cleanup and medical examiner operations. The NTSB will lead the aviation crash investigation until it is determined to have been caused by a criminal act. The FBI will then become the lead investigative agency.

f. The airline continues to have a fundamental responsibility to the victims and their families affected by an aviation crash. The airline is primarily responsible for family notification and all aspects of victim and family logistical support. Although their major responsibilities have not changed, the "Aviation Disaster Family Assistance Act of 1996" and the "Foreign Air Carrier Family Support Act" places the airline, as well as other support organizations, in a more collaborative relationship with families.

g. All personnel involved in providing services to assist the victims and their family members should be trained in crisis response and must demonstrate compassion, sympathy, technical expertise, and professionalism. Information provided by family members and victims through discussions, interviews, counseling, and any other form of exchange of personal information must remain confidential and shall not be used for future litigation purposes.

4. SCOPE.

a. This plan pertains to any domestic or foreign commercial aviation crash that occurs within the United States, its territories, possessions and territorial seas.

b. This plan is written with three possible crash scales supporting organizations should consider in their development of supporting plans and asset allocation calculations.

(1) Crash scale 1. This involves an aviation crash that involves 100 or fewer passengers and crew who are either fatalities or require medical assistance.

(2) Crash scale 2. This involves an aviation crash that involves 101 - 200 passengers and crew who are either fatalities or require medical assistance.

(3) Crash scale 3. This involves an aviation crash that involves 201 or more passengers and crew who are either fatalities or require medical assistance.

Continued on next page

Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

5. ASSUMPTIONS.

- a. The Chairman of the NTSB will request Federal agencies to support the NTSB in accordance with the above references.
- b. The local medical examiner/coroner having jurisdiction will allow the Federal government to provide assistance. (It is noted that there are differences between a medical examiner and coroner. For purposes of this document the term "medical examiner" is used interchangeably with "coroner".)
- c. There will be fatalities and seriously injured passengers and crew for each of the above three scenarios.
- d. Large numbers of families of fatalities will travel to the city closest to the incident and will utilize the accommodations provided by the airline. The remainder of families of fatalities will remain at their local residence.
- e. Most, if not all, families of seriously injured personnel will travel to the location where the injured are hospitalized, and once the injured are released from the hospital, will return home.

6. GENERAL. The family assistance mission tasks that follow an aviation crash are:

- a. Make initial notification to family members of victims involved in the aviation crash based on manifest documents and other available information.
- b. Monitor search and recovery operations conducted by the local jurisdiction and offer assistance where needed.
- c. Determine the status and location of victims.
- d. Obtain approval of the local medical examiner to provide Federal assistance.
- e. Assist the local medical examiner in the identification of fatalities and the notification of their families.
- f. Provide psychological and logistical support and services to victims and their family members.
- g. Provide daily briefings to families on the progress of recovery efforts, identification of victims, the investigation, and other areas of concern.
- h. Arrange for a memorial service for the fatalities and their family members.

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Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

- i. Provide for the return of personal effects.
- j. Maintain contact with victims and their families to provide updates on the progress of the investigation and other related matters.

7. RESPONSIBILITIES. There are seven Victim Support Tasks (VSTs). VSTs are tasks which participating organizations may be required to perform based upon the size and circumstances of the actual incident. The seven VSTs are NTSB Tasks; Airline Tasks; Family Care and Mental Health (ARC); Victim Identification, Forensic and Medical Services (DHHS); Assisting Families of Foreign Victims (DOS); Communications (FEMA); and Assisting Victims of Crime (DOJ). Each aviation crash is unique, and all of the following responsibilities may or may not be employed. Agencies and organizations should consider this and the three crash level scales when developing their supporting plans.

a. NTSB: VST 1, "NTSB Tasks".

- (1) Coordinate Federal assistance and serve as liaison between airline and family members.
- (2) Provide NTSB toll free number to family members to obtain information on the recovery and identification effort, accident investigation, and other concerns. This number will normally be provided to families on site during the initial family briefing and repeated in subsequent briefings. The NTSB will coordinate with the airline to have airline family representatives provide the toll free number to the families that do not travel to the site.
- (3) Request a copy of the passenger manifest from the airline.
- (4) Coordinate with Department of Transportation for marine search and rescue.
- (5) Review with the airline family support logistics with special consideration toward security, quality of rooms and facilities, and privacy for family members.
- (6) Integrate local and Federal government officials and airline staff to form a Joint Family Support Operations Center to facilitate close coordination of services and activities.
- (7) Coordinate assistance effort with local and state authorities, to include the medical examiner, local law enforcement, emergency management, hospitals, and other emergency support personnel.
- (8) Maintain communications with the involved airline to receive frequent updates on the status of notification of victims' families.

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Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

- (9) Conduct daily coordination meetings with the airline and local and Federal government representatives to review daily activities, resolve problem areas, and to synchronize future family support operations and activities. An example of information that may be needed at the daily coordination meeting is at Appendix B.
- (10) Provide and coordinate family briefings to those at the site and those who decide not to be at the site.
- (11) Discuss with the medical examiner the subject of DNA testing: i.e., under what conditions would it be used; to what extent would it be used; whom the medical examiner would use to collect and test samples; and whom would pay for testing of samples.
- (12) Coordinate with investigator in charge for a possible visit to the crash site for family members.
- (13) Provide information releases to the media pertaining to the types of support that have been brought in to assist family members.
- (14) Maintain contact with family members to keep them informed about the progress of the investigation and continue to meet their future needs.
- a) Approximately 2 to 4 months after the date of the crash, factual reports written by the NTSB investigators are made available in a public docket. Families should be informed approximately 4 weeks prior to the factual report being made public that they may request the NTSB provide a copy of the report. The report will be provided to them at no cost.
 - b) Families will also be notified of a public hearing concerning the crash if the NTSB decides a public hearing is necessary. The hearing is designed to gather additional facts from individuals selected to testify. Travel and lodging for the hearing is at the family's expense. Families will be provided seating and copies of official exhibits discussed at the hearing.

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Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

c) Families will be invited to attend, at their own expense, the board meeting at NTSB's Washington, DC, headquarters. The NTSB investigative staff presents to the full five Member Board a draft accident report for member discussion and approval at this board meeting. This report documents the NTSB's determination of the probable cause of the crash and recommendations on ways to prevent future aviation crashes.

(15) Consolidate and review after action reports to resolve problem areas and update operating plans and procedures.

b. Airline: VST 2, "Airline Tasks".

(1) In addition to accident notification required by 49 Code of Federal Regulations (CFR) 830.5, notify the NTSB communications center at (202) 314-6290 immediately upon knowledge of a crash.

a) Provide place of incident (or general vicinity of incident), number of passengers and crew based on preliminary departure information and number of injured and fatalities (if known).

b) Provide flight number, origination, connection points and final destination (if known), and whether the flight was domestic or international.

c) Provide name and telephone number of the person who is in overall charge of the incident site.

d) Provide name, telephone number and location of the hotel that has been designated as the JFSOC.

e) Provide name and telephone number of the person responsible for the passenger manifest.

f) Provide name and telephone number of the person responsible for family notification.

(2) Provide the public a reliable publicized toll free number with sufficient telephone capacity.

a) When disseminating the toll-free number, the carrier should ask the media to inform the public that this number should only be used by individuals who have a reason to believe a family member or friend was a passenger on the flight.

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Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

b) The media notice should emphasize that initial calls to the airline are to provide a point of contact with the airline, provide basic flight information to the caller, and gather information so the airline may obtain points of contact for each passenger.

c) The media should be asked to reemphasize the carrier involved, the flight number, airport of origination, connection and final destination. This may reduce the number of callers who know someone who was on another carrier's flight traveling to a different destination.

d) The "message" heard by callers on hold should urge anyone who does not have reason to believe that a family member or friend was a passenger or is unable to provide relevant information on the passenger to please clear the line. The "message" also should restate the carrier involved, the flight number, airport of origination, connection and final destination.

(3) Provide timely notification to family members of passengers which may consist of a continuous process of updates based upon manifest reconciliation with boarding documents (ticket lifts, ticket readers, final gate check-in name list). It is recommended that passenger information be provided to family members as it becomes known. Do not wait until all names on the check-in manifest are confirmed before notifying individual family members. For example, the family should be provided information as to whether the passenger is shown checked in or not, but that the passenger's status cannot be confirmed until the check in manifest is reconciled with the boarding documents collected at the gate. Once contact is established with family members, it must be maintained, regardless if additional information becomes available. Personnel should be trained in crisis response and techniques to notify a person that a family member may have been involved in a disaster.

(4) Provide the NTSB, upon request, the most current reconciled copy of the passenger manifest. Each copy should be numbered or annotated so it can be distinguished from previous copies.

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Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

(5) Secure facilities at departure, arrival, and connecting airports where family members may be initially gathered to protect them from media and solicitors, as well as to receive continuous updates on the reconciliation of the passenger manifest and other information on the crash. If at a secured facility, family members will be notified personally and privately by personnel trained in crisis response and death notification that their loved one was on the plane.

(6) Provide logistical support to family members who desire to travel to the incident site (or to a hospital location), which includes, but is not limited to, transportation, lodging, meals, security, communications, and incidentals. Factors to consider in selecting a facility are quality of rooms and size of facilities, privacy for family members, and relative location to medical examiner's office, temporary morgue, airport operations, crash site, NTSB investigation Headquarters, and medical treatment facilities.

(7) Inform family members (or family friends or clergy who are with the family) at an appropriate time, but as early as possible after being notified, that it is critical that they contact their family dentist to obtain the dental records and dental x-rays of their loved one. Ask the family to have the records and x-rays overnight expressed to the address of the hotel where the JFSOC will be located. Packages should be addressed to the Deputy Director, FA, NTSB. If the family is coming to the site within the next 48 hours, the family may arrange to hand carry these documents. It should be explained that dental records and x-rays are critical in the victim identification process. If the family is already at the site or arrives without making arrangements with their dentist, Disaster Mortuary Operational Response Team (DMORT) personnel will coordinate with the family's dentist to obtain dental records and x-rays.

(8) Make provisions for a JFSOC to include space, communication and logistical support for the assisting local and Federal staff. Details of the JFSOC are provided at Appendix B.

(9) Make provisions for private areas within the hotel for DMORT and medical examiner personnel to collect ante mortem information from families at the site. Also provide quiet space and communications for DMORT and medical examiner personnel to telephonically collect ante mortem information from families who decide to stay away from the site. Plan to provide the following rooms for crisis counseling/DMORT use:

Continued on next page

Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

- a) Crash scale 1: 6 rooms
- b) Crash scale 2: 12 rooms
- c) Crash scale 3: 15 rooms

Support requirements for planning purposes are at Appendix B. These facilities will also be used to inform families when positive identification has been made by the medical examiner. By having the DMORT/medical examiner team representative located within the family assistance center, transportation of victim's remains and other logistical considerations can be better coordinated without having an airline reservation specialist at the morgue location.

(10) Provide DOS representative necessary information on foreign passengers to facilitate interaction with appropriate foreign government embassies.

(11) Provide notification to family members prior to releasing passenger names to the public. Family members should be given appropriate time to notify other family members and friends prior to public release of the victim's name. While it may be necessary for some families to have more than one contact point with the airline, families may be requested to designate one primary contact point for purposes of information sharing among the family. This will allow the airline to use their personnel in a more efficient manner. The carrier is under no obligation to release the victim's name if family members do not wish the victim's name to be released.

(12) Inquire at the time of notification or soon after if family members desire, ARC crisis assistance or an ARC person just to talk to. If they are undecided or say no, ask them to inform their airline representative if they reconsider. Pass all requests for assistance to the ARC representative who will coordinate for an ARC staff member in the family member's local area to contact the family.

(13) Provide the media with continuous updates on the progress of the notification process, such as providing the number of victims' families notified as of a certain time and the number remaining to be notified. This process will continue until all victims' families have been notified.

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Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

(14) Assist family members as they travel to and from the site by informing flight crews and airport personnel that family members are on particular flights. At departure, connecting, and arrival airports, family members should have airline personnel meet and assist them while on airport grounds. If necessary, seek assistance from other carriers who may have a larger presence at the airport. Assist family members as they depart the incident site and provide a contact person who will continue to be the airline interface with the family after the family returns to their residence.

(15) Provide a contact person to meet family members as they arrive and accompany them at the incident site. This person will be responsible for assisting the family while at the site and should continue to be the airline interface with the family until the family returns to their residence. At that time the airline may decide to designate a single contact person for all family members.

(16) Maintain daily contact with family members who do not travel to the incident site by providing a contact person from the airline.

(17) Establish a badging system to identify family members.

(18) Establish a joint liaison with ARC at each supporting medical treatment facility to track the status of injured victims and to provide assistance to their families.

(19) Develop procedures for the handling of personal effects not being held as evidence for purposes of a criminal or accident investigation. Utilizing a third party who has experience in the return of personal effects associated with aviation disasters should be considered. Done properly it is time consuming and resource intensive. Consideration should also be given to protecting airline employees from re-experiencing the crash, which could result in future psychological and physical health problems. Provisions will be made for unclaimed possessions to be retained for at least 18 months from the date of the crash as required by law.

(20) Designate an individual who will be the airline's representative to the Deputy Director of FA. This individual will travel to various locations, such as accident site, morgue, JFSOC, and family assistance center with the Deputy Director of FA. The designated individual should have the authority or ready access to those who have sufficient authority to make decisions on behalf of the airline.

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Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

(21) Consult with family members about any airline-sponsored monument, including any inscriptions.

(22) Provide reasonable reimbursement to the ARC for the services provided to the family, airline, and supporting personnel.

(23) Coordinate with DOJ in arranging meetings with family members to explain their rights under the victims of crime legislation, if the crash is declared a crime.

(24) Provide the same support and treatment of families of non-revenue passengers (and any other victim of the accident) as for revenue passengers.

(25) Participate in daily coordination meetings to review daily activities, resolve problem areas, and to synchronize future family support operations and activities. Information that may be needed at the daily coordination meeting is at Appendix B. This information is helpful to plan logistical requirements, such as food, lodging, and transportation, as well as providing everyone with an update of current and future support operations.

c. ARC: VST 3, "Family Care and Mental Health".

(1) Provide a representative to the JFSOC to coordinate with other members of the operations center staff ARC related issues and family requests for assistance. Additional personnel may be needed for crash scale 2 or 3 scenarios.

(2) Coordinate and manage the numerous organizations and personnel that will offer counseling, religious and other support services to the operation. A staff processing center, away from the Family Assistance Center, should be set up to screen, monitor and manage personnel (paid and volunteer) so that families are not outnumbered and overwhelmed by well-intentioned organizations and individuals. The staff processing center will also be responsible for the badging of personnel, matching volunteer skills with organizational needs, assigning work schedules, briefing and debriefing of support staff, personnel and planning for future activities.

a) Qualified local resources should be integrated with ARC personnel to provide crisis and grief counseling, food services, administrative assistance, and other support services to family members and support organizations.

Continued on next page

Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

- b) Crisis and grief counseling should be coordinated with the airline to contact and set up an appointment, if appropriate, with family members who do not travel to the site.
 - (3) Employ an accounting system to accurately record cost data in specific cost categories for later reimbursement.
 - (4) Activate local, state and national ARC personnel to provide crisis and grief counseling to family members and support personnel. This includes coordinating with the airline to contact and set up an appointment, if appropriate, with family members who do not travel to the site.
 - (5) Assess the needs and available resources of other agencies and coordinate with them to ensure ongoing emotional support for workers during the operation and provide debriefings before departure.
 - (6) Establish a joint liaison with the airline at each supporting medical treatment facility to track the status of injured victims and to provide assistance to their families.
 - (7) Coordinate with the airline to establish areas for families to grieve privately.
 - (8) Coordinate on site child care services for families who bring young children.
 - (9) Arrange a suitable inter-faith memorial service days following the crash and a memorial service for any future burial of unidentified remains.
 - (10) Provide families, at their request with referrals to mental health professionals and support groups that are in the family member's local area.
- d. DHHS: VST 4, "Victim Identification, Forensic and Medical Services".
- (1) Provide a representative to the JFSOC to coordinate with other members of the operations center staff DHHS related issues and family requests for assistance. Additional personnel may be needed for crash scale 2 or 3 scenarios.

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Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

- (2) Provide necessary DMORT team members to assist the medical examiner in victim identification and mortuary services. Configuration of team and skills required will be determined by details of the crash, medical examiner's request for assistance, and crash scale 1, 2, or 3 factors.
- (3) Provide, if appropriate, a portable morgue facility and the necessary equipment and supplies to augment the local medical examiner's capabilities.
- (4) Monitor the status of incoming dental records and x-rays to insure that all records have been received. If not, take steps to obtain the records and x-rays. Request assistance from DOS for acquiring necessary records for foreign passengers and crew.
- (5) Develop a standard ante mortem questionnaire and disposition of remains form that can be adapted to meet local medical examiner and state requirements. The disposition of remains form will be used to obtain directions from the lawfully authorized next of kin on what he/she desires the medical examiner to do with remains that may later be identified as those of their family member. Information collected from family members is strictly confidential and will be used only for medical examiner purposes.
- (6) Interview family members who are both on site and off site for ante mortem identification information and disposition of remains information.
- (7) Coordinate with the medical examiner to integrate non-DMORT personnel who are providing assistance to the medical examiner's office into the morgue operation.
- (8) Assist the medical examiner in notifying family members of positive identification and include an explanation of how identification was determined. Notification team may include, if appropriate, ARC crisis counselor, clergy, and airline family escort.
- (9) Check remains prior to release to local funeral director. Insure that all documentation is correct and a chain of custody is established.

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Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

- (10) Provide the NTSB with names of victims and their next of kin (NOK), relationship to victim, and addresses and telephone numbers of NOK. A source for this information is the ante mortem questionnaire.
 - (11) Assist the airlines, if requested, with finding next of kin to be notified by use of established cooperative relationships with local, state, and Federal law enforcement agencies.
 - (12) Provide, if requested, professional medical staff and technicians to assist in the care and recovery of injured victims.
 - (13) Assist the ARC, if requested, with additional trained and experienced crisis counselors.
- e. DOD: Supports DHHS in VST 4, "Victim Identification, Forensic and Medical Services". If required:
- (1) Provide the use of a military installation, such as Dover Air Force Base, for mortuary support operations.
 - (2) Provide personnel from the Armed Forces Institute Pathology (AFIP), Office of the Armed Forces Medical Examiner (OAFME), to assist in the identification effort and to conduct appropriate DNA comparison testing on specimens submitted by the medical examiner.
 - (3) Provide assets from the US Navy's Support Salvage (SUPSALV) for the purposes of offshore search, salvage, and recovery of non-military aircraft wreckage, when these services are not locally available. SUPSALV is delegated the responsibility for technical, and when tasked, operational control of aircraft search, identification, and/or underwater recovery operations. NTSB and SUPSALV will jointly determine if assets should be deployed and SUPSALV will advise the NTSB on alternate search and recovery methods that may be employed.
 - (4) Provide within 24 hours a trained Graves Registration and Recovery Team to assist in the recovery efforts at the crash site.
 - (5) Provide within 72 hours available dental records and x-rays of military fatalities that are active duty, retired, veteran, or reserve.

