



Capital Area Regional Mass Fatality Response Plan

10-14-2015

CAPCOG REGIONAL MASS FATALITY RESPONSE PLAN

A mass fatality incident (MFI) occurs when the number and/or condition of human remains that must be managed during a response to an incident challenges local fatality management capabilities to the point that additional assistance is required to perform remains recovery, morgue services, and disposition of victims. Such high-consequence incidents are likely to occur with little or no warning and will require utilization of resources and procedures that go beyond those employed in day-to-day response.

This plan is intended to provide clear, practical guidance for responding to such incidents. To that end, this plan begins with a step-by-step guide to the actions that need to be taken to respond to a MFI. This guide can be used as a checklist to lead officials through the process from the time of initial notification to the return to normal operations. References within this guide point to additional information that clarifies and expands upon the required actions.

MASS FATALITY INCIDENT (MFI) QUICK ACTION GUIDE

The actions included in this guide generally are listed in chronological order. Some actions may be performed concurrently with other actions. Some actions can only be performed by a particular official, while others may be delegated to others to facilitate an effective response. Not all required actions may be listed or not all actions listed may be required. Protocols and procedural decisions are supported through the formation of an Incident Action Plan (IAP), in accordance with the principles and procedures of the Incident Command System (ICS).

Action Groups

1. Initial Communications
2. Scene Stabilization
3. Preliminary Resource Estimates
4. Scene Entry
5. Recovery Team Protocols
6. Transportation Protocols
7. Collection and Temporary Holding Protocols
8. Morgue Admitting/Processing
9. Morgue Forensic Examination
10. Morgue Victim Identification
11. Family Assistance
12. Disposition

Checklists

1. COMMUNICATIONS [SEE CONCEPT OF OPERATIONS AND ATTACHMENT 1]

A. INITIAL

- Ensure appropriate communications with Justice of the Peace (JP)
 - ✓ *Initial dispatch should follow local notification protocols but ensure JP receives enough details to establish possible magnitude of situation [See JP Wallet Card]*
 - ✓ *Ensure JP checks in with Incident Command Post (ICP) on arrival*
 - ✓ *Establish communication modes between the JP and ICP*
 - ✓ *Confirm fatality management decisions going forward with JP*
 - ✓ *Develop Fatality Management Branch protocols as needed*
- Consult with public health on infectious disease issues; the NTSB on safety investigation evidence; or law enforcement (LE) requirements on evidentiary considerations [See Attachments 3; 4; 5]
 - ✓ *Brief responders on importance to be methodical and systematic for investigative and identification purposes rather than rapidly remove bodies.*
 - ✓ *Consult with law enforcement (LE) and safety investigative agencies) responsible for the overall investigation*
 - ✓ *Coordinate with LE on any specific standard operating procedures for the collection and custody of evidence*
 - ✓ *Consult with public health officials if disease related*
 - *Coordinate with Texas Department of State Health Services (DSHS) Infectious Disease Control Unit on incident-specific case definition for infectious disease fatalities*

B. ON-GOING

- Activate a call center to handle immediate public inquiries [See Establishment of Call Center]
 - ✓ *Verify if this is an air carrier or Amtrak accident—if so, National Transportation Safety Board (NTSB) will coordinate and manage. [See Attachment 4]*
 - ✓ *Manage inquiries concerning at-risk or missing persons by disseminating a call center telephone number as soon as possible for all other incidents*
 - ✓ *Address appropriate talking points and questions with appropriate agencies*
 - ✓ *Become informed about cultural/religious death practices and concerns [See Religious/Cultural Sensitivity]*
 - ✓ *Make appropriate forms available in sufficient numbers*
- Initiate public messaging [See Public Information]
 - ✓ *Establish that there is very little, if any, immediate public health risk to the public not in direct contact with corpses.*
 - ✓ *Develop messages to manage expectations and mitigate outcry over any delays*
 - ✓ *Become informed on cultural/religious death practices and concerns*
- Liaison with agencies and elected officials [See Assignment of Responsibilities]
 - ✓ *Consult with NTSB and/or crime agencies (i.e., FBI) on deployment of available non-disaster federal assets, if applicable*

