

PUEBLO EMERGENCY OPERATIONS PLAN

ANNEX R – MASS FATALITY RESPONSE PLAN

I. Introduction

- A. A Mass Fatality Disaster is defined as an occurrence of multiple deaths that overwhelms the usual routine capabilities of the community.
- B. Mass fatality disaster response is separate from, and secondary to search and rescue operations. Mass fatality response should begin only after all survivors of the incident have been moved to safety.
- C. Primary concerns of mass fatality response are: recovery, identification of human remains, determination of cause and manner of death and aid to distressed families.
- D. Ultimate responsibility for the collection, identification, storage and dispatch of human remains lies with the coroner as set forth by law.
- E. Mitigation efforts consist of predesignation of temporary morgue sites. The development of mutual aid agreements with surround counties and other entities able to provide assistance. It is necessary to preplan and provide for specialized training and equipment for the Coroner's Office.
- F. The phases of operation are all equally important and are conducted concurrently:
 - 1. Phase One: Initial evaluation of scene/determination of equipment needs
 - 2. Phase Two: Morgue establishment and operations
 - 3. Phase Three: Family Assistance/critical stress debriefing
 - 4. Phase Four: Body Recovery
- G. In the event that a mass casualty disaster should occur within the County of Pueblo the Coroner's Office should be immediately notified and will coordinate efforts with the Pueblo County Department of Emergency Management consistent the Pueblo County Emergency Operations Plan.

II. General Overview

The purpose of this section is to clarify activities involved in a catastrophic disaster which may exceed the local resources for handling fatalities. It provides a structure for coordination and communication with other agencies. The plan seeks to maximize existing resources available within the community.

III. Search and Recovery (S&R)

- A. Simply stated, search and recovery normally involves locating and removing at least: bodies, body parts, and personal effects. Documentation of everything found at the disaster site is imperative as it may help in the investigation, identification and morgue operations. Generally, search teams systematically search and mark where bodies, body parts, and personal effects are located with either pin flags, stakes, etc. These will be numbered and logged and identified on a grid chart. Photographs should be taken of each placed flag.
- B. Recovery starts after the search of an area is complete. Bodies and body parts must be treated with dignity and respect at all times. Each finding should be tagged with the number assigned by the search team. Bodies and body parts should be placed into a body bag. A tag with the same number as the finding inside the bag will be placed on the outside of the bag. The body bag should be removed from the scene and taken to a location designated by the medical examiner/ coroner. Victim identification is a function of the morgue operations, not the search and recovery team.

IV. Morgue Operations

- A. Depending on the size and nature of the incident, the medical examiner/coroner will determine where to establish an incident morgue site. The site may be in the existing morgue or it may be a temporary incident morgue site in another location such as a warehouse, airplane hangar or fair ground building. School gymnasiums SHOULD NOT be use. The medical examiner/coroner should lay out the morgue operation site considering the physical condition of the victims, the number of victims and the number of personnel needed to perform such morgue functions as administration, logistics, refrigeration, and operations. The operation areas can include areas for receiving, photography, X-ray, personal effects, anthropology, dental, fingerprinting, pathology, storage, and shipping.

- B. The main purposes for the morgue are to determine the cause of death and identify the victim. Post mortem records will be completed for every body and body part as they are processed through each of the operational stations. Post mortem fingerprints, dental and pathology reports. The post mortem records will be compared to the ante mortem records obtained from the victim's family and other sources such as fingerprint repositories and hospitals. Personal effects, such as drivers licenses found on the victim or statements of recognition, should not be used as positive identification, but rather tentative identification. After identification is established, the medical examiner can release the body and or body parts based on the desires of the next of kin.

V. Family Assistance Center

- A. The Family Assistance Center is one of the most sensitive operations in a mass fatalities event. Its purposes are:
 - 1. To provide relatives of victims with information and access to services they may need in the days following the incident
 - 2. To protect families from the media and curiosity seekers
 - 3. To allow investigators and the medical examiner/coroner access to families so they can obtain information more easily

VI. Responsibilities

- A. Coroner/Medical Examiner

The coroner/medical examiner is responsible for establishing the cause and manner of death, identification and issuing death certificates. State statutes specifically define the coroner's/medical examiners responsibilities.