Continued on next page

Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

(6) Provide pouches and transfer cases for human remains.

f. DOS: VST 5, "Assisting Families of Foreign Victims". If required:

(1) Provide a representative to the JFSOC to coordinate with other members of the operations center staff DOS related issues, such as obtaining dental records and dental x-rays from foreign families and responding to family requests for assistance. Additional personnel may be needed for crash scale scenarios involving international flights.

(2) Provide official notification to foreign governments that have citizens involved in the aviation incident after obtaining necessary information on foreign passengers from the airline.

(3) Assist the airline in notifying US citizens who may reside or are traveling outside the United States that a member of their family has been involved in an aviation accident.

(4) Provide translation services to facilitate communications with the victim's family and all interested parties.

(5) Assist the airline, the Federal support staff, and others in maintaining daily contact with foreign families who do not travel to the United States.

(6) Assist foreign air carrier's employees and families of foreign victims with entry into the United States and extend or grant visas.

(7) Facilitate necessary consulate and customs services for the return of remains and personal effects into the country of destination.

(8) Assist in the effort to provide the medical examiner the necessary information on foreign victims to complete death certificates.

g. FEMA: VST 6, "Communications". If required:

(1) Provide a representative to the JFSOC to coordinate with other members of the operations center staff and local and state officials emergency management related issues. Additional personnel may be needed for crash scale scenarios involving a major city emergency response.

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Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

(2) Provide personnel, upon request of the NTSB, to assist in public information dissemination, to include assistance in establishing and staffing external media support centers at the crash site, wreckage hanger, family support operations center, airport, and other areas that may attract media interest.

(3) Provide voice and data communication assets to communicate from the incident site to

(4) The NTSB Communications Center.

h. DOJ: VST 7, "Assisting Victims of Crime". If required:

(1) Provide, upon NTSB request, a FBI Disaster Squad with sufficient personnel to obtain fingerprint identification of aviation crash fatalities. This team will work with the medical examiner and the DMORT personnel at the morgue location.

(2) The following responsibilities will only be implemented if the airline disaster is officially declared a criminal act:

a) Provide a representative to the JFSOC to coordinate with other members of the operations center on DOJ-related issues.

b) Provide information to victims and their family members, on site and off site, as required under the Victims of Crime Act of 1984, the Victim and Witness Protection Act of 1982 as amended, other relevant statutes, and the 1995 Attorney General Guidelines for Victim and Witness Assistance.

c) Assist the ARC, if requested, with additional trained and experienced crisis counselors through the Office for Victims of Crimes Community Crisis Response Program.

d) Provide updates to victims and their family members on the progress of the criminal investigation.

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Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

8. COORDINATING INSTRUCTIONS.

- a. The point of contact for this plan is the Deputy Director, FA, NTSB. The telephone number is (202) 314-6185. The office fax number is (202) 314-6638.
- b. Upon implementation and until the NTSB's family affairs staff is situated at the JFSOC, calls should be directed to the NTSB Communications Center at (202) 314-6290 (voice) or (202) 314- 6293 (fax). The Communications Center will pass any information or messages to the appropriate NTSB family affairs staff member.
- c. It is recommended that supporting agencies make the same individual or individuals available to each aviation crash as their representative to the JFSOC. Major aviation incidents do not occur frequently. When they do occur, however, people and organizations in the past have had very little or no experience dealing with the many sensitive issues of an aviation disaster. By developing a core group of experienced staff, operational procedures will continually improve and individual and group experiential bases will increase, all culminating in the better delivery of support services to victims and their families. Agencies are not precluded from designating and training alternate personnel.
- d. It is recommended that Federal personnel involved at the incident site wear clothing articles, such as hats, shirts, and/or jackets that identify the agency or group with which they are associated. This will be helpful for families, as well as for all those involved in supporting the operation.
- e. Agencies that participate in supporting victims and their family members under this plan are requested to submit an after action report to the Deputy Director, FA, within 30 days of completion of their tasks. This information must be captured so appropriate lessons can be derived, corrective actions taken, and plans changed accordingly. A sample format is at Appendix C.
- f. Other than the media releases by the airline on the progress of family notification and release of passenger names described in paragraph 7b, all media inquiries and releases that pertain to the family affairs operation will be referred to the NTSB family affairs officer. The NTSB will advise and assist the local medical examiner on any media affairs in his or her area of responsibility. Support organizations may provide press releases or briefings on their specific agency mission/action during this event. There are no restrictions on victims or family members meeting with the media if they so desire.

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Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

g. Due to differences in individual airline and airline underwriter policies, as well as the aviation crash itself, reimbursement of costs associated with participation in an aviation disaster will be made after discussions with the airline and their insurance underwriter.

ENCLOSURES

[Appendix A](#) Drafted Media Release and Background Papers

[Appendix B](#) Joint Family Support Operations Center

[Appendix C](#) Suggested After Action Report Format

[Appendix D](#) Questions and Answers

APPENDIX A

DRAFT MEDIA RELEASES AND BACKGROUND PAPERS

Media Topic

Federal Agencies Supporting the Victims of (Accident)

National Disaster Mortuary Operational Response Team (DMORT)

Victim Identification Process

Aviation Disaster Family Assistance Act of 1996 (Background Paper)

Return of Personal Effects (Background Paper)

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Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

FOR IMMEDIATE RELEASE:

FEDERAL AGENCIES SUPPORTING THE VICTIMS OF (ACCIDENT)

(LOCATION)- The Aviation Disaster Family Assistance Act of 1996 (PL 104-264, Title VII), was passed by the Congress and signed by President Clinton on October 9, 1996. This Act gave the National Transportation Safety Board (NTSB) the additional responsibility of aiding the families of victims of aircraft accidents occurring in U.S. territory. An earlier Presidential Executive Memorandum, dated September 9, 1996, complements the new law, in which President Clinton designated the NTSB as the coordinator of Federal services for families of major transportation disasters.

The NTSB, in a cooperative effort with local, state and (AIRLINE) authorities, is coordinating Federal support to assist (CITY) in meeting the needs of the victims' families of (ACCIDENT). Federal and other agencies that are involved in the family support area are: (American Red Cross (ARC); Department of State (DOS); Department of Health and Human Services (DHHS); Federal Emergency Management Agency (FEMA); Department of Justice (DOJ); and Department of Defense (DOD).

The ARC is providing crisis and grief counseling not only to the families that are here in (CITY), but also for those families who have decided to remain home. The ARC has activated local, state, and national ARC personnel to augment local resources to support the families affected by this tragic disaster. ARC personnel and local volunteers are also at key locations, such as the airport, family assistance center and the morgue, assisting all the support workers who have contributed so much to this operation.

The Department of Health and Human Services (DHHS) is primarily responsible for assisting the (CITY) medical examiner in the identification and return of deceased victims to their families.

The National Disaster Mortuary Operational Response Team (DMORT) is currently assisting the city medical examiner. The team is composed of forensic pathologists, odontologists, anthropologists, finger print experts, and other technical personnel. DHHS is also providing a fully equipped mobile mortuary to expand the medical examiner's capabilities.

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Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

(Since there are foreign passengers involved in this accident, The Department of State (DOS) is assisting the airline in officially notifying the victim's government and helping those affected foreign families travel to the US. They are also providing translation services to facilitate communication with all interested parties.)

(The NTSB has also called on the Federal Emergency Management Agency (FEMA) to augment NTSB public information efforts with additional staff. This will enable the NTSB to staff additional media support locations, such as XXXXX)

(Now that this tragedy has been officially declared a criminal act by (LAW ENFORCEMENT AGENCY), the Department of Justice (DOJ) is providing information to family members on the services and assistance provided under the Victims of Crime Act of 1984. Such services and assistance may include compensation for loss of support, loss of wages, medical and mental health counseling expenses, and funeral costs. DOJ is also responsible for keeping the family members up to date on the progress of the criminal investigation.)

FOR IMMEDIATE RELEASE:

DISASTER MORTUARY OPERATIONAL RESPONSE TEAM (DMORT)

(LOCATION)-Immediately upon being notified of the (ACCIDENT), the National Transportation Safety Board contacted the local **medical examiner (NAME)** to jointly assess the situation to determine if the Federal government can assist in the recovery and identification of fatalities of (ACCIDENT).

(ME's name) requested Federal assistance and the NTSB requested the Office of Emergency Preparedness, United States Public Health Service (USPHS) to activate the Disaster Mortuary Operational Response Team (DMORT). Approximately (time and date) the first elements of DMORT arrived on site.

The DMORT members are composed of private citizens each with a particular field of expertise. Their licensure and certification is recognized by all states and they are compensated for their duty time by the Federal government. They will assist the medical examiner with recovery, identification and body preparation of the deceased victims. The team consists of forensic pathologists, medical examiners, odontologists, anthropologists, funeral directors, finger print experts, and other skilled technicians. Many have experience with other aviation disasters, as well as experience involving natural disasters.

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Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

The NTSB also requested the delivery of an emergency mobile mortuary. The facility, which is maintained in Rockville, Maryland, contains a complete morgue with the necessary prepackaged equipment and supplies to support each workstation. It **(arrived...time/date) (is expected to arrive approximately time/date)**. It **(has been/will be)** located in the vicinity of **(location)** and **(is/will be)** considered a secure site.

This has been a cooperative effort between local, state, and Federal officials, as well as **(airline)** with the shared goal of recovering, identifying and returning all victims of this disaster to their loved ones as quickly as possible.

FOR IMMEDIATE RELEASE:

VICTIM IDENTIFICATION PROCESS

(LOCATION)-(NAME), the local medical examiner is leading the effort to identify the victims of **(ACCIDENT)**. As the medical examiner, **(NAME)** is legally responsible and retains jurisdiction on victim identification and cause of death determination.

The Aviation Disaster Family Assistance Act of 1996 designates the National Transportation Safety Board (NTSB) to coordinate Federal assistance in response to aviation accidents, such as the **(ACCIDENT)**. The NTSB, at the request of **(NAME)**, has provided the medical examiner's office the services of the Disaster Mortuary Operational Response Team (DMORT). The team consists of forensic pathologists, medical examiners, odontologists, anthropologists, funeral directors, finger print experts, and other skilled technicians. Many have experience with other aviation disasters, as well as experience involving natural disasters. The NTSB also requested the delivery of an emergency mobile mortuary, which is maintained in Maryland. It contains a complete morgue with the necessary prepackaged equipment and supplies to expand the operational capacity of the medical examiner's office.

The identification process is very deliberate and time consuming. Consequently, family members and the media are cautioned not to expect immediate identifications to be made. In some cases, unfortunately not all victims may be identified. To minimize this possibility, the NTSB has called on this team of experienced experts.

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Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

The identification process utilizes a number of media to make a positive identification. The process may start with documents found on the victim, as well as descriptions of clothing, jewelry, and other characteristics described by family members. Family members have been requested to provide dental records and x-rays that will assist the forensic odontologists with their work. The fingerprint experts of the FBI Disaster Squad will also make fingerprint comparisons. Forensic pathologists and anthropologists can also assist by providing information on general age, sex, size, color of hair and eyes, and race of the victim. Based upon past medical information collected from family members, they may be able to determine a victim by a previous broken arm that was reported by the family and the comparison of a x-ray taken by the medical examiner. Collectively, all these procedures' findings must support one another prior to a positive identification being determined by the medical examiner.

Once **(NAME)** makes a positive identification, the medical examiner's office will personally notify the victim's family. Health care and other support professionals will be available to assist family members through this experience.

FOR BACKGROUND INFORMATION

AVIATION DISASTER FAMILY ASSISTANCE ACT OF 1996 (PL 104-264, Title VII)

The National Transportation Safety Board (NTSB) has been investigating the nation's aviation accidents for nearly thirty years and has been to the scene of nearly 100,000 general and commercial airplane accidents. The Aviation Disaster Family Assistance Act of 1996 (PL 104-264, Title VII), was passed by Congress and signed by President Clinton on October 9, 1996. The Act gave the NTSB the additional responsibility of aiding the families of victims of aircraft accidents. The new law is complemented by an earlier Presidential Executive Memorandum dated September 9, 1996, in which President Clinton designated the NTSB as the coordinator of Federal services for families of major transportation disasters in the U.S. This authority enables the NTSB to harness the collective resources of the Federal government and direct aid to any area in which it is needed.

Before President Clinton's Presidential Memorandum, the families of people killed or injured in a commercial aircraft accident had been primarily assisted in the aftermath of the accident by the involved airline. Often local and state agencies, including volunteer organizations also responded, but often times the effort was uncoordinated and divisive. While the airline remains a major participant, the NTSB is now able to apply Federal resources to augment local and state efforts and coordinate the overall family assistance support system.

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Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

The following are highlights of the Aviation Disaster Family Assistance Act of 1996:

1. The Chairman of the NTSB designates and publicizes the name and telephone number of the Director of the Office of Family Affairs who will be the liaison between family members and the airline.
2. The Chairman of the NTSB designates a nonprofit organization (American Red Cross) whose primary responsibility will be to coordinate the emotional care and support to victims and their families.
3. Upon request, the airline will provide a copy of the latest available passenger manifest to the Director of the Office of Family Affairs.
4. No person (including a State or political subdivision) will impede the ability of the NTSB and/or the Director of the Office of Family Affairs to carry out its responsibilities or the ability of the families of passengers involved in the accident to have contact with one another.
5. Provides a 30-day waiting period in which unsolicited communications by attorneys, representatives of an attorney, insurance company, or airline litigation representative to victims or their families are prohibited.

FOR BACKGROUND INFORMATION

RETURN OF PERSONAL EFFECTS

At the time victims of an accident are removed from the incident site, their personal effects are also being recovered. All recovered items are stored in a secure area. There are two types of personal effects, associated and unassociated.

Associated personal effects are those personal items that can be identified to a specific individual. Examples are items such as rings or earrings that are found on the victim or articles such as a wallet found in a carry on bag with driver's license, credit cards, and other items with a specific person's name.

Unassociated personal effects are those items that can not be identified to a specific person. Examples may be a necklace or earrings found near, but not on, a victim or clothing that has spilled out of a suitcase.

Sometimes authorities retain personal effects if needed as evidence or as part of the investigation. Once the authorities no longer need retained items, the items are returned to the airline to be returned to the appropriate owner.

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Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

The airline or their representative returns associated items by contacting the survivor or victim's family and asking them how they would like the recovered items returned. The airline or its representative then carries out the desires of the survivor or the victim's family.

The process for the return of unassociated personal effects is deliberate and time consuming. The primary problem is determining ownership of items that may number in the thousands. Normally, all items are first inventoried, numbered, and photographed. Once completed, a photo catalogue is produced and provided to all families who request a copy. Instructions are provided for claiming an item. Once all families have responded, items that are claimed by only one family are returned according to their instructions. Claims by more than one party must be substantiated and proven by pictures, invoices, or other means. The item in question is returned once ownership is determined.

APPENDIX B

Joint Family Support Operations Center

The Joint Family Support Operations Center (JFSOC) is an important element in the control and coordination of the responses and resources of supporting organizations involved in an aviation accident.

Although the JFSOC concept is not new, historically there has been no element such as the JFSOC that has been utilized at an aviation accident that specifically focused on coordinating support to families affected by an aviation disaster.

The JFSOC comes from the well-utilized and regarded concept of the Emergency Operations Center (EOC). It is a central location where participating organizations can be brought together to monitor, plan, coordinate, and execute a response operation maximizing the utilization of all available resources. Communication or sharing of information has always been and will always be the major obstacle to a successful emergency response. The JFSOC is designed to address this common problem.

Organizations that will normally be involved in the JFSOC are the NTSB, airline, ARC, local government and law enforcement. Depending on the extent of the disaster, other organizations may also be involved in the JFSOC. They may be the Department of State (DOS), Department of Justice (DOJ), Federal Emergency Management Agency (FEMA), Department of Defense (DOD), and foreign consulates.

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Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

The responsibilities of the JFSOC are as follows:

1. Serves as the central focal point for coordination and sharing of information among participating organizations.
2. Monitors ongoing family support activities and tracks mission activities of each organization, such as the status of the resources available, whether is has been assigned or is out of service.
3. Maintains current list of locations and key telephone numbers of involved organizations and personnel.
4. Provides responses to calls and requests or provides an appropriate hand off with the primary organization responsible for the issue.
5. Maintains a daily journal of organizational activities and responses.
6. Maintains a record of coverage of family affairs activities by the media.

The staff of the JFSOC is responsible for the following tasks:

1. Maintains current status of family support activities.
2. Prepares input for the NTSB family web site.
3. Provides input for the daily family briefing.
4. Agencies represented in the JFSOC will be briefed on activities concerning family support via daily briefings.
5. Coordinates and shares information among all organizational representatives.
6. Maintains locations and telephone numbers of organizational entities along with key personnel (family assistance center, medical examiner, staff processing center, NTSB investigation HQs, airline, crash site, supporting organizations, local law enforcement, local government, and etc).
7. Responds to requests with an appropriate reply or by directing requests to the appropriate organization with primary responsibility.
8. Monitors and collects media reports on the family support area.

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Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

9. Maintains and updates daily plan and future operations.
10. Maintains status and location of injured victims.
11. Maintains status of identification effort utilizing information provided by ME/coroner.
12. Updates information on numbers of families at site and projected departures/arrivals (24/48 hours).
13. Tracks status of ante mortem interviews.

An aviation accident may take place anywhere, from an isolated area to a major metropolitan area. Due to the need to provide flexible planning guidance, the location of the JFSOC will be determined on a basis of available space, such as hotels, local government buildings, mobile command posts, and also the location and severity of the aviation disaster.

The involved air carrier should plan on securing a hotel area that can accommodate the people, equipment, and activities that will be involved in the JFSOC. Although hotel space for family members and the Family Assistance Center (FAC) will be at a premium, the JFSOC should be located in a same hotel. A small ballroom or large conference room would be ideal. Planning guidance for people and equipment is provided for the three crash scales.

While the air carrier is reserving space for the families, FAC, and the JFSOC, the NTSB will be in contact with local authorities to see if their EOC is suitable and available, as well as other local facilities. If the local government can accommodate the JFSOC, the NTSB will coordinate with the air carrier to determine the best location for the JFSOC.

The following is a general description of the duties and responsibilities of members of the JFSOC:

1. Coordinator: The JFSOC Coordinator represents the NTSB and is charged with managing the day to day activities of the JFSOC. The coordinator is responsible to the Board's family affairs specialist managing the FAC. The coordinator may assign responsibilities to JFSOC members; facilitates the exchange of information among the JFSOC participants; ensures critical information is kept current; informs other participants of significant developments; collects information that may be used for family briefings; ensures individual logs are kept current; coordinates with NTSB HQs on information to be placed on the Board's web site; and other duties relating to the specific requirements of the accident.

Continued on next page

Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

2. Deputy Coordinator: A Deputy Coordinator may be designated to assist the Coordinator. The Deputy Coordinator may be from the carrier or from the local emergency management group.