- ✓ *Consult with elected officials if event is so severe or catastrophic that extraordinary procedures to process remains may require suspension of regulations or laws*
 - ✓ *Consult with public health on protocols and reassignment of medical resources if needed*
 - ✓ *Contact designated agency for Family Assistance Center (FAC) management*
- Notify appropriate Consulates for the deaths of foreign nationals [See Death of Foreign Nationals]*
- ✓ *Contact through appropriate authority such LE or JP*
 - ✓ *Contact by fax, email, or phone call immediately*
2. **SCENE STABILIZATION [SEE ATTACHMENT 10]**
- Arrange for screening of remains at site*
- ✓ *Secure scene from media and non-credentialed responders*
 - ✓ *Consult with JP on shielding/moving remains from survivors*
 - ✓ *Do not use paper shields on burned remains, an ignition risk*
 - ✓ *Enforce a no-fly zone to restrict access by private drones and aircraft*
 - ✓ *Warn responders against any unauthorized use of photos*
 - ✓ *Enforce policy on no access to family members attempting to reach bodies*
- Verify site safety has been established*
- ✓ *Require JP to wait for site remediation and authorization by the Incident Command before entering*
 - ✓ *Assure that hazard areas are marked and communicated*
 - ✓ *Ensure that public health has pathogens counter-measures in place*
3. **PRELIMINARY RESOURCE ESTIMATE [SEE ATTACHMENT 8]**
- Determine personnel criteria for remains recovery team*
- ✓ *Avoid use of non-credentialed or spontaneous volunteers*
 - ✓ *Consider separately the requirements for remains search team, investigative team (led by JP or LE), and the removal team*
 - ✓ *Assess capacity to remove remains while causing minimal compromise to the integrity of the investigation and the remains.*
 - ✓ *Fragmented or severely traumatized remains may need forensic anthropology SME on site to identify as human*
- Verify availability of body bags, personal effects pouches, tags, tape, flags, markers*
- ✓ *Prepare to provide for double-bagging if needed for contamination*
 - ✓ *Provide for bagging and tagging all fragments and unassociated personal effects separately, regardless of proximity to other remains*
- Determine role of funeral homes*
- ✓ *Verify existing MOUs or JP practices with local funeral home providers*
 - ✓ *Clarify with the JP the preferred funeral home provider's role in MFI response*
- Verify whether area funeral homes can provide adequate morgue space*
- ✓ *Quantify overall capacity in county beyond normal caseload*

- Verify if MOUs/MOAs can honor pathology needs at medical examiner or private pathology levels
 - ✓ *Be aware that customary services from TCMEO may not be available due to its limited morgue capacity*
 - ✓ *Check on current use of private pathology servicers by certain counties*
- Verify viability and availability of remains transport resources
 - ✓ *Check with JP position on usage of non-first call funeral home transport*
 - ✓ *Consult on responders' policies on decedent transport*
 - ✓ *Consult with private trucking policies and practices*
 - *Logo removal limitations*
 - *Any requirement of after incident purchase of transporter*
 - ✓ *Account for any need for transport of decedents from hospitals, facilities or residences to incident morgue*
 - *All fatalities caused by incident should be processed at incident morgue*
 - *In events of CBRNE or pandemic events that cause delayed deaths or geographically dispersed deaths, atypical transportation to collection point or incident morgue may be considered*
- Determine whether there is a need for, and if so, the location and scale for: 1) collection points, 2) temporary morgue
 - ✓ *Defined as:*
 - *Collection point – site(s) used to collect geographically scattered remains for group transport or to collect contaminated bodies for initial processing and ready for decontamination*
 - *Temporary, or holding, morgue – a cold-storage location to hold remains until processing*
 - *Incident morgue – any facility identified to conduct ID and/or autopsies separate from daily fatality processing*
- Determine need, location and scale of incident morgue facility
 - ✓ *Address:*
 - *Availability of TCME or other medical examiner (ME) offices*
 - *Coordination of family/decedent reunification between FAC and morgue*
 - *Identification requirements*
 - *Open – the total number of present and the names of all decedents are not known, such as in an open, public space*
 - *Closed – the total number of present and the names of all decedents are known, such as through an airline manifest, or the like*
 - *Intact or fragmented remains*
- Determine need, location and scale of family reception and/or family assistance center (FAC) facility
 - ✓ *Address both temporary site (family reception center) for immediate needs and long term site for full scale FAC*
 - *Family will show up at site promptly*
 - *Determine what is feasible with resources available*