- B. Temporary Morgue

During a mass fatality incident it may be necessary to identify a centrally located Incident Morgue. An Incident Morgue is the location where victims are identified, cause of death is determined, property is identified and secured and disposition decisions are made. Local funeral homes may be able to provide temporary holding facilities until the victims can be transferred. Refrigerated trucks may be required to serve as cold storage facilities at the Incident Morgue.

- C. Victim Identification (Identifying the deceased)
 - 1. Presumptive: Direct visual or photographic identification also use of personal effects.
 - 2. Confirmatory: Fingerprints, Odontology, DNA
 - 3. Radiology
 - 4. Forensic Anthropology
- D. Security and Credentialing System
 - 1. Coordination with law enforcement
 - 2. Security perimeter
 - 3. Restrict Access
 - 4. Site specific identification badges
 - 5. Maintain logs and databases
- E. Staging Areas
 - 1. Coordination with law enforcement
 - 2. Parking area for emergency response vehicles
 - 3. Media Staging
- F. Contamination

Defining and determining procedures for handling chemically or radiologically contaminated bodies and limiting further contamination. All mass fatality scenes will be treated as biohazard sites. All precautions for infectious diseases control must be taken including proper personal protection equipment and a system for decontamination of workers, equipment and supplies.
- G. Forensics

Determining the need for a forensic pathologist to provide technical expertise depending on the nature of the incident. In a mass fatality incident additional forensic specialists such as: Pathologist, Odontologist, Anthropologist, DNA Analysis may all be required. This will be determined on an incident by incident basis and will be made by the coroner/medical examiner.

H. Notification

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

I. Resource Management

The magnitude of a mass fatality incident may exceed the local capabilities and resources of the community. If this happens, the County Coroner should immediately begin working with the County Emergency Manager for federal, state and local agencies support.

J. Federal Disaster Declaration

The Federal Response Plan dictates how federal agencies respond following a disaster. A request for DMORT assistance must be made by a local official through the state Emergency Management Agency.

K. Aviation Disaster Family Assistance Act

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

L. U.S. Public Health Act

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

M. Memorandum of Understanding with Federal Agency

The DMORT may be requested by a federal agency to provide disaster victim identification. Under this mechanism, the requesting agency must pay for the cost of the DMORT deployment.

PHASE ONE

I. Initial evaluation of scene/determination of equipment needs

- A. An immediate evaluation to determine needs and dangers including the following:
 - 1. Identification of possible chemical, biological or nuclear agents and primary or secondary incendiary hazards.
 - 2. Equipment needed to ensure the safety of responders.
 - 3. The number of fatalities
 - 4. The condition of human remains.
 - 5. Accessibility of the scene and equipment necessary to begin recovery operations.
 - 6. Determine need to call for support
 - a) local
 - b) state
 - c) federal
 - 7. Determine location and staffing needs for temporary morgue
 - 8. Determine location for Family Assistance Center
 - 9. Determine location for Critical Incident Stress Debriefing for responders

PHASE TWO

I. Establish Morgue Operations

A. Morgue Operations Director

1. Reports to Coroner/Medical Examiner
2. Responsible for directing all morgue operations and reporting status

B. Identification Officer

1. Reports to Morgue Operations Director
2. Responsible for all operations relating to establishing identity of human remains
 - a) Stations reporting to the Identification Officer
 - (1) Anatomical Charting, Autopsy
 - (2) Fingerprinting
 - (3) Dental
 - (4) Radiology
 - (5) Photography
 - (6) Optional Stations: Toxicology, Anthropology

C. Records Officer

1. Reports to Morgue Operations Director
2. Responsible for collecting and coordinating all logs associated with morgue operations

D. Personal Effects Officer

1. Reports to the Identification Officer
2. Responsible for cataloguing, storage and disposition of all personal effects as they arrive at the morgue.

E. Preparation and Release Officer

1. Reports to Morgue Operations Director
2. Responsible for the preparation of human remains for release to the funeral home.