3. Administrative Officer: An Administrative Officer will assist the Coordinator with administrative functions, such as preparing drafts of documents, collecting and posting of logs; assembling clips of media coverage of the accident; providing supplies; and other duties relating to the specific requirements of the accident.

4. Airline representative: The airline representative is responsible for representing the carrier in the JFSOC. The representative serves primarily in a coordinating role for the carrier. Such things as passing information to the carrier's command center on passengers that have been positively identified (after families have been notified); questions relating to current and future support provided to families by the airline; other agencies' current and future plans and developments; meetings and agendas; and other informative issues are examples of things that the representative may be doing in the JFSOC. Other tasks are maintaining a daily log; monitoring status of injured victims and numbers of family members on and off site; providing input for daily briefings to family members; updating other JFSOC participants on the carrier's activities and developments, and general sharing of information.

5. Local government representative: The local government representative is the coordinating point for JFSOC participants on issues of security of the morgue, FAC, hotels for family members and other designated sensitive areas. The representative is also responsible for keeping his/her organization informed of family affairs activities and meetings; updating other JFSOC participants on the local government's activities and developments; maintaining a daily log; providing input for daily briefings to family members; identifying local assets and resources that can be utilized in support of the operation; and assisting other participants in their understanding of the local community and their leaders.

Continued on next page

Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

6. ARC representative: The ARC representative serves primarily in a coordinating role for the ARC and its FAC coordinator and staff processing center; responding to questions that relate to current and future support being provided to families and support workers by the ARC; answering questions related to persons and organizations who want to volunteer services or support; informing the ARC of scheduled meetings; and other informative issues are examples of things that the representative may be doing in the JFSOC. Other tasks are maintaining a daily log; monitoring status of support personnel in the FAC and other sites; answering or redirecting calls from family members who may be off site; providing input for daily briefings to family members; updating other JFSOC participants on the organization's activities and developments; and general sharing of information.

7. DOS representative: The DOS representative serves in a coordinating role between the JFSOC and the DOS. The representative will coordinate issues involving foreign passengers and the support they will need from DOS, the victim's embassy/consulate, and other participants of the JFSOC. Other tasks include maintaining a daily log; monitoring status of foreign victims and their families; providing advice on cultural issues; answering or redirecting calls from foreign government officials; providing input for daily briefings to family members; updating other JFSOC participants on the organization's activities and developments; and general sharing of information. If foreign consulate officials participate in the activities of the JFSOC, the DOS representative will serve as their sponsor.

8. DOJ representative: The DOJ representative is responsible for representing DOJ in the JFSOC. DOJ will not normally be involved in the JFSOC, unless the disaster is considered to be caused by a criminal act. The representative serves primarily in a coordinating and informational role for DOJ. Since the ARC's and DOJ's role of assisting victims is closely related, it is imperative that both organizations closely work with one another. Synchronization of current and future support provided to families by both organizations is critical. Other representative tasks are maintaining a daily log; monitoring of support provided to families; providing input for daily briefings to family members; updating other JFSOC participants on organizational activities and developments; and general sharing of information.

Continued on next page

Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

9. FEMA representative: The FEMA representative is not normally involved in the JFSOC, unless the disaster requires substantial Federal government assistance. This may be a disaster that takes place in a highly populated area causing severe structural damage and a substantial number of ground casualties. The representative will be primarily responsible for coordinating the local and state emergency management agency efforts with the family support operation.

Manpower Planning Guidance

Manpower: Person(s) must have decision-making authority or have access to those who do and must be knowledgeable about the structure of their organization.

	Crash Scale 1	Crash Scale 2	Crash Scale 3
NTSB	2	2	2
Airline	2	2	3
ARC	1	2	3
HHS	0	0	0
DOS	*	*	*
FEMA	#	#	#
DOJ	#	#	#
DOD	\$	\$	\$
Local Government	2	3	4

* Person required if foreign (non-U.S.) personnel are on the flight and additional personnel required if it is an international flight

Required only if having a role in operation and additional personnel required if organization has a large role

\$ Required if carrier is chartered military flight

Continued on next page

Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

Communications (Telephone) Planning Guidance

	Crash Scale 1	Crash Scale 2	Crash Scale 3
NTSB	4	4	4
Airline	4	4	4
ARC	4	4	4
HHS	0	0	0
DOS #	2	2	2
FEMA #	2	2	2
DOJ#	2	2	2
Local	4	4	4

Necessary if agency is involved in accident response

Each agency should have access to data ports for computer systems.

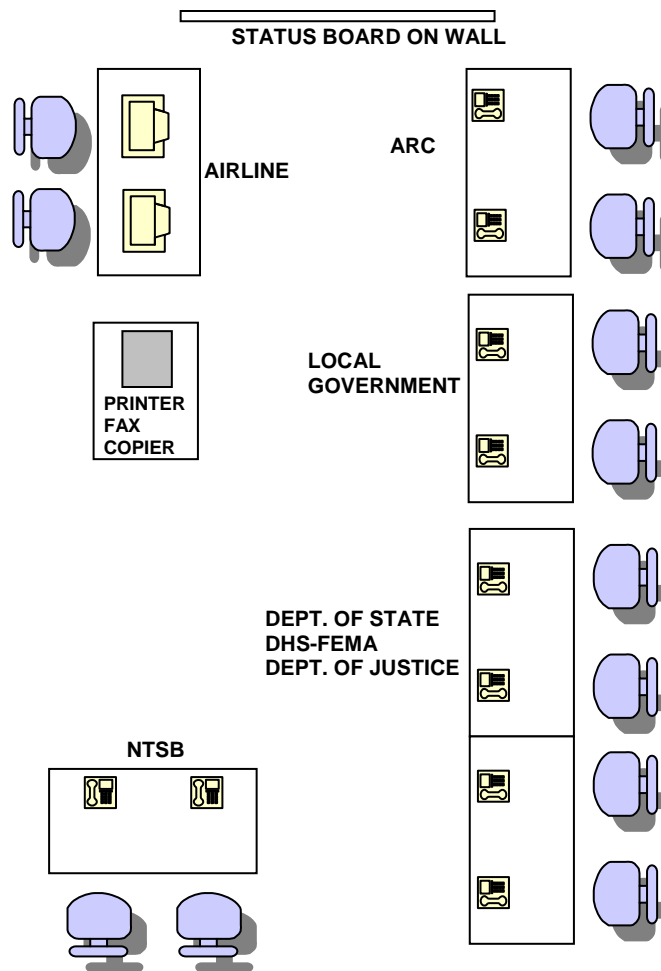
Other Resource Planning Guidance

	Crash Scale 1	Crash Scale 2	Crash Scale 3
Fax Machines	2	2	3
Copying machines (high speed)	1	1	2
Printers	2	2	2
Paper Shredder	1	1	1

Continued on next page

Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

SUGGESTED LAYOUT FOR JOINT FAMILY SUPPORT OPERATIONS CENTER (JFSOC)



Continued on next page

Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

JOINT FAMILY SUPPORT OPERATIONS CENTER DAILY STATUS REPORT INFORMATION

1. Number families notified /number pending notification.	AIRLINE
2. Number families on site /number of families at home.	AIRLINE
3. Number of total family members at the hotel.	AIRLINE
4. Number of families expected to arrive within next 24 hours.	AIRLINE
5. Number of families expected to depart within the next 24 hours.	AIRLINE
6. Number of families at home that have been contacted by their airline representative within the last 24 hours.	AIRLINE
7. Status of injured personnel and location of family members.	AIRLINE
8. Number of families at the site that have requested ARC assistance and have been assisted by ARC personnel within the last 24 hours.	ARC
9. Number of families at home that have requested ARC assistance and have been contacted by their ARC representative within the last 24 hours.	ARC
10. Number of workers that have received ARC assistance in last 24 hours.	ARC
11. Number of injured emergency personnel that have received ARC assistance.	ARC
12. Status of dental records and x-rays.	ME
13. Status of ante mortem and disposition of remains interviews.	ME
14. Status of identification efforts.	ME
15. Status of families notified of positive identification.	ME
16. Status of release of remains.	ME
17. Update on assistance provided to foreign families.	DOS
18. Update on assistance provided to victims and families.	DOJ

Continued on next page

Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

- | | |
|--|-----|
| 19. Number of Federal support personnel, to include DMORT and ARC personnel on site and their locations. | ALL |
| 15. Remarks on daily activities. | ALL |
| 16. Remarks on next 24 hours activities. | ALL |

APPENDIX C

SAMPLE AFTER-ACTION REPORT FORMAT

National Transportation Safety Board

Director, Office of Family Affairs

490 L'Enfant Plaza East, SW

Washington, DC 20594-2000

SUBJECT: (AVIATION ACCIDENT) AFTER-ACTION REPORT

Describe such items as how the organization was organized; relationships to other organizations; what the organization's mission was; how many of the organization's personnel were involved; what other resources were provided; transportation and equipment requirements; date arrived/departed; daily activities; and any other item the organization feels important to add to this document. This outline is not intended to limit the content of the input.

Attach as separate enclosures specific areas observed throughout the operation that were both successful and problem areas. The following format is provided:

Topic:

Discussion:

Recommendations:

Also enclose any programs, associated ceremonial material, or video coverage.

Continued on next page

Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

APPENDIX D

Frequently Asked Questions

Please note this section was in response to many inquiries for clarification about various topics of the basic plan from some small and foreign air carriers. This is not a substitute for reading and understanding the basic plan.

Is there a specific definition of who constitutes a family member?

U.S. Federal and state laws define who constitutes a family member from a legal point of view. These legal definitions may also vary from state to state. The traditional view 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. It is suggested that airlines should plan on dealing with a variety of family member scenarios and to take each one on a case by case basis.

During the initial hours of an aviation disaster there is a significant amount of verification of facts that the airline needs to do. What information should be given to a family member if they call while the verification process is still in progress?

Airlines must establish contact with the family of a victim as soon as possible following an accident. In some cases, a family member may call the airline before the airline has reached out to contact the family that has just called in. During this process it is important to give whatever passenger information about the victim that is available. There are cases in which notifying an additional family member may be necessary. There may be a family member who will be calmer or more helpful to the airline in dealing with his or her family. This person may also be able to assist in other situations, such as families that do not use English as their primary language.

Are there any special considerations for employees assigned to be family escorts?

As specialized airline escorts are assigned to family members, it is important to identify any immediate needs the family may have. This may include monetary, childcare, medical or religious needs.

Continued on next page

Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

Are there any steps that an airline can take to be better prepared to manage the manifest reconciliation process during an emergency?

It is strongly suggested that airlines periodically and randomly select flights that have departed and verify the manifest using each airline's specific emergency procedures for manifest reconciliation. This exercise provides an opportunity for employees to develop the habit of checking manifests against boarding documents. It may also identify procedural problems that can be corrected prior to an accident. After a period of time the airline will be able to establish a confidence level based on the accuracy of the initial manifests.

Is there a requirement by an airline to release the names of the passengers and crew to the media?

There is no requirement to release the names of passengers and crew to the media. However, once notification has been made, it is acceptable to ask a family how much time they will need to establish contact with other family members. There should be consideration in delaying any release of names until a family has had an opportunity to contact other family members.

It is important to keep family members informed, even if there is no additional news. Family members should receive regular updates. Please remember that if the airline states they will call a family member back within a specific time frame, then those calls must be done as close to the time set as possible.

Are there any steps an airline can take to limit the number of inquiry calls that follow a disaster?

When the media asks the airline for an 800/888 number, it is important for the airline to stress that the numbers are "only for those family members who have reason to believe that their loved one was onboard the flight". Also, the media should continue to reemphasize the name of the carrier, flight number, airport origination, connection and final destination.

The airline should also have an internal "call home" system. Upon learning that the airline has had a major accident, crews and employees should be advised through the company's internal communications network of the event to call home and advise family members of their well being.

Continued on next page

Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

Are there any special considerations for family members who wish to travel to the accident city?

Legislation requires that airlines will "assure" that they will provide transportation to the accident city and that they "assure" they will assist with the immediate needs of family members, including lodging.

It is unreasonable to ask a family member to travel alone to an accident site in which a loved one has been killed or injured. It is important for the airline to consider requests on a case by case basis as there are numerous factors that may require more than one family member or a non-family member to travel to the accident city.

Some family members may request to travel to the accident city via an alternate air carrier or alternate mode of travel (rental car, bus, or train). It is suggested that the airline try to honor such requests.

Are there any training topics that can help teach employees how to assist families following an accident?

It is required that airlines train the employees in a number of areas, including, but not limited to: an understanding of the range of physical and emotional reaction to trauma, including long term effects from post traumatic stress disorder; understanding the need for information by family members and victims; skills to assist with age groups that range from children to the elderly; how to remain caring, non-judgmental and compassionate while assisting those who are suffering or who are extremely demanding or angry.

There should be a variety of methods used, including, but not limited to: small groups with role play scenarios; use of survivors and family members who relate their experiences in person or by video tape; timeline of the response from the first hour to the return of the remains and personal effects and first year anniversary; introduction to representatives of Federal agencies that would be involved in the accident and the American Red Cross.

It is also very important to tell employees about the effects they may encounter while responding to a major accident. Training should include methods employees can use take care of themselves during and after the response. It should also train them how to look out for co-workers who may be having difficulties.

After initial training there should be annual recurrent training.

Continued on next page

Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

Does an airline need to file their plan?

All carriers that are required to file their assurances must file with both the NTSB and the US DOT.

What issues should an airline consider in managing personal effects?

Due to the physical and psychological impact that the recovery process can have on airline employees, it is strongly suggested that a professional third party be employed to respond to and manage the recovery and cataloging of the personal effects effort.

Airlines need to allow family members the opportunity to view non-associated personal effects. This can be done via a catalog or a CD with photographs of the items.

What is the AIR Team?

The local Red Cross chapter will initiate the Red Cross response in accordance with local planning. These activities may be supported as needed by other Red Cross chapters from within the state. The Aviation Incident Response Team (AIR Team) made up of trained and experienced Red Cross disaster management specialists will mobilize within 4 hours, travel to the site and blend with the existing Red Cross response and coordinate and manage the resulting Red Cross response.

Why was the American Red Cross selected?

The NTSB designated the ARC because it met the requirements that were set forth in the legislation. The legislation required an organization that was independent and nonprofit, that had experience in disasters and post trauma communications with families, and could take the responsibility of coordinating the emotional care and support of the families of passengers involved in the accident.

Is there any requirement by an airline to meet with the ARC before a disaster occurs?

There are no mandates for an airline to meet with the ARC before a disaster. However, it is important that local airline station management and Red Cross chapters coordinate their local planning activities where appropriate to ensure each group's awareness of the other's plans. This will enhance the coordination of the immediate response. An annual pre-disaster meeting can eliminate any misunderstandings or confusion on services that may or may not be provided.

Continued on next page

Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

What other services can the ARC provide to an airline, family members, or the community where the disaster occurred?

The ARC can also provide emotional or critical incident stress debriefing (as required) for local agencies that may not have specialists or training in this area. If needed, they will assist with referrals to families for long term mental health service providers.

What is the role of the U.S. State Department during an aviation disaster in the United States or its territories?

The U.S. Department of State will be responsible for notifying a foreign government that citizens from their country were involved in an aviation disaster.

What assistance can the State Department offer to a foreign air carrier that has had an accident in the United States or its territories?

They can assist the affected foreign air carrier with alerting Customs and Immigration that a corporate "Go Team" is enroute to the accident city. They can assist with obtaining required visas or other documents required gaining entry into the United States.

Assistance can also be given to family members enroute to the accident city. The State Department will work with Customs and Immigrations to ensure that entry into the United States by these families is done in a timely and professional manner.

What is the difference between the Friends and Family reception center and the Family Assistance Center (FAC)?

The Friends and Family reception center will be located at the arriving and departing airports. This is a temporary location for family members to gather until a Family Assistance Center is established. The Family Assistance Center will typically be located in a hotel, but may be located in another type of facility, such as a college or community center. This is the location where families will gather to obtain information and assistance.

Who is responsible for the FAC?

The airline should secure a facility to accommodate all family members traveling to the accident city. Agencies providing support and services to families will work together to insure families are served properly. The NTSB has the overall responsibility to make certain the FAC runs smoothly, but relies upon the cooperation and support of all contributing organizations.

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Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

How will professionals and other service agencies in the local community be utilized?

ARC has been designated as the non-profit organization responsible for family care and mental health. In this capacity they will manage the recruitment, training and support of all volunteers, including those in the local community, through a Staff Processing Center. It is the intent of the ARC and the NTSB that local professionals and organizations affiliated with a disaster response agency/organization, spontaneous individual volunteers and groups are integrated in order to provide support to the incident as required.

Who is considered family for access to the FAC?

Today's family often does not have traditional boundaries. Any definition of "family member" should take into consideration that many individuals consider themselves to be the family of the victim, even though the law does not formally recognize the relationship. This would be the case for a fiancée or long-time companion. Family member will be defined in broad terms for the purpose of FAC access.

How do families not traveling to the accident city get information and support?

A conference call bridge will be used during family member briefings. Families not traveling to the accident city will be provided a toll-free number to connect to the bridge. In addition, the airlines will maintain contact and provide support to the family and the ARC can provide support through their chapters in the local community.

Who is responsible for the expenses associated with the FAC?

The airline is generally responsible for reasonable expenses associated with the set up and operation of the Family Assistance Center.

How do other service providers interact with the American Red Cross?

The ARC is interested in the assistance of others that can help at an accident. They will establish a staff-processing center to insure the best use of all resources. Other providers can contact the ARC through the processing center or can contact their local chapter of the ARC in advance if interested in assisting.

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Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

How will the airlines, local emergency responders, ARC, and other Federal agencies coordinate the services delivered to family members?

These services for families will be coordinated through a Joint Family Support Operation Center (JFSOC). The operations center will be facilitated by a member of the NTSB Office of Family Affairs and will have representation from each organization providing assistance. This will insure efficient use of resources and sharing of information.

What type of training will airline escorts need to work with the family members?

Many airlines have initiated extensive training for their family member escorts. For those who have not, it is important that the escorts understand the dynamics of working in this environment, what is expected of them, basic understanding of grief and trauma, and effective communication with families experiencing complicated grief.

How do the family members get answers to their individual questions?

First, they should ask their airline escort/representative for answers to their questions. If the airline representative can not answer the question, they will notify their supervisor. The supervisor will either provide the answer or ask assistance from the agency that is most likely to have the answer.

What areas of consideration should airports have in planning to assist families during the first few hours of an aviation disaster?

Although airports are not currently required to plan for family assistance issues, airports should plan to assist passengers and their families during the initial hours of a disaster.

This is especially critical for those airlines that have limited manpower or are charter operations that may have no company representation at the airport.

Consideration should be given to providing family members a secluded Friends and Family reception area in which to gather while awaiting information from the airline about their loved one. Airline clubs, conference rooms, or restaurants can serve this purpose. This room should be away from the media and should have restrooms in or near by. Police officers should be used to secure the room and the immediate area from the general public. If at all possible, choose a room that does not have a view that overlooks the crash site or recovery operation. Local Red Cross chapters should be included in planning sessions as they can provide mental health and health (nurses) services personnel, as well as other needed local resources, to assist airline staff with families at this location.