- *Consult with either pre-designated PNP or identify appropriate agencies for management*
- Consult with JP on what tasks JP can/will relinquish to accommodate workload, if any
 - ✓ *Review Texas Code of Criminal Procedure Chapter 49 Subchapter A with JP*
 - ✓ *Arrange for continuation of magistrate/JP court duties*
- 4. **JP SCENE ENTRY [SEE ATTACHMENT 10]**
 - Verify that scene is safe for JP's entry or have JP approve a qualified representative to enter a site
 - Make appropriate forms available in sufficient number [See Attachment 15]
 - Determine field assessment team representation
 - ✓ *Identify scribe, LE, photographer to accompany JP*
 - Determine methods to check for psychological well-being
 - ✓ *Brief and debrief personnel on what to expect at every operational period*
 - ✓ *Brief on safety and PPE requirements*
 - ✓ *Watch for signs of physical and emotional exhaustion/distress and mitigate*
 - ✓ *Provide sufficient back-up to ensure reasonable workload and schedule*
 - Determine if and how fingerprints will be taken in-situ
 - ✓ *Determine if remote fingerprint input devices are available for matching histories*
 - ✓ *Determine if fingerprinting will be required in situ for contaminated remains before sealing*
 - Brief that scribe will:
 - ✓ *Document where the remains are found*
 - ✓ *Document the presence of jewelry*
 - ✓ *Check for and document cash and items of worth*
 - ✓ *Document general physical characteristics*
 - ✓ *Document the presence or absence of injury/trauma*
 - ✓ *Diagram/describe in writing items of evidence and their relationship to remains*
 - ✓ *Ensure that all remains are photographed*
 - Brief that photography must be thorough and secure
 - ✓ *Photograph all items with an identifier and scale.*
 - ✓ *Consider including a directional compass arrow.*
 - ✓ *Photo taken of each remain before moved*
 - ✓ *Photo taken of each remain location after removal*
 - ✓ *Photo taken of nearby personal effects in relationship to remains*
 - ✓ *Photos show relationship of remains to environment*
 - ✓ *Prohibit personal cameras or unauthorized dissemination*
 - Identify recovery identifier tracking system
 - ✓ *JP retains authority to assign system*
 - ✓ *Emphasis the necessity of chain of custody, starting at the site with accurate accounts of the recovery process*

- ✓ *Complex or non-scalable methods will become too cumbersome or error-ridden to maintain*
 - Determine grid or appropriate search pattern and search methodology
 - ✓ *Grid anchor points should be non-movable fixtures not part of debris field*
 - ✓ *The search pattern can be referenced in the recovery tracking system*
 - ✓ *Consult with LE to expand search site as needed*
5. **RECOVERY TEAM PROTOCOLS [SEE ATTACHMENT 10]**
- Make appropriate forms available in sufficient number [See Attachment 15]
 - Determine methods to check for psychological well-being
 - ✓ *Brief and debrief personnel on what to expect at every operational period*
 - ✓ *Watch for signs of physical and emotional exhaustion/distress and mitigate*
 - ✓ *Identify sufficient back-up to ensure reasonable workload and schedule*
 - Brief on safety and PPE requirements for body recovery
 - ✓ *Identify environmental hazards*
 - ✓ *Ensure counter-measures available*
 - Mark located remains with visible flags, stakes, paint, tape or other markers
 - ✓ *Color code to differentiate remains from personal effects*
 - ✓ *If extrication needed, mark with red flag to so workers can easily see remains while removing debris*
 - Brief handlers on tagging procedures
 - ✓ *Confirm that each item found is tagged with identifier number and the number is also placed on the outside of the container in which it is placed.*
 - ✓ *Confirm that tissue fragments not physically attached to a torso are tagged and bagged separately, with notation of the location in reference to closest body(ies).*
 - ✓ *Confirm that unassociated personal effects (PE) (not affixed to remains) are tagged separately.*
 - ✓ *Confirm that PE found on remains is kept with the remains during collection and transport.*
 - ✓ *Confirm tags are clearly labeled in permanent marker with the following, at a minimum*
 - *Body handler's initials*
 - *Location where found: Identifying stake number, GPS coordinates*
 - *Date and time*
 - Brief handlers on preserving integrity of remains
 - ✓ *In cases of burned or other difficult-to-recognize remains, determine optimal strategy with forensic anthropology support.*
 - ✓ *Avoid paper covers on burned remains; can ignite*
 - ✓ *Wrap PE in plastic to protect from elements, if necessary*
 - ✓ *When necessary, wrap the head before moving to protect cranial/facial fragments and teeth*
 - ✓ *Expect decomposition to be evident within 7-8 hours. Heat and humidity speeds it up. Submersion in water, burial, clothing slows it.*