F. Next of Kin Officer

1. Reports to the Morgue Operations Director
2. Responsible for assisting and coordinating with Family Assistance Center.

G. Security Officer

1. Reports to the Morgue Operations Director
2. Responsible for coordinating with law enforcement for security operations

PHASE THREE

I. Scene Security/Body Recovery

A. Scene Security

1. Security at the scene of mass fatality disaster is critical to the success of all operations. The scene must be clearly delineated and rules of access must be established and strictly enforced.
 - a) Maintain scene integrity
 - b) Maintain chain of custody of evidentiary items
 - c) Prevent scene workers from being disturbed
 - d) Control unauthorized volunteers who may rush to the scene in an attempt to render aid
 - e) Maintain the dignity and privacy of families
 - f) Prevent public/media from witnessing/publicizing the condition of the remains.

B. Scene Access

1. Establish and ID procedure for everyone entering or leaving the scene
2. Maintain an accurate count of all workers
3. Guards should protect remains in order to prevent tampering/looting
4. Establish traffic patterns for all incoming and outgoing vehicles

C. Scene Operations

1. Grid map
2. Flagging, numbering
3. Universal Precautions
4. Personal Effects
5. Procedure for property recovery
 - a) Recovery
 - b) Careful collection

- c) Property found on remains must stay with the remains
 - d) Clear plastic bags
 - e) Basic descriptions not assumptions
 - f) Release to next of kin
- D. Body Recovery
- 1. No remains shall be moved until directed by the coroner/medical examiner
 - 2. All operations will be coordinated by the Coroner/ME or designee
 - 3. Scene Survey
 - a) Approximate number of dead
 - b) Condition
 - c) Environmental conditions
 - d) Type of terrain
 - e) An estimate of the number of personnel necessary to implement an effective recovery plan
 - f) Briefing
 - g) Photographs
 - h) Flagging/Staking
- E. Transportation of Remains
- 1. Transfer of remains should be handled discretely with dignity and respect
 - 2. Names or logos on transport vehicles will be removed or covered
 - 3. Escort by law enforcement
 - 4. Records of transport driver and vehicle tags
 - 5. Documentation at the morgue

UNIVERSAL PRECAUTIONS

The assumption behind universal precautions for infectious disease control is that every direct contact with body fluids is infectious. Every person exposed to direct contact must take precautions.

At mass fatalities incidents this would include all workers involved in search, recovery, transportation, body identification and disposition. Universal precautions apply to blood, tissue and body fluids containing visible blood, vaginal secretions, cerebrospinal fluid, amniotic fluid, pleural fluid, synovial fluid, pericardial fluid, and peritoneal fluids.

- A. Universal precautions include:
1. Needles and sharps should never be resheathed, bent, broken, cut or removed from disposable syringes. They should be placed in a rigid, puncture resistant disposable container with a lid and a prominent biohazard label.
 2. Hand washing
 3. Double gloving
 4. Facial barriers/respirator full face shields or goggles with a seal over mouth and nose
 5. Disposable protective apparel kits, gowns, aprons and lab coats with long sleeves and a closed or full button front
 6. Shoe covers

RESOURCES AND LINKS

American Board of Forensic Anthropology - www.csuchico.edu/anth/ABFA

American Board of Forensic Odontology - www.abfo.org

American Red Cross - www.redcross.org

American Society of Forensic Odontology - www.asfo.org

Center for Disease Control and Prevention - www.cdc.gov

Disaster Mortuary Operational Response Teams DMORT - www.dmort.org

Federal Bureau of Investigation - www.fbi.gov

Federal Emergency Management Agency – www.fema.gov

National Urban Search and Rescue Response Team - www.fema.gov/usr

International Association of Identification - www.theiai.org

National Association of Medical Examiners - www.thename.org

National Disaster Medical System - www.ndms.dhhs.gov/NDMS/ndms.html

National Domestic Preparedness Office - www.ndpo.gov

National Transportation Safety Board - www.nts.gov

Occupational Health and Safety Organization - www.osha.gov

US Army Central Identification Laboratory - www.cilhi.army.mil

US Department of Transportation - www.dot.gov