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Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

If the room or airline club has a television(s), it would be best to leave at least one television on and give family members the option to stay in that room or to stay in an area that does not have a television or one that is turned off. This option will allow those family members that wish to watch the news coverage of the disaster to do so.

What areas of consideration should be given when airports are reviewing their airport emergency plans?

*If an airport's plan calls for sealing off access to the airport or terminals during an emergency, consideration should be given to asking local airline management to determine a list of those employees who would be required to have access to the airport or terminal(s) during such a period. Airport operations access (AOA) badges for these individuals should be issued with a unique indicator. Some airports have used the following indicators, "**COMMAND POST**", "**EMERGENCY ACCESS**", "**INCIDENT RESPONSE**", "**DISASTER RESPONSE**" or a large letter "**E**". Once a format is chosen, the information is relayed to all law enforcement agencies that would be used to seal off the airport. This should allow those airline/airport personnel to gain access when roadways are closed.*

*Airports should consider placing large signs at their predetermined staging and emergency access areas and gates. These signs should be reflective, preferable white on red wording and in simple text. For example, **STAGING AREA "A" or MUTUAL AID ACCESS GATE #5**. These simple signs would assist in eliminating any confusion for mutual aid agencies that may respond to the airport or who have periodic personnel changes.*

Airports should review and contact all of the emergency service agencies within a five (5) mile radius of the airport. These agencies should receive aircraft emergency ingress/egress familiarization and training. Airport fire services can coordinate with airlines to arrange familiarization tours of various airline aircraft types.

There should be pre-accident meetings with local emergency planners, hospitals, American Red Cross, city, county, state police and fire services, and clergy. :

Are there any special considerations about moving wreckage *after* life safety efforts have been completed?

*Once the event has moved from a rescue to a recovery operation, the area should be sealed off until the first NTSB representative arrives on the scene and takes charge. **If at all possible, pieces of wreckage should not be moved.** If there is a need to move pieces of the wreckage, every effort to photograph the wreckage should be made prior to disturbing the items.*

Continued on next page

Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

If the accident is caused by a criminal act, who will be in charge?

In a scenario in which the accident was caused by a criminal act, the FBI will be the lead agency. The NTSB will support the FBI with technical expertise. Even if it is not a criminal act, local authorities must ensure that all wreckage is preserved and not moved unless necessary for life safety activities

What resources can the NTSB provide to a medical examiner or coroner in the way of personnel, equipment and temporary morgue facilities?

Under the Federal Family Assistance Plan for Aviation Disasters, the NTSB will coordinate and integrate the resources of the Federal Government to support the efforts of the local and state government. The Department of Health and Human Services/Office of Emergency Preparedness (DHHS/OEP) has been designated as the primary agency for "Victim Identification and Forensic and Medical Services."

The Public Health Service, a division of DHHS has developed a Disaster Mortuary Operational Response Team (DMORT) and mobile morgue to provide manpower and technical assistance to support local medical examiners or coroners in times of an aviation disaster.

In addition, under the Federal plan, the NTSB can call upon the resources of the Department of Defense (DOD) and Federal Bureau of Investigation (FBI) Disaster Squad to provide additional support.

What is DMORT?

DMORT stands for Disaster Mortuary Operational Response Team. The team is set up to provide professional personnel and technical support and assistance to the local medical examiner or coroner in forensic services and victim identification. The team is composed of forensic pathologists, forensic anthropologists, forensic dentists, medical investigators, funeral directors and other technical support staff.

What is the Portable Morgue Unit?

The DMORT Portable Morgue Unit (DPMU) has been developed to support the processing and identification of victims in the event of a mass fatality incident. The DPMU is a packaged system containing all the equipment and supplies required to establish and operate a temporary morgue facility under austere field conditions and/or augment local morgue capabilities. It is designed to be deployed by land, sea and air transport.

Continued on next page

Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

What is the FBI Disaster Squad?

The FBI has a team of highly trained experts in the area of fingerprint identification. This team is normally activated simultaneously with the DMORT and will provide any assistance to the local medical examiner or coroner in the area of fingerprint identification.

In addition to the conventional means of identification, can DNA be used as another method of identification?

Dental records and x-rays along with fingerprints are normally the primary methods used in victim identification. DNA will be used as a last resort and only after all conventional means of identification are exhausted.

Will autopsies be performed on all flight crew and passengers?

Generally speaking, the local medical examiner or coroner has jurisdiction and determines if autopsies will be conducted. The NTSB has specific requirements that the flight crew is autopsied and full toxicology tests are performed. Depending on the circumstances of the crash, the NTSB investigator-in-charge will consult with the medical examiner or coroner to determine if additional autopsies are required.

What is a FAA toxicology kit and how do I go about getting one?

A FAA toxicology kit is a kit that provides specimen collection vessels and instructions to the medical examiner in obtaining fluid and tissue samples needed by the FAA to test for drugs and alcohol in the blood system of the flight crew.

Generally, medical examiner offices throughout the country should have at least four kits on hand in their facility. If the medical examiner or coroner does not have access to kits, the NTSB team through the FAA representative will provide them.

How is ante mortem information obtained from family members?

Generally, the local medical examiner or coroner is responsible for obtaining medical record information from family members. However, in the event the local jurisdiction does not have enough staff to interview family members, trained DMORT members can be used to assist the local jurisdiction in interviewing family members.

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Appendix H – Federal Family Assistance Plan for Aviation Disasters, Continued

Is the NTSB responsible for making positive identification of victims in the disaster?

The local coroner or medical examiner is responsible for making positive identification of victims. The NTSB can provide additional resources, such as the DMORT and/or the mobile morgue from the Department of Health and Human Services. These resources are available to help local authorities manage a large number of victims.

How does the local medical examiner or coroner request assistance?

The medical examiner or coroner should contact the Forensic Specialist, Office of Family Affairs, at the NTSB in Washington, DC.. The specialist will ask them specific questions on the number of fatalities and what resources the medical examiner/coroner has or doesn't have in order to meet their responsibilities. The NTSB will activate the DMORT and FBI Disaster Squad at the request of the medical examiner or coroner. The telephone number is 202-314-6290.

APPENDIX I

NATIONAL RESPONSE FRAMEWORK - EMERGENCY SUPPORT FUNCTION #8



Appendix I – National Response Framework – Emergency Support Function #8

Emergency Support Function #8 – Public Health and Medical Services Annex

ESF Coordinator:

Department of Health and Human Services

Primary Agency:

Department of Health and Human Services

Support Agencies:

Department of Agriculture
Department of Defense
Department of Energy
Department of Homeland Security
Department of the Interior
Department of Justice
Department of Labor
Department of State
Department of Transportation
Department of Veterans Affairs
Environmental Protection Agency
General Services Administration
U.S. Agency for International Development
U.S. Postal Service
American Red Cross

Introduction**Purpose**

Emergency Support Function (ESF) #8 – Public Health and Medical Services provides the mechanism for coordinated Federal assistance to supplement State, local, and tribal resources in response to public health and medical care needs (to include veterinary and/or animal health issues when appropriate) for potential or actual Incidents of National Significance and/or during a developing potential health and medical situation. ESF #8 is coordinated by the Secretary of the Department of Health and Human Services (HHS) principally through the Assistant Secretary for Public Health Emergency Preparedness (ASPHEP). ESF #8 resources can be activated through the Robert T. Stafford Act or the Public Health Service Act (pending the availability of funds) for the purposes of Federal-to-Federal support or in the National Response Framework (NRF) Financial Management Support Annex.

Scope

ESF #8 provides supplemental assistance to State, local, and tribal governments in identifying and meeting the public health and medical needs of victims of an Incident of National Significance. This support is categorized in the following core functional areas:

- ★ Assessment of public health/medical needs (including behavioral health);
- ★ Public health surveillance;
- ★ Medical care personnel; and
- ★ Medical equipment and supplies.

Continued on next page

Appendix I – National Response Framework – Emergency Support Function #8, Continued

As the primary agency for ESF #8, HHS coordinates the provision of Federal health and medical assistance to fulfill the requirements identified by the affected State, local, and tribal authorities. ESF #8 uses resources primarily available from:

- ★ HHS, including the Operating Divisions and Regional Offices;
- ★ The Department of Homeland Security (DHS); and
- ★ Other ESF #8 support agencies and organizations

Policies

The Secretary of HHS, through the ASPHEP, coordinates national ESF #8 preparedness, response, and recovery actions. These actions do not alter or impede the existing authorities of any department or agency supporting ESF #8.

HHS coordinates all ESF #8 response actions consistent with HHS's internal policies and procedures (e.g., HHS Concept of Operations Plan for Public Health and Medical Emergencies, March 2004).

Each ESF #8 organization is responsible for managing its respective response assets after receiving coordinating instructions from HHS.

The HHS Secretary's Operations Center (SOC) facilitates the coordination of the overall national ESF #8 response. During ESF #8 activations, the SOC maintains frequent communications with the DHS Homeland Security Operations Center.

All headquarters and regional organizations (including those involved in other ESFs) participating in response operations report public health and medical requirements to their counterpart level (headquarters or regional) of ESF #8.

The primary Joint Information Center (JIC), established in support of the NRF, is authorized to release general medical and public health response information to the public after consultation with HHS. When possible, a recognized spokesperson from the public health and medical community (local, State, or Federal) delivers relevant community messages.

Other JICs may also release general medical and public health response information at the discretion of the lead Public Affairs Officer, after consultation with HHS. To ensure patient confidentiality, the release of medical information by ESF #8 is in accordance with the Health Insurance Portability and Accountability Act. Inquiries about patients are managed by HHS Public Affairs Officers in coordination with DHS. (See the ESF #15 – External Affairs Annex for more details.)

In the event of a zoonotic disease outbreak, or in coordination with ESF #11 – Agriculture and Natural Resources during an animal disease outbreak, public information may be released after consultation with the Department of Agriculture (USDA).

As a primary agency for ESF #8, HHS determines the appropriateness of all requests for public health and medical information.

HHS, as the primary agency for ESF #8, is responsible for consulting with and organizing Federal public health and medical subject-matter experts, as needed.

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Appendix I – National Response Framework – Emergency Support Function #8, Continued

Concept of Operations

General

Upon notification, the ASPHEP alerts identified HHS personnel to represent ESF #8, as required, on the:

- ★ National Response Coordination Center (NRCC);
- ★ Interagency Incident Management Group (IIMG);
- ★ Regional Response Coordination Center (RRCC)/Joint Field Office (JFO);
- ★ National Emergency Response Team;
- ★ Emergency Response Team – Advance Element (ERT-A); and
- ★ JIC.

The ASPHEP may request ESF #8 support agencies to provide liaison requirements if HHS personnel are not available.

HHS notifies and requests all support organizations to participate in headquarters coordination activities. As appropriate, supporting agencies and organizations are requested to provide liaisons to the HHS headquarters command location.

Personnel representing an ESF #8 organizations are expected to have extensive knowledge of the resources and capabilities of their respective organization and have access to the appropriate authority for committing such resources during the activation.

The headquarters ESF #8 staff provides liaison and communications support to regional ESF #8 groups to facilitate direct communications. Headquarters ESF #8 personnel are deployed as necessary to assist regional ESF #8 personnel in establishing and maintaining effective coordination in the impacted area.

ESF #8 coordinates with the appropriate State, local, and tribal medical and public health assistance requirements.

The regional ESF #8 is assisted by designated Federal department entities for risk analysis, evaluation, and support.

During the response period, HHS has primary responsibility for the evaluation and the analysis of public health and medical assistance, and develops and updates assessments of medical and public health status.

In the early stages of an incident, it may not be possible to fully assess the situation and verify the level of assistance required. In such circumstances, HHS may provide assistance under its own statutory authorities. In these cases, every reasonable attempt is made to verify the need before providing assistance.

Organization

Headquarters

ESF #8, when activated, is coordinated by the ASPHEP. Once activated, headquarters ESF #8 is coordinated by HHS through the SOC. During the initial activation, HHS convenes a conference call with the appropriate organizations and public health and medical representatives from State and tribal governments, to discuss the situation and determine the appropriate response actions.

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Appendix I – National Response Framework – Emergency Support Function #8, Continued

HHS alerts and requests supporting organizations to provide a representative to the IIMG (if required), NRCC, and SOC, or to provide a representative who is immediately available via telecommunications (e.g., telephone, conference calls) to provide support.

Public health and medical subject-matter experts from HHS and ESF #8 organizations are consulted as needed.

Regional

HHS coordinates SF #8 field response activities according to internal policies and procedures.

HHS may designate a senior official to participate as a Senior Federal Official in the JFO Coordination Group at the field level.

Regional ESF #8 maintains representatives to rapidly deploy, with the ERT-A, to the affected State's emergency operations center or other designated location.

The regional ESF #8 includes representative(s) on-site or available by telephone or radio at the RRCC and/or JFO, as required by the Federal Coordinating Officer, Federal Resource Coordinator, or Principal Federal Official, on a 24-hour basis for the duration of the incident.

Actions: Initial Actions

The HHS SOC enhances staffing immediately on notification of an actual or potential public health or medical emergency. (See the Biological Incident Annex for more details.)

Upon notification of activation for a potential or actual Incident of National Significance by the NRCC, HHS consults with the appropriate ESF #8 organizations to determine the need for assistance according to the functional areas listed below:

- ★ **Assessment of Public Health/Medical Needs:** HHS, in collaboration with DHS, mobilizes and deploys ESF #8 personnel to support the ERT-A to assess public health and medical needs. This function includes the assessment of the public health care system/facility infrastructure.
- ★ **Health Surveillance:** HHS, in coordination with State health agencies, enhances existing surveillance systems to monitor the health of the general population and special high-risk populations, carry out field studies and investigations, monitor injury and disease patterns and potential disease outbreaks, and provide technical assistance and consultations on disease and injury prevention and precautions.

Medical Care Personnel

Immediate medical response capabilities are provided by assets internal to HHS (e.g., U.S. Public Health Service Commissioned Corps) and from ESF #8 supporting organizations (e.g., National Disaster Medical System (NDMS)).

The Department of Defense (DOD) may be requested to provide support in casualty clearing/staging and other missions as needed.

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Appendix I – National Response Framework – Emergency Support Function #8, Continued

HHS may seek individual clinical health and medical care specialists from the Department of Veterans Affairs (VA) to assist, State, local, and tribal personnel.

Health/Medical Equipment and Supplies

In addition to deploying assets from the Strategic National Stockpile (SNS), HHS may request DHS, DOD, or the VA to provide medical equipment and supplies, including medical, diagnostic, and radiation-emitting devices, pharmaceuticals, and biologic products in support of immediate medical response operations and for restocking health care facilities in an area affected by a major disaster of emergency.

Patient Evacuation

At the request of HHS, DOD coordinates with ESF #1 – Transportation to provide support for the evacuation of seriously ill or injured patients to locations where hospital care or outpatient services are available.

DOD is responsible for regulating and tracking patients transported on DOD assets to appropriate treatment facilities (e.g., NDMS non-Federal hospitals).¹

Patient Care

HHS may task its components and the Medical Reserve Corps, and request the VA, DOD, and DHS to provide available personnel to support inpatient hospital care and outpatient services to victims who become seriously ill or injured regardless of location (which may include mass care shelters).

Safety and Security of Human Drugs, Biologics, Medical Devices, and Veterinary Drugs, etc.

HHS May task its components to ensure the safety, efficiency, and advise industry on security measures of regulated human and veterinary drugs, biologics (including blood and vaccines), medical devices (including radiation emitting and screening devices), and other HHS regulated products.

Blood and Blood Products

HHS monitors blood availability and maintains contact with the American Association of Blood Banks Inter-organizational Task Force on Domestic Disasters and Acts of Terrorism and, as necessary, its individual members, to determine:

- ★ The need for blood, blood products, and the supplies used in their manufacture, testing, and storage;
- ★ The ability of existing supply chain resources to meet these needs; and
- ★ Any emergency measures needed to augment or replenish existing supplies.

¹ Consistent with the timelines outlined in the NRF Implementation Guidance, the NDMS partner organizations (DHS, HHS, DOD, and VA) will develop policies and procedures for the network of non-Federal NDMS hospitals (e.g., contracting, payment source and amount, and claims processing).

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Appendix I – National Response Framework – Emergency Support Function #8, Continued

Food and Safety Security

HHS, in cooperation with ESF #11, may task its components to ensure the safety and security of federally regulated foods. (Note: HHS, through The Food and Drug Administration (FDA) has statutory authority for all domestic and imported food except meat, poultry, and egg products, which are under the authority of the USDA/Food Safety and Inspection Service.)

Agriculture Safety and Security

HHS, in coordination with ESF #11, may task its components to ensure the safety and security of food-producing animals, animal feed, and therapeutics. (Note: HHS, through the FDA, has statutory authority for animal feed and for the approval of animal drugs intended for both therapeutic and non-therapeutic use in food animals as well as companion animals).

Worker Health/Safety

HHS may request the Department of Labor/Occupational Safety and Health Administration (DOL/OSHA) to implement the processes in the Worker Safety and Health Support Annex to provide technical assistance for worker safety and health.

HHS may task its components and request support from DOL and other cooperating agencies, as needed, to assist in monitoring and health and well-being of emergency workers; performing field investigations and studies addressing worker health and safety issues; and providing technical assistance and consultation on worker health and safety measures and precautions.

All-Hazard Public Health and Medical Consultation, Technical Assistance, and Support

HHS may task its components to assist in assessing public health and medical effects resulting from all hazards. Such tasks may include assessing public health and medical effects resulting from all hazards. Such tasks may include assessing exposures on the general population and on high-risk population groups; conducting field investigations, including collection and analysis of relevant samples; providing advice on protective actions related to direct human and animal exposures, and on indirect exposure through contaminated food, drugs, water supply, and other media; and providing technical assistance and consultation on medical treatment, screening, and decontamination of injured or contaminated individuals. While State and local governments retain primary responsibility for victim screening and decontamination, ESF #8 can, at the request of a State and another Federal agency, deploy teams with limited capabilities for victim decontamination (e.g., NDMS or DOE assistance for nuclear/radiological incidents). These teams typically arrive on scene within 24-48 hours.

Behavioral Health Care

HHS may task its components to assist in assessing mental health and substance abuse needs, providing disaster mental health training materials for workers; providing liaison with assessment, training, and program development activities undertaken by Federal, State, local, and tribal mental health and substance abuse officials; and providing additional consultation as needed.

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Appendix I – National Response Framework – Emergency Support Function #8, Continued

Public Health and Medical Information

HHS may task its components to provide public health, disease, and injury prevention information that can be transmitted to members of the general public who are located in or near areas affected.

Vector Control

HHS may task its components and request assistance from other ESF #8 organizations, as appropriate, to assist in assessing the threat of vector-borne diseases; conducting field investigations, including the collection and laboratory analysis of relevant samples; providing vector control equipment and supplies; providing technical assistance and consultation on protective actions regarding vector-borne diseases; and providing technical assistance and consultation on medical treatment of victims of vector-borne diseases.