- Conduct a final sweep
 - ✓ *Shoulder-to-shoulder sweep of the area determination of any remains missed*
 - ✓ *A separate debris sift may be required*

- 6. **TRANSPORTATION PROTOCOLS [SEE ATTACHMENT 10]**
 - Make appropriate forms available in sufficient number [See Attachment 15]
 - Identify discreet, controlled transportation modes and routes
 - ✓ *Predetermined routes should be adhered to.*
 - ✓ *All should be escorted by law enforcement.*
 - ✓ *Ensure chain of custody with transportation manifests that document the removal time, vehicle identification and operator information.*
 - ✓ *Notify temporary or incident morgue when transport of remains begins.*
 - ✓ *Use closed vehicles*
 - ✓ *If procuring commercial vehicles, names or logos on transport vehicles should be removed or covered*
 - Make appropriate accommodations for public health disasters
 - ✓ *Coordinate with hospitals/health care facilities on transport to incident morgues*
 - ✓ *Consult protocols for individual civilian transport to collection sites and establish*
 - Brief on appropriate remains handling
 - ✓ *After first 24 hours temperatures for transporting bodies must be between 33 and 39 degrees Fahrenheit or bodies properly containerized*
 - ✓ *Remains are never stacked but can be stored on shelving units*

- 7. **COLLECTION AND TEMPORARY HOLDING PROTOCOLS [SEE ATTACHMENT 10]**
 - Make appropriate forms available in sufficient number [See Attachment 15]
 - At collection sites or temporary holding morgues
 - ✓ *Triage for decontamination status*
 - ✓ *Release evidentiary effects that are not required to accompany remains to the custody of appropriate agency*
 - ✓ *Identify appropriate custodian of unassociated personal effects*
 - Verify that set up of temporary holding morgue meets requirements before transport
 - ✓ *Brief that*
 - *Requires environment between 33 and 39 degrees Fahrenheit.*
 - *Freezing remains alters cells, negating ID methods*
 - *Bodies emit gases over time and this will be more of an issue in closed environments; Good ventilation will mitigate*
 - *Facility needs to be private and secured*
 - Protect from contamination and cross-contamination
 - ✓ *Maintain separate refrigerated resources for processed and unprocessed remains*
 - ✓ *Morgue facilities will not process contaminated remains*
 - ✓ *Identify additional, separate storage assets for contaminated remains*
 - Consult with officials on alternative methods to consider, if necessary

- ✓ Consider dry ice for short-term cooling
- ✓ Consult on drawbacks to ice rinks, chemical preservation, other methods
- ✓ Become informed on cultural/religious objections

8. **MORGUE ADMITTING/PROCESSING [SEE ATTACHMENT 11]**

- Make appropriate forms available in sufficient number [See Attachment 15]
- Establish triage procedures
 - ✓ Make accommodation for common tissue not identifiable
 - ✓ Identify stations where remains need to be processed
 - ✓ Route material evidence to appropriate LE agency
- Establish case files
 - ✓ Assign a person to escort each body or set of remains
 - ✓ Assign a morgue unit number
 - ✓ Cross-reference recovery numbering systems to morgue unit numbering
 - ✓ Initiate Disaster Victim Package
- Catalog inventory
 - ✓ With witness present – inventory and safeguard money and valuables associated with remains
 - ✓ Create inventory photo book
 - ✓ Determine protocols regarding contaminated personal effects

9. **MORGUE FORENSIC EXAMINATION [SEE ATTACHMENT 11]**

- Make appropriate forms available in sufficient number [See Attachment 15]
- Verify if autopsy ordered
 - ✓ Permission is not required for JP-ordered autopsy, however, keeping family informed is imperative
 - ✓ Verify autopsy, toxicology report requirements for transportation incidents with NTSB, if applicable
 - ✓ For public health threats, consult on viability of and statutory restrictions on autopsies
- Report data collected to appropriate missing persons bureaus
- Identify level of identification required
 - ✓ Presumptive Method:
 - Direct visual or photographic identification
 - Related to circumstances, personal effects (e.g., wallets)
 - ✓ Confirmatory Methods:
 - Fingerprint
 - Radiology
 - Odontology
 - Forensic anthropology
 - DNA analysis
- Identify potential sources to address all identified methods
 - ✓ Identify available
 - Private