Potable Water/Wastewater and Solid Waste Disposal

HHS, in coordination with ESF #3 – Public Works and Engineering and #10 – Oil and Hazardous Materials Response as appropriate, may task its components, and request assistance from other ESF #8 organizations as appropriate, to assist in assessing potable water, wastewater, solid waste disposal issues, and other environmental health issues, conducting field investigations, including collection and laboratory analysis of relevant samples; providing water purification and wastewater/solid waste disposal equipment and supplies; and providing technical assistance and consultation on potable water and wastewater/solid waste disposal issues.

Victim Identification/Mortuary Services

HHS may request DHS and DOD to assist in providing victim identification and mortuary services; establishing temporary morgue facilities; performing victim identification by fingerprint, forensic, dental, and/or forensic pathology/anthropology methods; and processing, preparation, and disposition of remains

Protection of Animal Health

HHS, in coordination with ESF #11, protects the health of livestock with companion animals by ensuring the safety and manufacture and distribution of food and drugs given to animals used for human food production, as well as companion animals.

Actions: Continuing Actions

Headquarters

ESF #8 continuously acquires and assesses information on the incident. The staff continues to identify the nature and extent of public health and medical problems, and establishes appropriate monitoring and public surveillance. Other sources of information may include:

- ★ ESF #8 support agencies and organizations;
- ★ Various Federal officials in the incident area;
- ★ State health, agricultural, or animal health officials;
- ★ State emergency medical services authorities;
- ★ Tribal officials;
- ★ State incident management authorities; and
- ★ Officials of the responsible jurisdiction in charge of the disaster scene.

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Appendix I – National Response Framework – Emergency Support Function #8, Continued

Because of the potential complexity of the public health and medical response, conditions may require ESF #8 subject-matter experts to review public health and medical information and advice on specific strategies to manage and respond to a specific situation most appropriately.

Activation of Health/Medical Response Teams

Assets internal to HHS are deployed directly as part of the ESF #8 response. Public health and medical personnel and teams are provided by ESF #8 organizations are requested by HHS and deployed by the respective organizations to provide appropriate public health and medical assistance.

Coordination of Requests for Medical Transportation

In a major public health or medical emergency, local transportation assets may not be sufficient to meet the demand. State or tribal requests for Federal medical transportation assistance are executed by ESF #8 in coordination with ESF #1.

Coordination for Obtaining, Assembling, and Delivering Medical Equipment and Supplies to the Incident Area

Representatives of HHS, DHS, VA, DOD, Department of Transportation (DOT), and General Services Administration (GSA) coordinate arrangements for the procurement and transportation of medical equipment and supplies.

Responsibilities

Primary Agency: HHS

Provides leadership in coordinating and integrating overall Federal efforts to provide public health and medical assistance to the affected area.

Coordinates the staffing of the HHS headquarters national ESF #8 group as necessary to support the response operations.

Requests appropriate ESF #8 organizations to activate and deploy health and medical personnel, equipment, and supplies in response to requests for Federal public health and medical assistance.

Uses HHS personnel (U.S. Public Health Service Commissioned Corps) to address public health and medical needs, and augment with assets from ESF #8 partner organizations.

Assists and supports State, local, and tribal governments in performing monitoring for internal contamination and administering pharmaceuticals for internal decontamination as deemed necessary by State health officials.

Assists local and State health departments in establishing a registry of potentially exposed individuals, performing dose reconstruction, and conducting long-term monitoring of this population for potential long-term health effects.

Monitors blood and blood product shortages and reserves with the coordination of the American Association of Blood Banks Inter-Organizational Task Force on Domestic Disasters and Acts of Terrorism.

Evaluates State requests for deployment or predeployment of the SNS based upon relevant threat information.

Coordinates with other primary and supporting departments, agencies, and governments throughout the incident.

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Appendix I – National Response Framework – Emergency Support Function #8, Continued

Assures the safety and security of food in coordination with other responsible Federal Agencies (e.g., USDA). (Note: HHS, through the FDA, has statutory authority for all domestic and imported food except meat, poultry, and egg products, which are under the authority of USDA/Food Safety and Inspection Service.)

In cooperation with State and local authorities, assesses whether food facilities in the affected area are able to provide safe and secure food.

In cooperation with State and local authorities as well as the food industry, conduct trace-backs or recalls of adulterated products.

In cooperation with Federal, State, and local authorities, ensures the proper disposal of contaminated products and the decontamination of affected food facilities in order to protect public health.

Provides support for public health matters for radiological incidents as a member of the Advisory Team for Environment, Food, and Health.

Communications

ESF #8 establishes communications necessary to coordinate Federal public health and medical assistance effectively.

Information Requests

Requests for information may be received by ESF #8 from various sources, such as the media and the general public, and are referred to ESF #15 for action and response.

After-Action Reports

HHS, on completion of the incident, prepares a summary after-action report. The after-action report identifies key problems, indicates how they were solved, and makes recommendations for improving response operations. ESF #8 organizations assist in the preparation of the after-action report.

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Appendix I – National Response Framework – Emergency Support Function #8, Continued

Support Agencies

Agency	Functions
<p>Department of Agriculture</p>	<ul style="list-style-type: none"> ★ Provides appropriate personnel, equipment, and supplies coordinated through ESF #4 – Firefighting or the Branch Chief, Disaster and Emergency Operations, Fire and Aviation Management Office in Washington, D.C. This support is primarily for communications aircraft and the establishment of base camps for deployed Federal health and medical teams. ★ Provides support for public health matters for radiological incidents as a member of the Advisory Team for Environment, Food, and Health. <p>USDA also supports a multi-agency response to a domestic incident through:</p> <ul style="list-style-type: none"> ★ Provision of nutrition assistance; ★ Control and eradication of an outbreak of a highly contagious or an economically devastating animal disease; ★ Assurance of food safety, and security, in coordination with other responsible Federal agencies, or any combination of these requirements; and ★ Provision of appropriate personnel, equipment, and supplies, coordinated through the Animal and Plant Health Inspection Service Emergency Management Operations Center. Support is primarily for coordination of animal issues such as a disposal of animal carcasses, protection of livestock health, and zoonotic diseases associated with livestock.

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Appendix I – National Response Framework – Emergency Support Function #8, Continued

Agency	Functions
<p>Department of Finance</p>	<ul style="list-style-type: none"> ★ Alerts DOD NDMS Federal Coordinating Centers (FCCs) (Army, Navy, and Air Force) to provides specific reporting/regulating instructions to support incident relief efforts. ★ Alerts DOD NDMS FCCs to activate NDMS patient reception plans in a phased, regional approach, and when appropriate, in a national approach. ★ At the request of HHS, DOD coordinates with ESF #1 to provide support for evacuation of seriously ill or injured patients to locations where hospital care or outpatient services are available. ★ Using available DOD transportation resources, in coordination with the NDMS Medical Interagency Coordination Group (MIACG), evacuates and manages victims/patients from the patient collection point in or near the incident site to NDMS patient reception areas. ★ Provides available logistical support to health/medical response operations. ★ Provides available medical personnel for casualty clearing/staging and other missions as needed including aero-medical evacuations and medical treatment. Mobilizes and deploys available Reserve and National Guard medical units, when authorized and necessary to provide support. ★ Coordinates patient reception, tracking, and management to nearby NDMS non-Federal hospitals, VA hospitals, and DOD military treatment facilities that are available and can provide appropriate care. ★ Provides available military medical personnel to assist HHS in the protection of public health (such as food, water, wastewater, solid waste disposal, vectors, hygiene, and other environmental conditions). ★ Provides available DOD medical supplies for distribution to mass care centers and medical care locations being operated for incident victims with reimbursement to DOD. ★ Provides available emergency medical support to assist State, local, and tribal governments with the disaster area and the surrounding vicinity. Such services may include triage, medical treatment, mental health support, and the use of surviving DOD medical facilities within or near the incident area.

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Appendix I – National Response Framework – Emergency Support Function #8, Continued

Agency	Functions
<p>Department of Finance</p>	<ul style="list-style-type: none"> ★ Provides assistance in managing human remains, including victim identification and mortuary affairs. ★ Provides evaluation and risk management support through use of Defense Coordinating Officers, Emergency Preparedness Liaison Officers, and Joint Regional Medical Planners. ★ Provides available blood products in coordination with HHS. ★ Provides DOD confirmatory laboratory testing support in coordination with HHS. <p>U.S. Army Corps of Engineers: Through ESF #3 – Public Works and Engineering, provides technical assistance, equipment, and supplies as required in support of HHS to accomplish temporary restoration of damaged public utilities affecting public health.</p>
<p>Department of Energy</p>	<ul style="list-style-type: none"> ★ Coordinates Federal assets for external monitoring and decontamination activities for radiological emergencies pursuant to criteria established by the State(s) in conjunction with HHS. ★ Provides, in cooperation with other Federal and State agencies, personnel and equipment, including portal monitors, to support initial screening and provides advice and assistance to State and Local personnel conducting screening/decontamination of persons leaving a contaminated zone. <p>Through the Radiological Assistance Program:</p> <ul style="list-style-type: none"> ★ Provides regional resources (personnel, specialized equipment, and supplies) to evaluate, control, and mitigate radiological hazards to workers and the public; ★ Provides limited assistance in the decontamination of victims; and ★ Assists State, local, and tribal authorities in the monitoring and surveillance of the incident area. <p>Through the National Atmospheric Release Advisory Capability, provides near real-time transport, dispersion, and dose predictions of atmosphere releases of radioactive and hazardous materials that may be used by authorities in taking protective actions related to sheltering and evacuation of people.</p>

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Appendix I – National Response Framework – Emergency Support Function #8, Continued

Agency	Functions
	Through the Federal Radiological Monitoring and Assessment Center (FRMAC) , assists health and medical authorities in determining radiological dose information; assists in providing coordinated gathering of environmental radiological information and data; assists with consolidated data sample analyses, evaluations, assessments, and interpretations; and provides technical information.
Department of Homeland Security	<ul style="list-style-type: none"> ★ As requested by HHS, directs the activation of NDMS as necessary to support incident response operations. Requests ESF #8 support from HHS, VA, and DOD to coordinate NDMS operations. ★ As requested by HHS, activates and deploys NDMS health/medical personnel, equipment, and supplies in a phased regional approach, and coordinates the provision of hospital care and outpatient services, veterinary services, and mortuary services through NDMS. ★ In coordination with HHS, activates the NDMS MIACG, composed of NDMS partner representatives (DHS, DOD, VA, and HHS), to support placement of victims/patients in NDMS hospital for care. ★ Coordinates NDMS to assist in establishing priorities with HHS for application of health and medical support, including veterinary and mortuary services. ★ Provides communications support in support with ESF #2 – Communications. ★ Assists in providing information/liaison with emergency management officials in NDMS FCC areas. ★ Provides logistics support as appropriate. ★ Through ESF #1, identifies and arranges for use of U.S. Coast Guard aircraft and other assets in providing urgent airlift and other transportation support. ★ Directs the Nuclear Incident Response Team (NIRT) when activated and ensures coordination of NIRT activities with the ESF primary agency and designated coordinating agency under the Nuclear/Radiological Incident Annex.

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Appendix I – National Response Framework – Emergency Support Function #8, Continued

Agency	Functions
Department of Homeland Security (continued)	<ul style="list-style-type: none"> ★ The Interagency Modeling and Atmospheric Assessment Center (IMAAC) provide predictions of hazards associated with atmospheric releases for use in emergency response. The IMAAC provides a single point for the coordination and dissemination of Federal dispersion modeling the hazard prediction products that represent the Federal position during an Incident of National Significance. <p>Border and Transportation Security Directorate/Customs and Border Protection: Provides enforcement of international quarantines.</p>
Department of Justice (DOJ)	<ul style="list-style-type: none"> ★ Assists in victim identification, coordinated through the Federal Bureau of Investigation (FBI). ★ Provides State, local, and tribal governments with legal advice concerning identification of the dead. ★ Provides HHS with relevant information of any credible threat or other situation that could potentially threaten public health. This support is coordinated through FBI Headquarters. ★ Provides communication, transportation, and other logistical support to the extent possible. This support is provided through the FBI. ★ Provides security for the SNS and quarantine enforcement assistance, if required.
Department of Labor	<ul style="list-style-type: none"> ★ Coordinates the safety and health assets of cooperating agencies and the private sector to provide technical assistance and conduct worker exposure assessment and responder and worker risk management within the Incident Command System. This assistance may include 24/7 site safety and monitoring; worker exposure monitoring; health monitoring; sampling and analysis; development and oversight of the site-specific safety and health plan; and personal protective equipment selection, distribution, training, and respirator fit-testing. ★ Provides personnel and management support related to worker safety and health in field operations during ESF #8 deployments.

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Appendix I – National Response Framework – Emergency Support Function #8, Continued

Agency	Functions
Department of State	<ul style="list-style-type: none"> ★ Coordinates internal activities related to chemical, biological, radiological, and nuclear incidents and events that pose transborder threats. Assists in communicating real-time actions taken by the United States and U.S. projections of the international consequence of the event (e.g., disease spread, quarantine, isolation, travel restrictions, pharmaceutical supply and distribution, and displaced persons). ★ Assists with coordination with foreign states concerning offers of support, gifts, offerings, donations, and other aid. This includes establishing coordination with partner nations to identify the U.S. validated immediate support in response to an Incident of National Significance.
Department of Transportation	<ul style="list-style-type: none"> ★ In collaboration with DOD, GSA, and other transportation-providing agencies, assists in identifying and arranging for all types of transportation, such as air, rail, marine, and motor vehicles. ★ At the request of HHS, provides patient movement assistance from DOT resources subject to DOT statutory requirements. ★ Coordinates with the Federal Aviation Administration for air traffic control support for priority missions.
Department of Veteran Affairs	<p>Subject to the availability of resources and funding, and consistent with the VA mission to provide priority services to veterans, when requested, VA:</p> <ul style="list-style-type: none"> ★ Coordinates with participating non-Federal NDMS hospitals to provide incident-related medical care to authorized NDMS beneficiaries affected by a major disaster or emergency; ★ Furnishes available VA hospital care and medical services to individuals responding to, involved in, or otherwise affected by a major disaster or emergency, including members of the Armed Forces on active duty; ★ Designates and deploys available medical, surgical, mental health, and other health service support assets; and ★ Provides a Medical Emergency Radiological Response Team for technical consultation on the medical management of injuries and illnesses due to exposure to or contamination by ionizing radiation.
U.S. Agency for International Development, Office of Foreign Disaster Assistance	Provides assistance in coordinating international offers for health/medical support.

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Appendix I – National Response Framework – Emergency Support Function #8, Continued

Agency	Functions
Environmental Protection Agency	<ul style="list-style-type: none"> ★ Provides technical assistance and environmental information for the assessment of the health/medical aspects of situations involving hazardous materials, including technical and policy assistance in matters involving drinking water supplies. ★ Provides support for public health matters for radiological incidents through the FRMAC and the Advisory Team for Environment, Food, and Health. ★ Assists in identifying alternate water supplies for critical care facilities. ★ Provides bio-surveillance, warning, and detection capabilities for the water sector.
General Services Administration	Provides facilities, equipment, supplies, and other logistical support, including contracting for private-sector ground and air transportation.
U.S. Postal Services	Assists in the distribution and transportation of medicine and pharmaceuticals and medical information to the general public affected by a major disaster or emergency as needed.
American Red Cross	<ul style="list-style-type: none"> ★ Provides emergency, first aid, consisting of basic first aid and referral to appropriate medical personnel and facilities, supportive counseling, and health care for minor illnesses and injuries to incident victims in mass care shelters, the JFO, selected incident cleanup areas, and other sites deemed necessary by the primary agency. ★ Assists community health personnel subject to staff availability. ★ Provides supportive counseling for the family members of the dead, injured, and others affected by the incident. ★ Provides available personnel to assist in temporary infirmaries, immunization clinics, morgues, hospitals, and nursing homes. Assistance consists of administrative support, logistical support, or health services support within clearly defined boundaries. ★ Acquaints families with available health resources and services, and makes appropriate referrals. ★ At the request of HHS, coordinates with the American Association of Blood Banks Interorganizational Task Force on Domestic Disasters and Acts of Terrorism to provide blood products and services as needed through regional blood centers.

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Appendix I – National Response Framework – Emergency Support Function #8, Continued

Agency	Functions
American Red Cross (continued)	<ul style="list-style-type: none"> ★ Provides coordination for uploading appropriate casualty/patient information from ESF #8 into the Disaster Welfare Information System. ★ Refers all concerns regarding animal health care, safety, and welfare to American Veterinary Medical Association contact(s) in the disaster area, as appropriate. These contact people are veterinarians affiliated with national, State, county, and local veterinary associations.

APPENDIX J

PANDEMIC PLANNING CONSIDERATIONS AND GUIDELINES



Appendix J – Pandemic Influenza Planning Considerations and Guidelines

"Although exactly when and where the next influenza virus will emerge is not known, it is likely that the outcome will vary from serious to catastrophic . . ."

Pandemic Influenza Preparedness and Response Plan
U.S. Department of Health and Human Services

Medical and health authorities have warned the world and placed a clarion call for government and citizens to take action in preparing for the onset of a pandemic flu virus. Currently, the virulent H5N1 strain of bird flu is appearing around the globe and is predicted to reach the United States within the next year if not sooner. While human to human transmission of the bird flu has not progressed beyond some rare isolated cases, the possibility of the influenza developing and reaching major pandemic proportion must not be dismissed. The U.S. Department of Health and Human Services (HHS) has published the "HHS Pandemic Influenza Plan" outlining specific actions that local, tribal, state, and federal agencies should consider in planning for this potentially catastrophic event. In California, the State Department of Health Services (CDHS) has published the "Pandemic Influenza, Preparedness and Response Plan," providing a framework for CDHS pandemic influenza preparedness and response activities.

WHAT IS PANDEMIC?

The word "pandemic" is used to describe a disease that affects people on a worldwide scale. Flu pandemics have occurred roughly every 20 to 30 years throughout history, the most serious being the misnamed "Spanish flu" of 1918, the "Asian flu" of 1957 and the "Hong Kong flu" of 1968.

Three conditions must be met to result in a pandemic:

1. The emergence of a new flu strain
2. The ability of that strain to infect humans and cause serious illness
3. The ability to spread easily among humans



Local governments throughout California have begun to study the potential impacts of a major flu outbreak and have initiated plans and procedures to mitigate the effects of a deadly and disruptive flu pandemic should it arise. The occurrence and spread of the flu virus throughout California will assuredly present unique challenges and demand extraordinary effort by Coroner/Medical Examiner offices and supporting personnel. Therefore, appropriate state, federal, and private agencies must be engaged in pandemic flu emergency planning activities in coordination with other relevant organizations to include health departments, emergency medical services, emergency management agencies, fire services, hospitals, and funeral directors.

California has extensive experience in preparing, responding, and recovering from natural and technological disasters. Often these calamities have risen to level of presidential disaster declarations. However, the reality of a major pandemic flu outbreak spreading across our nation and state will present extraordinary circumstances that may be unfamiliar to the state and federal government in their role to

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Appendix J - Pandemic Influenza Planning Considerations and Guidelines, Continued

support the local Coroner/M.E. The considerations presented below are provided to assist in critical issue identification, emergency plan development, and response coordination activities.

The planning considerations are based on a “worst-case” scenario. Pandemic influenza experts and other key officials have provided some basic assumptions founded on a world-wide spread of the deadly virus.

Several of these critical assumptions include:

- ★ California will not be immune from the deadly global pandemic. An estimated 25,000 to 59,000 residents will die from the lethal virus. Normal death rates experienced on a daily basis may be exacerbated due to lack of available medical care.
- ★ Loss of 30-50 percent of critical employees due to illness, death, or absenteeism will significantly impede the capability and capacity of Coroner/M.E. agencies and support agencies to provide care and management of the dead.
- ★ Critical infrastructure, necessary to carry out Coroner/M.E. duties and responsibilities, may experience difficulties or disruptions due to employee absenteeism or other factors thus considerably affecting job performance.
- ★ Essential supplies needed to perform Coroner/M.E. functions may be in short supply or non-existent due to “just-in-time” inventories and national/global competition for supplies.
- ★ Coroner/M.E. mutual aid resources may not be relied upon during the course of the pandemic. Each county will face the overwhelming burden of taking care of its own fatality management issues.
- ★ A full pandemic in the U.S. will trigger state and federal disaster declarations. Many local, state, and federal laws and regulations will be suspended and/or imposed.
- ★ Common societal activities that include groups and organized gatherings will be severely curtailed or halted due to spread of virus. Disposition of the deceased and funeral arrangements may not be compatible with accepted cultural/religious practices.

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Appendix J - Pandemic Influenza Planning Considerations and Guidelines, Continued

TANGENTIAL CONSEQUENCES OF WORST-CASE PANDEMIC*	
Commerce Disruption Transportation Communications Bankruptcy Economic Depression	Public Safety Disruption Lawlessness Violence Public Panic
Health Care Disruption Hospital Overload Shortage of Staff Shortage of Supplies	Political Unrest Loss of trust in Government Wars over Shortages Global Terrorism
Food Shortages Famine Disruption of Supplies to Poor Deaths from Shortages	Social Fabric Disruption Human suffering and loss Migration
	Long-term Effects Demographic Psychological
<small>* From Larry Brilliant, MD, MPH, Meeting on Effective Response and Business Continuity for UN and Humanitarian Agencies. Tufts University. Boston. 1/12/06</small>	

There are numerous critical planning considerations to address at the local government level regarding managing the deceased as a result of a pandemic influenza in California. It is certain that all 58 counties will be overwhelmed and may quickly look to the state, federal, and private sector for guidance, support, and legal remedies. The following planning considerations are provided based on a worst-case pandemic scenario.

PLANNING CONSIDERATIONS	COMMENTS
1. A pandemic will instantly become a public health emergency requiring an all-out effort of state, local, federal, and private organizations working together under significant political, social, and economic conditions. The pandemic could last from 18 months to several years, with two or three waves of activity.	Deliberate pre-planning, training and table-top exercises based on likely scenarios and the multi-agency coordination of plans and response strategies, at all levels of government will assist in mitigating many actual event issues. Developing pre-established executive orders, ordinances, administrative actions, etc., may be prudent.
2. A large number of people will die in a short period of time and will continue to die for an extended period of time during a pandemic influenza event. Most Coroner/M.E. will not have additional staff	The state may be requested to assist local Coroner/M.E. in identifying and obtaining adequate refrigerated storage facilities; obtaining additional supplies, including body bags; providing transportation
<i>Continued...</i>	<i>Continued...</i>

Continued on next page

Appendix J - Pandemic Influenza Planning Considerations and Guidelines, Continued

PLANNING CONSIDERATIONS	COMMENTS
<p>to manage this surge. The state, through the Coroners' mutual system will receive requests for personnel and equipment assistance. The death care industry, comprised of public and private agencies will not be able to process the dead in the traditional manner due to the increased number of cases. Temporary Storage of the dead will be a critical issue to address.</p>	<p>resources; augmenting corpse recovery personnel; and suspending or implementing laws and regulations to resolve Coroner/M.E. and death care industry response impediments.</p>
<p>3. Lack of vaccinations and anti-viral treatment for Coroner/M.E. and death care industry personnel may become an ethical/political issue resulting in severely diminished protection for critical response and recovery workers.</p>	<p>Coroner/M.E. and death care personnel should be given commensurate priority with other public safety/health first responders. The ability to adequately keep pace with managing the dead will help to alleviate societal repercussions.</p>
<p>4. California's Standardized Emergency Management System (SEMS) including the Coroners' Mutual Aid System will remain the proper response system.</p>	<p>All response personnel should have a thorough understanding of SEMS and inherent systems and standard operating procedures.</p>
<p>5. There will be delays in the issuance of death certificates for both attended and unattended deaths. This delay will place substantial pressure on the Coroner/M.E. to issue death certificates so the next of kin can manage the decedent's estate.</p>	<p>Those state and local governmental agencies, legislative bodies, and legal systems should be prepared to expedite necessary suspensions, waivers, or special orders to assist the Coroner/M.E. and death care industry in reducing death certificate issuance backlogs and problems.</p>
<p>6. Tracking and identifying the deceased victims in addition to the regular caseload may become unwieldy, disjointed, and complicated during a pandemic.</p>	<p>Numbering systems for tracking the dead should be standardized and current technology should be utilized to ensure timely and accurate processing and tracking of the dead. State agencies, including the Department of Justice will assist the Coroner/M.E. in identifying the deceased through various data bases and through DNA analysis.</p>
<p>7. Critical Infrastructure, supply chains will likely be compromised due to numerous factors. Manufacturing agencies within the United States employ just-in-time inventory systems and do not stock large inventories. Competition for supplies among states will be intense.</p>	<p>Local Coroner/Medical Examiners throughout the state will be relying on local resources and agreements with vendors (if viable). The state may be requested to help identify and/or obtain supplies essential for the Coroner/M.E. to perform their duties.</p>

Continued on next page

Appendix J - Pandemic Influenza Planning Considerations and Guidelines, Continued

PLANNING CONSIDERATONS	COMMENTS
<p>8. Depletion in the workforce will increase the requests for mutual aid personnel. Other priorities and duties as required during the event may divert the Coroner/M.E. staff from performing their fatality management tasks. Recovering and managing the dead requires persons who are accustomed to the unique characteristics of the task.</p>	<p>Meeting the mutual aid personnel needs of the Coroner/M.E. during a pandemic will be difficult. Actions should be taken to pre-identify appropriate individuals and groups who can fill positions within the Coroner/M.E. organization. The state may be requested to fill personnel requests from national guard and federal resources.</p>
<p>9. Public expectations regarding fatality management operations and final disposition may be modified to facilitate the management of the dead. Traditional methods and culturally accepted means of handling decedents may not be followed causing family and social upheaval. Public distrust of the government may be exacerbated.</p>	<p>California law dictates that all human remains be returned to the decedent's next of kin. If circumstances require a prolonged delay or other means of final disposition of remains, the state may need to provide legal remedies and, most certainly establish a unified voice with the local Coroner/M.E. to publicly address citizens unease regarding the disposition of their deceased loved one.</p>
<p>10. Cemeteries may only have a limited surge capacity and it is likely that they may not have the space to accommodate thousands of deaths at one time. Funeral homes and crematoriums may have similar problems in providing services in a timely and sufficient manner.</p>	<p>California law/regulations governing cemeteries and funeral directors may require emergency actions to ease restrictions in order to facilitate decedent final disposition.</p>

Appendix J - Pandemic Influenza Planning Considerations and Guidelines, Continued

Guidelines for Management of Mass Fatalities During an Influenza Pandemic *

NOTE:

The following information pertaining to fatality management in the event of a Pandemic Influenza *should be considered as guidance only*. Since there is no state Coroner or Medical Examiner authority to establish policy or enforce compliance of the 58 Sheriff-Coroners, Coroners, Medical Examiners, these guidelines are provided to assist the Coroner/M.E. and should be considered and incorporated, where applicable, into local planning efforts.

Introduction During a pandemic, local authorities will have to be prepared to manage additional deaths due to influenza, over and above the number of fatalities from all causes currently expected during the inter-pandemic period. This guideline aims to assist local planners and funeral directors in preparing to cope with large-scale fatalities due to an influenza pandemic. A number of issues have been identified, which should be reviewed with coroners/medical examiners, local authorities, funeral directors, and religious groups/authorities.

Planning for Mass Fatalities In order to identify planning needs for the management of mass fatalities during a pandemic, it is important to examine each step in the management of a decedent under normal circumstances and then to identify what the limiting factors will be when the number of corpses increase over a short period of time. The following table identifies the usual steps. Possible solutions or planning requirements are discussed in further detail in the sections that follow this table as illustrated in the chart on Page 204.

Steps	Requirements	Limiting Factors	Planning for Possible Solutions/Expediting Steps
Death Pronounced	<ul style="list-style-type: none"> ★ Person legally authorized to perform this task. 	<ul style="list-style-type: none"> ★ If death occurs in the home then one of these people will need to be contacted. ★ Availability of people able to do this task. 	<ul style="list-style-type: none"> ★ Provide public education regarding how to access an authorized person. ★ Consider planning an on call system 24/7 specifically for this task.

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Appendix J - Pandemic Influenza Planning Considerations and Guidelines, Continued

Steps	Requirements	Limiting Factors	Planning for Possible Solutions/Expediting Steps
Death certified	<ul style="list-style-type: none"> ★ Person legally authorized to perform this task. 	<ul style="list-style-type: none"> ★ Legally, may not necessarily be the same person that pronounced the death. 	<ul style="list-style-type: none"> ★ Consider “collecting” decedent and having one authorized person perform this task en masse to improve efficiency.
Body Wrapped	<ul style="list-style-type: none"> ★ Person(s) trained to perform this task. ★ Body bags 	<ul style="list-style-type: none"> ★ Supply of human and physical (body bags) resources. ★ If death occurs in the home: the availability of these requirements. 	<ul style="list-style-type: none"> ★ Consider developing a rotating 6 months inventory of body bags, given their shelf life. ★ Consider training or expanding the role of current staff to include this task. ★ Provide this service in the home in conjunction with pronouncement and transportation to morgue.
Transportation to the morgue	<ul style="list-style-type: none"> ★ In hospital: trained staff (orderly?) and stretcher. ★ Outside hospital: informed person(s) stretcher and vehicle suitable for this purpose. 	<ul style="list-style-type: none"> ★ Availability of human and physical resources. 	<ul style="list-style-type: none"> ★ In hospital: consider training additional staff working within the facility. ★ Consider keeping old stretchers in storage instead of discarding. ★ Look for alternate suppliers of equipment that could be used as stretchers in an emergency, e.g., trolley manufacturers. ★ Outside hospital: provide public education or specific instructions through a toll-free phone service regarding where to take corpses if the family must transport.

Continued on next page

Appendix J - Pandemic Influenza Planning Considerations and Guidelines, Continued

Steps	Requirements	Limiting Factors	Planning for Possible Solutions/Expediting Steps
Morgue storage	<ul style="list-style-type: none"> ★ A suitable facility that can be maintained at 4 to 8 degrees Celsius. 	<ul style="list-style-type: none"> ★ Capacity of such facilities. 	<ul style="list-style-type: none"> ★ Identify and plan for possible temporary morgue sites.
Autopsy if required / requested	<ul style="list-style-type: none"> ★ Person qualified to perform autopsy and suitable facility with equipment. 	<ul style="list-style-type: none"> ★ Availability of human and physical resources. ★ May be required in some circumstances. 	<ul style="list-style-type: none"> ★ Ensure that physicians and families are aware that an autopsy is not required for confirmation of influenza as cause of death.
Cremation ¹	<ul style="list-style-type: none"> ★ Suitable vehicle of transportation from morgue to crematorium. 	<ul style="list-style-type: none"> ★ Capacity of crematorium/speed of process. ★ Availability of coroner or equivalent official to issue certificate. 	<ul style="list-style-type: none"> ★ Identify alternate vehicles that could be used for mass transport. ★ Examine the capacity and surge capacity of crematoriums within the jurisdiction. ★ Discuss and plan appropriate storage options if the crematoriums become backlogged. ★ Discuss and plan expedited cremation certificate completion processes.

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Appendix J - Pandemic Influenza Planning Considerations and Guidelines, Continued

Steps	Requirements	Limiting Factors	Planning for Possible Solutions/Expediting Steps
Embalming ²	<ul style="list-style-type: none"> ★ Suitable vehicle for transportation from morgue. ★ Trained person ★ Embalming equipment ★ Suitable location 	<ul style="list-style-type: none"> ★ Availability of human and physical resources ★ Capacity of facility and speed of process 	<ul style="list-style-type: none"> ★ Consult with service provided regarding the availability of supplies and potential need to stockpile or develop a rotating 6 month inventory of essential equipment/supplies. ★ Discuss capacity and potential alternate sources of human resources to perform this task, e.g., retired workers or students in training programs. ★ Consider “recruiting” workers that would be willing to provide this service in an emergency.
Funeral service	<ul style="list-style-type: none"> ★ Appropriate location(s), casket (if cremated), funeral director. 	<ul style="list-style-type: none"> ★ Availability of caskets ★ Availability of location for service and visitation. 	<ul style="list-style-type: none"> ★ Contact supplier to determine lead time for casket manufacturing and discuss possibilities for rotating 6 month inventory. ★ Consult with the Funeral Directors to determine surge capacity and possibly the need for additional sites (e.g., use of churches, etc. for visitation).
Transportation to temporary storage or burial site	<ul style="list-style-type: none"> ★ Suitable vehicle and driver. 	<ul style="list-style-type: none"> ★ Availability of human and physical resources. 	<ul style="list-style-type: none"> ★ Identify alternate vehicles that could be used for this purpose. ★ Consider use of volunteer drivers.

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Appendix J - Pandemic Influenza Planning Considerations and Guidelines, Continued

Steps	Requirements	Limiting Factors	Planning for Possible Solutions/Expediting Steps
Temporary storage	★ Access to and space in a temporary storage.	★ Temporary storage capacity and accessibility.	★ Expand capacity by increasing temporary storage sites.
Burial	★ Grave digger, space at cemetery.	★ Availability of grave diggers and cemetery space. ★ Extreme cold and heavy snowfall.	★ Identify sources of supplementary workers.

¹ Cremated bodies are not usually embalmed; families may chose to have a funeral service followed by cremation or to have the body cremated first and a memorial service later.

² Bodies to be buried may be embalmed and may need to be stored in a temporary storage prior to burial.

General Planning Considerations

In order to develop guidelines or adjust existing plans to suit the pandemic situation, local pandemic planners should ensure that the following organizations are involved in mass fatality planning:

- ★ The Coroner/Medical Examiner
- ★ The Local Health Officer(s)
- ★ The Emergency Response Disciplines
- ★ Representatives of the Funeral Directors Association
- ★ Representatives from local health care facilities, and
- ★ Representatives of local religious and ethnic groups.

Existing disaster plans may include provisions for mass fatalities but should be reviewed and tested regularly, to determine if these plans are appropriate for the relatively long period of increased demand which may occur in a pandemic, as compared to the shorter response period required for most disaster plans. There are currently no plans to recommend mass burials or mass cremations. This should only be considered in the most extreme circumstances.

Since it is expected that most fatal influenza cases will seek medical services prior to death, hospitals, nursing homes, and other institutions (including non-traditional sites) must plan for more rapid processing of decedents. These institutions should work with the pandemic planners, Funeral Directors, and

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Appendix J - Pandemic Influenza Planning Considerations and Guidelines, Continued

General Planning Considerations

the Coroner/M.E. office to ensure that they have access to the additional supplies (e.g., body bags) and can expedite the steps, including the completion of required documents, necessary for efficient fatality management during a pandemic.

In order to deal with the increase in fatalities, some municipalities will find it necessary to establish temporary morgues. Plans should be based on the capacity of existing facilities compared to the projected demand, for each municipality. Access to these resources should be discussed with the owner/operators as part of the planning process during the interpandemic period.

In the event that local funeral directors are unable to handle the increased number of fatalities and funerals, it will be the responsibility of local governments to make appropriate arrangements. Individual municipalities should work with local funeral directors to plan for alternate arrangements.

Planning should also include a review of death documentation requirements and regulatory requires that may affect the timely management of fatalities.

Role of the Funeral Directors Association

It is recommended that all funeral directors contact their respective Coroner/M.E. and Public Health Officer to become involved in their disaster and pandemic planning activities with respect to the management of mass fatalities at a local level. It is recommended that funeral directors consider it a part of their professional standards to make contingency plans for what would happen if they were incapacitated or overwhelmed.

Autopsies

Many deaths in a pandemic would not require autopsies since autopsies are not indicated for the confirmation of influenza as a cause of death. However, for the purpose of public health surveillance (e.g., confirmation of the first cases at the start of the pandemic), respiratory tract specimens or lung tissue for culture or direct antigen testing could be collected post-mortem.

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Appendix J - Pandemic Influenza Planning Considerations and Guidelines, Continued

Autopsies Any changes to regular practices pertaining to the management of fatalities and autopsy requirements during pandemic situations would require the authorization of the Coroner/Medical Examiner.

If a physician requires that an autopsy be performed, normal protocols will be followed, including permission from the next of kin. In cases where the death is reportable to a Medical Examiner or Coroner, the usual protocols prevail based on current law.

Preparation for Cemeteries and Crematoria In a pandemic, each individual funeral home could expect to handle about six months work within a 6 to 8 week period. That may not be the problem in some communities, but funeral homes in larger cities may not be able to cope with the increased demand.

Individual cemeteries should be encouraged to make specific plans regarding the need for additional human resources during a pandemic situation. For example, volunteers from local service clubs or churches may be able to take on tasks such as digging graves, under the direction of current staff.

Crematoriums will also need to look at the surge capacity within their facilities. Most crematoriums can handle about one body every four hours and could probably run 24 hours to cope with the increased demand. Cremations have fewer resource requirements than burials and, where acceptable, this may be an expedient and efficient way of managing large numbers of decedents during a pandemic.

Planning for Temporary Morgues Additional temporary cold storage facilities may be required during a pandemic, for the storage of decedents prior to their transfer to funeral homes. A temporary morgue must be maintained at 4 – 8 degrees Celsius. However, decedents will begin to decompose in a few days when stored at this temperature. If the body is not going to be cremated, plans may have to be made to expedite the embalming process should be developed since in the case of a pandemic, bodies may have to be stored for an extended period of time.

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Appendix J - Pandemic Influenza Planning Considerations and Guidelines, Continued

Planning for Temporary Morgues

Each county should make pre-arrangements for temporary morgues based on local availability and requirements. The resource needs (e.g. body bags) and supply management for temporary morgues should also be addressed. The types of temporary cold storage to be considered may include refrigerated trucks, cold storage lockers and portable facilities.

Refrigerated trucks can generally hold 25-30 bodies without additional shelving. To increase storage capacity, temporary wooden shelves can be constructed of sufficient strength to hold the bodies. Shelves should be constructed in such a way that allows for safe movement and removal of bodies (i.e., storage of bodies above the waist height is not recommended). To reduce any liability for business losses, jurisdictions should avoid using trucks with markings of a supermarket chain or other companies, as the use of such trucks for storage of fatalities may result in negative implications for business.

Using local businesses for the storage of human remains is not recommended and should only be considered as a last resort. The post-pandemic implications of storing human remains at these sties can be serious, and may result in negative impacts on business with ensuing liabilities.

Death Registration

Death registration is a county responsibility. There is a distinction between the practices of pronouncing and certifying a death.

In the pandemic situation, with the increased number of deaths, each jurisdiction must have a fatality collection plan in place to ensure that there is no unnecessary delay in moving a body to the (temporary) morgue. If the person's death does not meet any of the criteria for needing to be reported to a coroner, then the person could be moved to a holding area soon after being pronounced dead. Then, presumably on a daily basis, a physician could be designated to complete the death certificate.

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Appendix J - Pandemic Influenza Planning Considerations and Guidelines, Continued

Death Registration

Funeral directors generally have standing administrative policies that prohibit them from collecting a body from the community or an institution until there is a completed death certificate. In the event of a pandemic with many bodies, it seems likely that funeral directors could work out a more flexible practice if directed to do so by some central authority. These special arrangements must be planned in advance of the pandemic and should include consideration of the regional differences in resources, geography, and population.

Infection Control

Special infection control measures are not required to the handling of persons who died from influenza, as the body is not “contagious” after death. Funeral homes should take special precautions with deaths from influenza.

Families requesting cremation of their deceased relative are much less likely to request a visitation, thus reducing the risk of spreading influenza through public gatherings.

See Appendix F for more information pertaining to infectious risk of corpses.

Transportation

No special vehicle or driver license is needed for transportation of a dead body. Therefore, there are no restrictions on families transporting bodies of family members if they have a death certificate.

Transportation of bodies from their place of death to their place of burial in rural communities may become an issue, especially if this requires air transport. Local pandemic planners should consider extreme distances in transporting dead bodies to their burial site.

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Appendix J - Pandemic Influenza Planning Considerations and Guidelines, Continued

Supply Management

Funeral directors may consider not ordering excessive amounts of supplies such as embalming fluids, body bags, etc., they rather have enough on hand in a rotating inventory to handle the first wave of the pandemic (that is enough for six months of normal operation). Fluids can be stored for years, but body bags and other supplies have a limited shelf life. Cremations generally require fewer supplies since embalming is not required.

Families having multiple deaths are unlikely to be able to afford higher-cost products or arrangements. Funeral homes could quickly run out of lower-cost items (e.g., inexpensive caskets such as cloth and some wooden caskets) and should be prepared to provide alternatives.

Special Populations

A number of religious and ethnic groups have specific directives about how bodies are managed after death, and as such must be considered as part of the pandemic planning. Native Americans, Jews, Hindus, Muslims, all have specific directives for the treatment of bodies and for funerals. The wishes of the family will provide guidance; however, if no family is available, local religious or ethnic communities can be contacted for information.

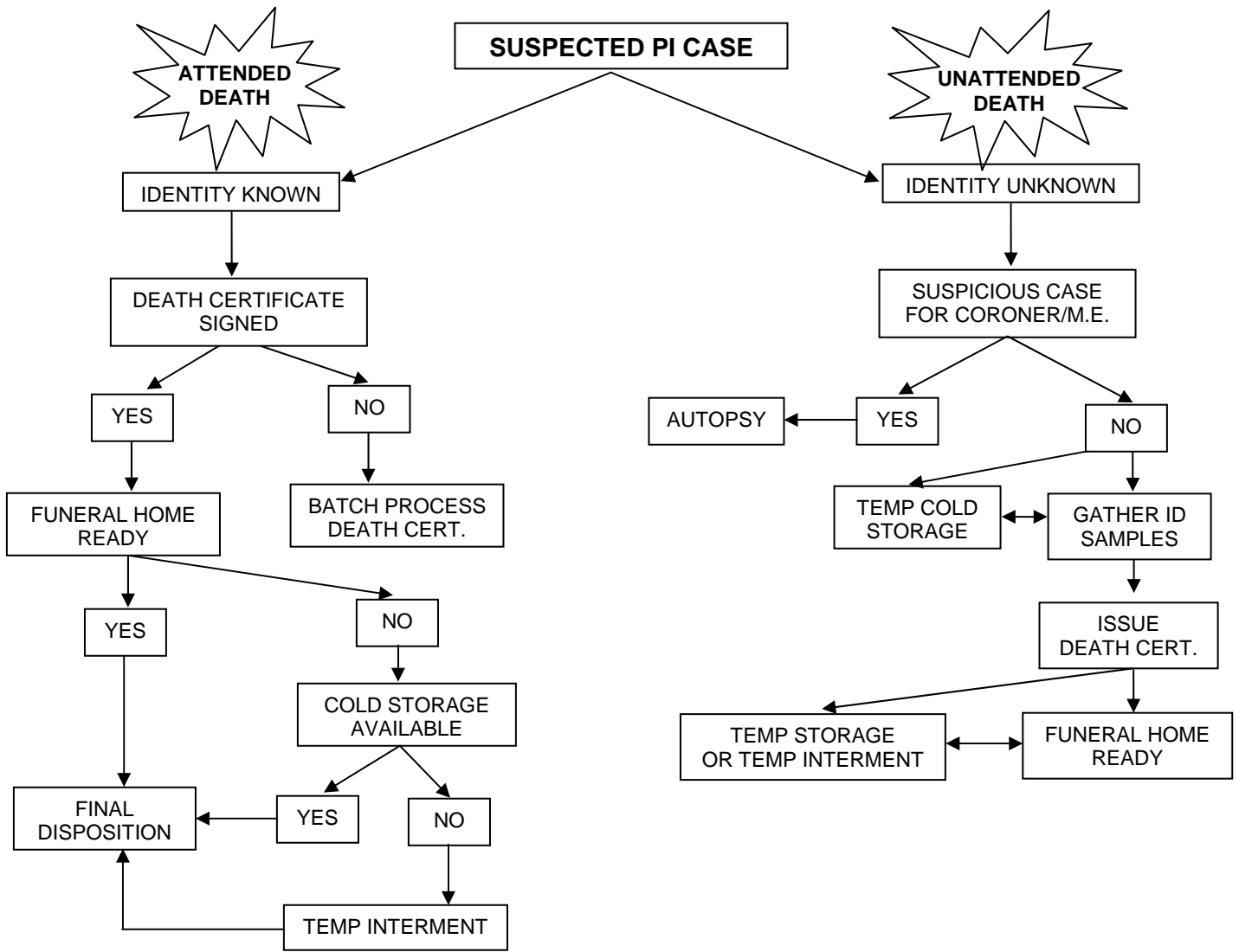
As a result of these special requirements, some religious groups maintain facilities such as small morgues, crematoria, and other facilities, which are generally operated by volunteers. Religious groups should be contacted to ensure these facilities and volunteers are prepared to deal with pandemic issues.

Religious leaders should be involved in planning for funeral management, bereavement counseling, and communications, particularly in ethnic communities with large numbers of people who do not speak the official languages.

* Guideline information adapted from *Canadian Pandemic Influenza Plan*, February 2004.

Appendix J - Pandemic Influenza Planning Considerations and Guidelines, Continued

FATALITY MANAGEMENT PROCESS



¹ Source: White Paper: Morgue Operations, Identification, and Command and Control of Mass Fatalities resulting from a Pandemic Influenza Event in the United States, Fatality Management Pandemic Influenza Working Group Conference was sponsored by U.S. Northern Command, in conjunction with the U.S. Dept. Of Health and Human Services, and hosted by Joint Task Force Civil Support at Fort Monroe, Virginia, on March 22-23, 2006.

APPENDIX K

CONSIDERATION OF A MASS FATALITY INCIDENT AT A CORRECTIONAL FACILITY



Appendix K – Consideration of a Mass Fatality Incident at a Correctional Facility

A mass fatality situation at a local or state correctional facility may present extraordinary circumstances for the responsible Coroner/M.E. and the state. The criminal and custodial aspect of the decedents at the impacted correctional facility requires a thorough understanding of roles and responsibilities, combined with close coordination between the Coroner/M.E. and correctional facility authorities. It is recommended that state correctional facility officials should meet with their respective Coroner/M.E. to develop procedures for the management of mass fatalities within the confines of a facility.

Many local Coroner/M.E. offices have engaged in preliminary discussions with correctional officials and there are some common planning considerations when responding to a state (or local) correctional facility:

1. Determine potential vulnerabilities of correctional facility to natural and human-caused disasters.
2. Determine on-site inmate and department staff population.
3. Review respective roles and procedures in the event of mass fatalities.
4. Determine potential for on-site collection and storage of decedents.
5. Identify personnel and equipment requirements for the recovery, storage, and security of decedents temporarily held on site.
6. Develop a written plan that is updated and validated through training and exercises.
7. Due to the heightened concern of the adjacent communities to the mass fatality at the facility, it will be important to provide timely and reassuring public information.

It is important to note that it may be necessary for the state to suspend Government Code Section §12525, which in part states that:

*“In any case in which a person dies while in custody of any law enforcement agency or while in custody in local or state correctional facility in this state, the law enforcement agency or the agency in charge of the correctional facility shall report in writing to the Attorney General, within 10 days after the death, all facts in the possession of the law enforcement agency or agency in charge of the correctional facility concerning the death.”**

* There may be other laws and regulations that may be suspended that pertain to managing the dead.

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Appendix K – Consideration of a Mass Fatality Incident at a Correctional Facility, Continued

The State Department of Corrections and Rehabilitation (CDCR) is responsible for over 85 correctional facilities which contain approximately 164,000 inmates and 47,000 department staff. These institutions are located throughout California. The list of correctional facilities and their resident populations have been included in this appendix for planning and response considerations.

At the County level the Sheriff is responsible for jail facilities. There are 116 local jail facilities located in 57 counties with a combined state rated capacity of 75,339 adults. These county jails house pre-sentenced arrestees awaiting adjudication for charged crimes, and convicted felons and misdemeanants sentenced for up to one-year confinement. Los Angeles County operates the largest jail facilities in the state with six adult detention facilities with an aggregate rated capacity of 19,767 inmates (Source of information: California State Sheriff's Association). It must also be recognized that there are jail facilities operated by approximately 40 city police departments.

While the majority of coroners in the state are "Sheriff-Coroners," and have experience with in-custody deaths, it is prudent that Coroner/M.E.'s develop plans and procedures to manage mass fatalities at their respective county and city jail facilities. Many of the common planning considerations delineated on the previous page can be applied to county jail facilities.

Appendix K – Consideration of a Mass Fatality Incident at a Correctional Facility, Continued

California Department of Corrections and Rehabilitation			
Site Location and Population Chart by County			
County	Site	Offender	Staff Pop.
AMADOR	Mule Creek State Prison	3614	1014
	Preston Youth Correctional Facility	388	600
	Pine Grove Youth Conservation Camp	78	43
CALAVERAS	Vallecito Fire Camp	110	10
DEL NORTE	Pelican bay State Prison	3301	1405
	Alder Fire Camp	110	10
EL DORADO	Growlersburg Fire Camp	132	13
FRESNO	Pleasant Valley State Prison	5188	1234
	Miramonte Fire Camp	89	8
GLENN	Valley View Fire Camp	132	13
HUMBOLDT	Eel River Fire Camp	130	13
	High Rock Fire Camp	110	10
IMPERIAL	Calipatria State Prison	4168	1143
	Centinela State Prison	4472	11104
INYO	Owens Valley Fire Camp	132	13
KERN	Kern Valley State Prison	4859	1429
	North Kern State Prison	5028	1329
	California Correctional Institution	5276	1764

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Appendix K – Consideration of a Mass Fatality Incident at a Correctional Facility, Continued

County	Site	Offender	Staff Pop.
KINGS	California State Prison, Corcoran	4867	1703
	Avenal State Prison	7062	1497
	California Substance Abuse Treatment Facility	6239	1550
LAKE	Konocti Fire Camp	110	10
LASSEN	California Correctional Center State Prison	4098	1184
	High Desert State Prison	3988	1246
	Intermountain Fire Camp	89	10
	Antelope Fire Camp	110	10
LOS ANGELES	California State Prison, Los Angeles County	4185	1251
	Southern Youth Reception Center and Clinic	238	463
	Francisquito Fire Camp	132	13
	Action Fire Camp	89	10
	Malibu Fire Camp	110	10
	Mount Gleason Fire Camp	89	10
	Julius Klien Fire Camp	132	13
LOS ANGELES	Fenner Canyon Fire Camp	132	13
MADERA	Central California Women's Facility	3109	931
	Valley State Prison for Women	3570	937
MARIN	San Quentin State Prison	5967	1548
MARIPOSA	Baseline Fire Camp	144	13
	Mt. Bullion Fire Camp	110	10

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Appendix K – Consideration of a Mass Fatality Incident at a Correctional Facility, Continued

County	Site	Offender	Staff Pop.
MENDOCINO	Parlin Fork Fire Camp	110	10
	Chamberline Creek Fire Camp	110	10
MODOC	Devils Garden Fire Camp	132	13
MONTEREY	California Training Facility State Prison	6999	1488
	Salinas Valley State Prison	4200	1286
	Gabilan Fire Camp	132	13
NEVADA	Washington Ridge Fire Camp	110	10
RIVERSIDE	California Institution for Women State Prison	1589	656
	California Rehabilitation Center State Prison	6064	1150
	Chuckawalla Valley State Prison	4085	898
	Ironwood State Prison	4664	1214
	Norco Fire Camp	65	9
RIVERSIDE	Oak Glen Fire Camp	180	17
	Bautista Fire Camp	132	13
SACRAMENTO	Folsom State Prison	4133	972
	California State Prison	2967	1332
SAN BERNARDINO	California Institution for Men State Prison	6298	2111
	Herman G. Stark Youth Correction Facility	778	942
	Pilot Rock Fire Camp	89	8
	Prado Fire Camp	89	8
SAN DIEGO	R.J. Donovan Correctional Facility at Rock Mt.	4386	1297

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Appendix K – Consideration of a Mass Fatality Incident at a Correctional Facility, Continued

County	Site	Offender	Staff Pop.
SAN DIEGO	Rainbow Fire Camp	110	10
	Puerta La Cruz Fire Camp	132	13
	La Cima Fire Camp	81	9
	McCain Valley Fire Camp	180	17
SAN JOAQUIN	Duel Vocational Institution State Prison	3748	1140
	DeWitt Nelson Youth Correctional Facility	389	302
	N.A. Chaderjian Youth Correction Facility	324	427
	O.H. Close Youth Correction Facility	272	252
SAN LUIS OBISPO	California Mens Colony State Prison	6612	1673
SAN LUIS OBISPO	Paso De Robles Youth Correctional Facility	202	300
	Cuesta Fire Camp	89	10
SANTA CRUZ	Ben Lomond	110	10
SHASTA	Sugar Pine Fire Camp	132	13
SISKIYOU	Deadwood Fire Camp	89	8
SOLANO	California Medical Facility State Prison	2278	1686
	California State Prison, Solano	5848	1104
	Delta Fire Camp	132	13
TEHAMA	Salt Creek Fire Camp	132	13
	Ishi Fire Camp	110	10
TRINITY	Trinity River Fire Camp	132	13
TULARE	Mountain Home Fire Camp	110	10

Continued on next page

Appendix K – Consideration of a Mass Fatality Incident at a Correctional Facility, Continued

County	Site	Offender	Staff Pop.
TUOLUMNE	Sierra Conservation Center State Prison	6191	1128
VENTURA	Ventura Youth Correctional Facility	169	387
	S. Carraway Youth Fire Camp	60	6

PLEASE NOTE: There are no sites in the following counties: Alameda, Alpine, Butte, Colusa, Contra Costa, Merced, Mono, Napa, Orange, Placer, Plumas, San Benito, San Francisco, San Mateo, Santa Barbara, Santa Clara, Sierra, Sonoma, Stanislaus, Sutter, Yolo, and Yuba.

APPENDIX L

INTERPOL INFORMATION AND GUIDELINES



Appendix L – Interpol Information and Guidelines

Interpol Disaster Victim Identification – Introduction

Disasters, whether natural, technological, or man-made are unfortunately a fact of life. One aspect common to them all is the inevitability of the many police, technical, medical, and other investigations that follow. The purpose of this Interpol guide is to promulgate good practice in respect of one type of investigation conducted when lives have been lost: Disaster Victim Identification.

While this document is based on practical experience gained from actual incidents, it is recognized that the guidelines may need to be adapted by member countries to conform to national or regional laws and regulations, or to religious or organizational practices.

Disaster victim identification, normally the responsibility of the police, is a difficult and demanding exercise which can only be brought to a successful conclusion if properly planned and which, of necessity, has to involve the active participation of many other agencies. It is, however, only one aspect of dealing with disasters which will always vary considerably in scale and effect. Nevertheless, the identification process described in this guide can be used in all circumstances, irrespective of the number of victims involved. The ultimate aim of all disaster victim identification operations must invariably be to establish the identity of every victim by comparing and matching accurate ante-mortem (AM) and post-mortem (PM) data.

Chapter 2 refers briefly to some of the general aspects of disaster handling in order to illustrate the way in which the many operations to be undertaken interact, and the need for co-ordination and interaction between them.

Chapter 3 briefly explains identification methods and the reasons for involving several groups of specialists in an integrated operation.

Chapter 4 describes the three major stages in victim identification, namely:

- ★ Procurement of ante-mortem information for possible victims (AM data)
- ★ Recovery and examination of bodies to establish reliable post-mortem evidence from the deceased (PM data)
- ★ Comparison of AM and PM data to identify each body

Continued on next page

Appendix L – Interpol Information and Guidelines, Continued

Introduction (continued)

Chapter 5 refers to a series of elimination tables which can be used to facilitate a manual data-matching process.

Each member country will have to decide whether or not to use this system or an alternative method such as a computer application.

Liaison between member countries after a disaster or when planning the response to one, aspects of international law, regulations, agreements and conventions and are dealt with in Chapter 6 and the Appendices. Appendix D, in particular, gives the Interpol resolution on disaster victim identification which was adopted by the General Assembly at its 65th session, held in 1996.

Due to the length of the Interpol Disaster Victim Guide only the introduction is provided above. Please refer to the full contents located at www.interpol.int.

Interpol Support in Major Disasters

The process of identifying victims of disasters such as terrorist attacks or earthquakes is rarely possible by visual recognition. Comparison of fingerprints, dental records or DNA samples with ones stored in databases or taken from victims' personal effects are often required to obtain a conclusive identification. As people are traveling more and more for business or leisure, there is also a high probability that a disaster will result in the deaths of nationals from many different countries.

Co-ordination

When a major disaster occurs, one country alone may not be sufficient resources to handle the processing of mass casualties. In some cases, the incident may have damaged or destroyed the country's existing emergency-response infrastructure, making the task of victim identification even more difficult. A coordinated effort by the international community can significantly speed up the victim recovery and identification process, thereby assisting investigators to identify possible attackers, in event of a terrorism incident, and enabling victims' families to begin the healing process and societies to rebuild.

Continued on next page

Appendix L – Interpol Information and Guidelines, Continued

International Assistance

Member countries can call on Interpol for DVI assistance immediately in the aftermath of a disaster. The services offered by Interpol include:

- ★ A downloadable DVI guide with casualty or missing person report forms on the Interpol public website.
 - ★ Assistance from the Command or Co-ordination Centre at the Interpol General Secretariat in Lyon, France, to process and send requests 24 hours a day in Arabic, English, French or Spanish.
 - ★ An incident response team to provide further assistance, such as liaison between the disaster site and Interpol’s databases to countries upon request.
-

Tsunami Disaster

Following the tsunami in December 2004, Interpol played a key role in co-ordinating the international effort to identify victims of the disaster. Rotating teams of Interpol officials, Thai authorities and international DVI teams staffed the Thai Tsunami Victim Identification Information Management Centre (TTVI-IMC) in Phuket throughout 2005, during which time, nearly 3,000 victims of the 3,750 recorded by the centre were identified.

In total, more than 2,000 personnel from 31 nations were involved in the victim identification process in Thailand and Sri Lanka, collecting DNA samples, conducting forensic analysis, logging data and helping with the repatriation of remains.

Multi-dimensional Approach

In order to enhance members’ abilities to identify victims of disasters as quickly and sensitively as possible, the Interpol Standing Committee on Disaster Victim Identification focuses on the provision of a range of capacity-building tools:

DMV and terrorism: the development of the capacity for an organized response to multi-casualty terrorist incidents, with a particular focus on communications and logistics issues. Interpol can help alert member countries whose nationals were victims.

Victim care and family support: family assistance guidelines for victims of disasters and their families.

Occupational care: guidelines to promote the occupational health, safety, and welfare – physical and psychological – of DVI teams.

Continued on next page

Appendix L – Interpol Information and Guidelines, Continued

Multi-dimensional approach (continued)

Quality Management: guidelines for compliance with international standards and global forensic quality assurance controls by all agencies involved in the DVI process

Training: the development of programs in support of best practice with the field of DVI.

Information-sharing and exchange: the development of policies and procedures to encourage the sharing and exchange of information.

Procedures in international DVI assistance: procedures and guidelines for operational assistance and support to countries which lack DVI capacity or have insufficient capacity to manage a specific DVI incident.

APPENDIX M

ACTIVATING DISASTER MORTUARY OPERATIONAL RESPONSE TEAM



Appendix M – Activating DMORT

The Disaster Mortuary Operational Response Team (DMORT) is a federally funded team of forensic and mortuary personnel experienced in disaster victim identification and search and recovery. DMORT provides a mobile morgue, victim identification and tracking software, and specific personnel to augment local resources. DMORT is part of the National Disaster Medical System, a section of the U.S. Department of Health and Human (HHS), Office of Preparedness and Emergency Operations (OPEO).

DMORT can be activated by one of four methods.

- 1. Federal Disaster Declaration:** The *National Response Framework* dictates how Federal agencies respond following a disaster. A request for DMORT assistance must be made by a local official through the State Office of Emergency Services, which will then contact the Region IX office of FEMA. Based on the severity of the disaster, FEMA can ask for a Presidential disaster declaration, allowing the DMORT team to be activated. This process can take from 24 to 48 hours.
- 2. Aviation Disaster Family Assistance Act:** Under this Federal Act, the National Transportation Safety Board (NTSB) can ask for DMORT's assistance. The act covers most passenger aircraft accidents in the United States and U.S. territories. NTSB coordinates with the local Coroner/M.E. authority to assess local resources and capabilities and can activate DMORT on the request of the local Coroner/M.E.
- 3. Public Health Act:** Under this Act, the U.S. Public Health Service can provide support to a State or locality that cannot provide the necessary response. However, the State or locality must pay for DMORT's services, including salary, expenses, and other costs.
- 4. Memorandum of Understanding (MOU) with Federal Agency:** A Federal agency may request that DMORT provide disaster victim identification. Under this mechanism, the requesting agency must pay the cost of the DMORT deployment. As an example, following the crash of United Airlines Flight 93 in Pennsylvania on September 11, 2001, DMORT was activated under an MOU with the FBI.

Continued on next page

Appendix M – Activating DMORT, Continued

Other DMORT issues include the following:

- ★ DMORT normally requires 24 to 48 hours to become fully operational.
- ★ The DMORT portable morgue requires a building for morgue operations.
- ★ The Federal Government pays travel, lodging, food, salary, and other expenses of DMORT personnel, except in the case of activation under the Public Health Act.
- ★ The DMORT team supports the local Coroner/M.E. authority by providing expertise, personnel, supplies, and equipment.
- ★ The DMORT family assistance center (FAC) team assists in the organization and operation of the FAC.

PLEASE NOTE: The responsibility for assigning the cause and manner of death, signing of death certificates, and death notification remain with the local authority. All records created by DMORT will be left with the local authority although DMORT may/will provide identification reports and a computer program documenting the information collected during their response.

APPENDIX N

QUICK REFERENCE GUIDE



Appendix N – Quick Reference Guide



Coroner/Medical Examiner Mutual Aid Quick Reference Guide



Mutual Aid Defined

Mutual aid is the voluntary sharing of personnel and resources when a department cannot sufficiently deploy its own resources to respond to an unusual occurrence. Resources are then requested by the affected department through a recognized system established by the Master Mutual Aid Agreement and Emergency Services Act. This cooperative system may be executed on a local, countywide, regional, statewide, and interstate basis. The state has been divided into seven mutual aid regions to more effectively apply, administer and coordinate mutual aid. Mutual aid can become mandatory at the option of the Governor. Generally, there is no reimbursement for providing mutual aid.

Authorities

The California Law Enforcement Mutual Aid System and Plan derives its authority from the CA Emergency Services Act (Govt. Code §8550, §8569, §8615-8619, §8632, §8668) and the Master Mutual Aid Agreement. The Emergency Management Assistance Compact (EMAC); an interstate mutual aid agreement.

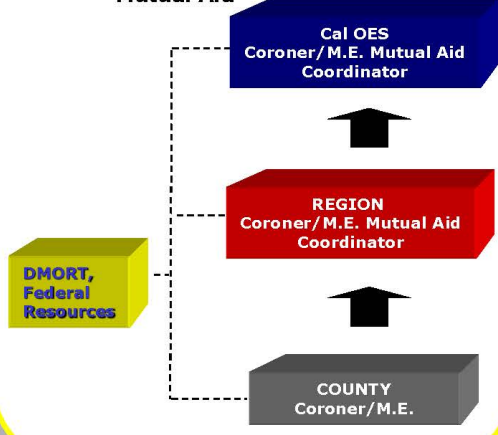
Mutual Aid Process

County (Operational Area) – If event is beyond the resource capability of Coroner/Medical Examiner's Office the County Coroner/M.E. then requests mutual aid from Regional Coroner/M.E. Mutual Aid Coordinator.

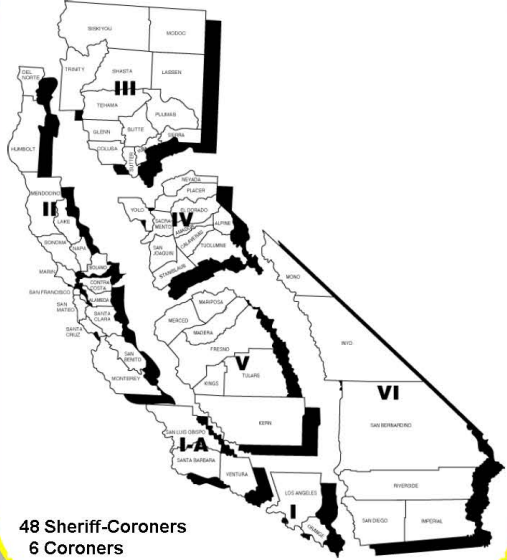
Region – A Coroner/M.E. in the region, who has been designated as the "Regional Coroner/Medical Examiner Mutual Aid Coordinator", fulfills mutual aid request from other Operational Areas and their respective Coroner/M.E. resources.

State – If the Coroner/M.E. resources within the impacted region are not sufficient, the M.A. Regional Coordinator requests additional mutual aid assistance from the State Cal OES Coroner/M.E. Mutual Aid Coordinator. Other mutual aid regions may be called upon to assist.

Channels For Requesting Coroner/Medical Examiner Mutual Aid



Coroner/Medical Examiner Mutual Aid Regions

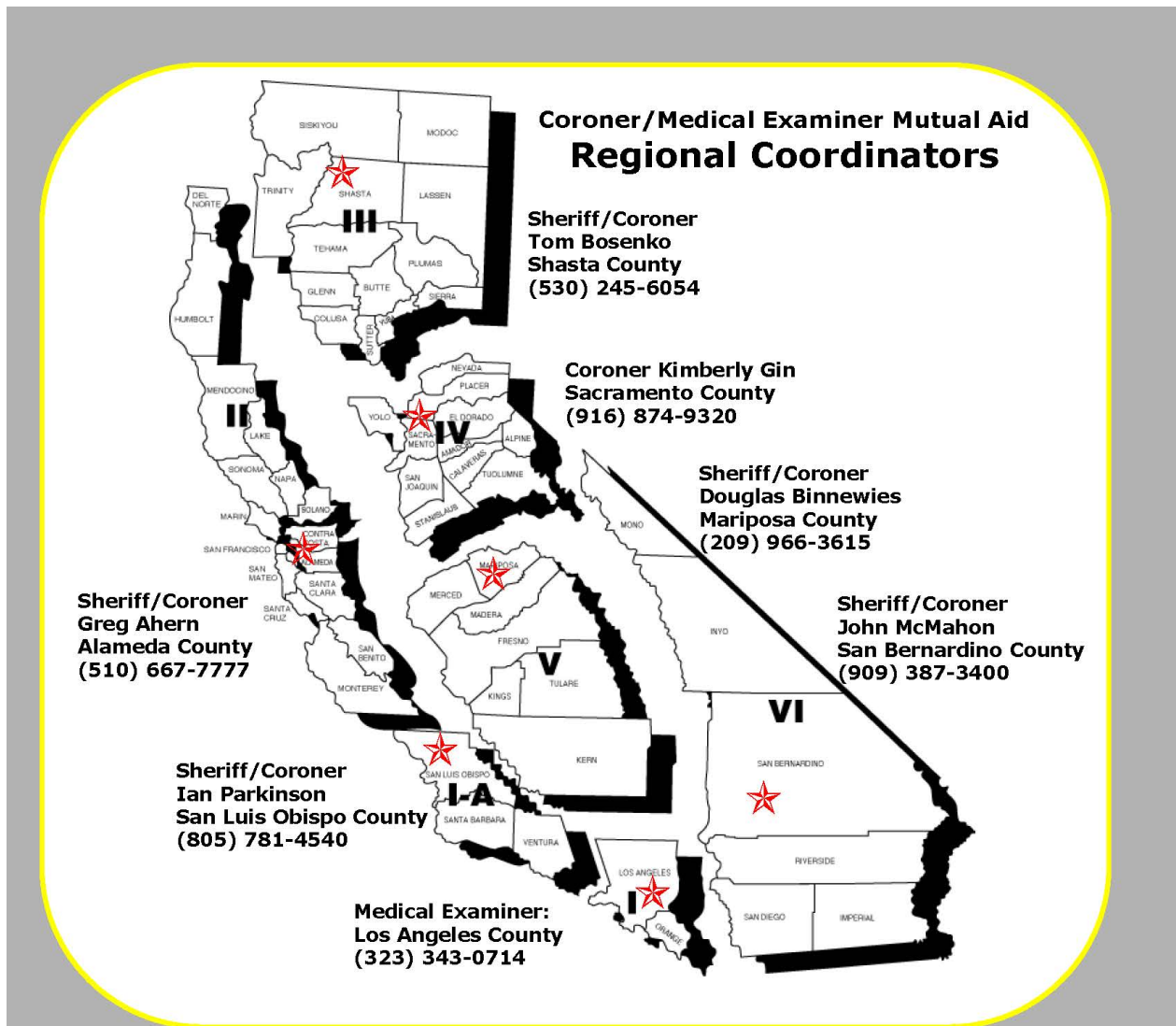


48 Sheriff-Coroners
6 Coroners
4 Medical Examiners








Mutual Aid Considerations

- ✧ State declaration of emergency not necessary to request and provide Coroner/M.E. mutual aid.
- ✧ No jurisdiction is required to unnecessarily deplete their own personnel, equipment, and capabilities in order to provide mutual aid.
- ✧ Mutual aid reimbursement costs *may* be applicable under state and federal disaster declarations. Otherwise, all mutual aid costs are the responsibility of individual agencies participating.
- ✧ Cal OES may assign mission numbers to mutual aid events in order to track and coordinate resources and for potential liability or financial purposes.
- ✧ Out-of state mutual aid is coordinated through Cal OES and the Emergency Management Assistance Compact (EMAC) unless as already specified in interstate agreements and MOUs.
- ✧ Upon consultation with the Coroners Regional Mutual Aid Coordinator and Cal OES Law Enforcement Branch, federal resources, including the Disaster Mortuary Operational Response Team (DMORT), may be requested at any time during the emergency.
- ✧ Adhere to the CA Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS).

Appendix N – Quick Reference Guide, Continued



Key Contacts

	Cal OES Warning/Communications Center	(916) 845-8911
	CA State Coroners Association	(951) 788-2656
	CA DOJ Bureau of Forensic Services, Missing/Unidentified Persons Unit	(916) 227-3244 Cmnd. Ctr. 24-hr
	Disaster Mortuary Operational Response Team Region IX Commander	(760) 497-6255
	CA Funeral Directors Association	(800) 255-2332
	California Dental Identification Team	(619) 444-6196
	FBI Disaster Squad (Forensic Analysis Unit)	(703) 632-7100
	Sacramento Division	(916) 481-9110
	San Francisco Division	(415) 553-7400
	Los Angeles Division	(310) 477-6565
	San Diego Division	(858) 565-1255

Cal OES Law Enforcement Branch

OES Law Enforcement Branch peace officers are available 24 hours/day to assist your department with Coroner/M.E. mutual aid planning and coordination.

California Office of Emergency Services
Law Enforcement Branch
3650 Schriever Ave.
Mather, CA 95655
(916) 845-8700
24-hr (916) 845-8911



APPENDIX O

FREQUENTLY ASKED QUESTIONS



Appendix O – Frequently Asked Questions (FAQs)

Information for the public

1. Do dead bodies cause epidemics?

Dead bodies from natural disasters *do not* cause epidemics. This is because victims of natural disasters die from trauma, drowning or fire. They do not have epidemic-causing diseases such as cholera, typhoid, malaria, or plague when they die.

2. What are the health risks for the public?

The risk to the public is negligible. They do not touch or handle dead bodies. However, there is a small risk of diarrhea from drinking water contaminated by fecal material from dead bodies. Routine disinfection of drinking water is sufficient to prevent water-borne illness.

3. Can dead bodies contaminate water?

Potentially, yes. Dead bodies often leak feces, which may contaminate rivers or other water sources, causing diarrheal illness. However, people will generally avoid drinking water from any source they think has had dead bodies in it.

4. Is spraying bodies with disinfectant or lime powder useful?

No, it has no effect. It does not hasten decomposition or provide any protection.

5. Local officials and journalists say there is a risk of disease from dead bodies. Are they correct?

No. The risk from dead bodies after natural disasters is misunderstood by many professionals and the media. Even local or international health workers are often misinformed and contribute to the spread of rumors.

Information for workers

6. Is there a risk for those handling dead bodies?

For people handling dead bodies (rescue workers, mortuary workers, etc.), there is a small risk from tuberculosis, hepatitis B and C, HIV, and diarrheal diseases. However, the infectious agents responsible for these diseases do not last more than two days in a dead body (except for HIV, which may survive up to six days). These risks can be reduced by wearing rubber boots and gloves and practicing basic hygiene (i.e. washing hands).

7. Should workers wear a mask?

The smell from decaying bodies is unpleasant, but it is *not* a health risk in well-ventilated areas, and wearing a mask is not required for health reasons. However, workers may feel better psychologically if they are using masks. The public should not actively be encouraged to wear masks.

Continued on next page

Appendix O – Frequently Asked Questions (FAQs), Continued

Information for authorities

8. How urgent is the collection of dead bodies?

Body collection is *not* the most urgent task after a natural disaster. The priority is to care for survivors. There is *no* significant public health risk associated with the presence of dead bodies. Nevertheless, bodies should be collected as soon as possible and taken away for identification.

9. Should mass graves be used to quickly dispose of the bodies?

No. Rapid mass burial of victims is not justified on public health grounds. Rushing to dispose of bodies without proper identification traumatizes families and communities and may have serious legal consequences (i.e., the inability to recover and identify remains).

10. What should the authorities do with dead bodies?

Dead bodies should be collected and stored, using refrigerated containers, dry ice, or temporary burial. Identification should be attempted for all human remains. Photographs should be taken and descriptive information recorded for each body. Remains should be stored (i.e., using refrigeration) or buried temporarily to allow for the possibility of an expert forensic investigation in the future.

11. What are the potential mental health issues?

The overwhelming desire of relatives (from all religions and cultures) is to identify their loved ones. All efforts to identify human remains will help. Grieving and traditional individual burial are important factors for the personal and communal recovery or healing process.

12. How should bodies of foreigners be managed?

Families of visitors killed in a disaster are likely to insist on the identification and repatriation of the bodies. Proper identification has serious economic and diplomatic implications. Bodies must be kept for identification. Foreign consulates and embassies should be informed and INTERPOL contacted for assistance.

Information for responders

13. I am a volunteer; how can I help?

To be helpful you should promote the proper recovery and management of dead bodies and assist in recording necessary information. You might also assist with the recovery and disposal of the dead, under the direction of a recognized coordinating authority. However, you would first need to be briefed, advised, equipped, and supported for this difficult task. (Author's note: Volunteers wanting to assist in the recovery and management of the dead should register and be officially recognized by the local Coroner/M.E.)

Continued on next page

Appendix O – Frequently Asked Questions (FAQs), Continued

14. I work with an NGO; how can I help?

Providing support for families and collection of information in collaboration with the coordinating authority will best help the surviving relatives. You may also promote proper identification and treatment of the dead. NGOs should not be asked to carry out the identification of dead bodies unless they are highly specialized for this task and work for and under direct supervision of a legal authority.

15. I am a health professional; how can I help?

The survivors need you more than the dead. Any professional help in fighting the myth of epidemics caused by dead bodies will be appreciated. Talk about this to your colleagues and members or the media.

Source: Pan American Health Organization. 2006, *Management of Dead Bodies after Disasters: A field Manual for First Responders*, Washington, D.C.,

APPENDIX P

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