- University
- ME
- DNA labs
- Dental associations

10. VICTIM IDENTIFICATION [SEE ATTACHMENT 12]

- Inform inquiries from next-of-kin on procedures for providing ante-mortem data
 - ✓ *To lessen media intrusion, review collection procedures over telephone with known family members only*
 - ✓ *Ensure private and confidential*
 - ✓ *Identify data sources*
 - Dental records
 - Medical records
 - Employment, LE, military, etc., fingerprints
 - Photographs
- Establish policy regarding level of DNA sampling
 - ✓ *Address:*
 - Will every tissue be sampled
 - How many tests
 - Next-of-kin notification of matches
- Establish a location to receive incoming ante-mortem data and samples
 - ✓ *Maintain a log of all incoming data/samples*
 - ✓ *Notify next-of-kin when data and samples received*
- Access with public health and/or medical examiner offices for available standard forms and methods for collecting ante-mortem/post-mortem records
 - ✓ *Can be paper or electronic based*
 - ✓ *DMORT'S Victim Identification Program (VIP) is one widely recognized standard*
- Make appropriate forms available in sufficient number [See [Attachment 15](#)]

11. FAMILY ASSISTANCE [SEE ATTACHMENT 13]

- Identify lead organization for FAC management
 - ✓ *FAC is multi-agency operation – volunteer services; social services; public health; medico-legal; and other agencies as necessary*
- Make appropriate forms available in sufficient number [See [Attachment 15](#)]
- Identify coordinated services to support families
 - ✓ *Manage expectations: establish service parameters:*
 - Administration
 - Operations
 - Briefings
 - Ante-mortem data collection
 - Death notification
 - Mental health services
 - Spiritual care services
 - First aid and medical services

- *Childcare*
 - *Incident site visit*
 - Secure and equip facility
 - ✓ *Requirements dependent on type, size and location of incident*
 - *Should be positioned away from incident site and morgue*
 - *Needs to be ADA and Texas Accessibility Standards compliant*
 - ✓ *Operations should be scalable*
 - *Obtain signage, name tags, badges, and other visual information*
 - *Obtain transportation, food services, and other logistical support*
 - *Establish telecommunications services and equipment*
 - *Ensure conference call capability for not-on-site families*
 - *Provide microphones, audio-visual equipment*
 - *Have interpretation services available*
 - Alert PIO and law enforcement agencies of need to activate FAC
 - ✓ *Coordinate security with law enforcement*
 - ✓ *Coordinate with PIO and community relations with EOC and JIC*
 - ✓ *Coordinate legal advisory/assistance support*
 - Establish organization chart and chain of command structure
 - ✓ *Identify officer in charge, deputy officer and core supervisory staff*
 - ✓ *Establish staffing and volunteer requirements*
 - ✓ *Adhere to written SOPs*
 - *personnel*
 - *documentation*
 - *safety*
 - *security*
 - *personal effects safekeeping and return*
 - *official and dignitary visits*
 - Establish procedures for reporting and briefings
 - ✓ *Provide briefings on regular schedule and post schedule*
 - ✓ *Transcribe all briefings*
 - ✓ *Emphasis FAC as best source of reliable information*
 - ✓ *Provide notes*
 - ✓ *Always brief families before providing information to news media*
 - ✓ *Coordinate site visits as required*
 - ✓ *Establish protocols for returning additional remains when identified*
- 12. DISPOSITION [SEE ATTACHMENT 11]**
- Ensure that all appropriate vital records forms have been completed
 - ✓ *Complete as appropriate death report, burial/transit forms*
 - Notify legal next-of-kin after establishing identification
 - ✓ *Review work of each forensic ID team before releasing to next-of-kin*
 - ✓ *Document all releases in detail*
 - ✓ *Prepare to address family's death rituals concerns*
 - Verify if local or distant funeral providers will receive decedents

- ✓ *Ensure families receive proper paperwork for transport*
- ✓ *If disposition delayed or funeral services overwhelmed, identify longer-term storage solutions or supplemental support for morgue services*
- ✓ *Verify if cremation is restricted*
- ✓ *Verify if any restrictions on embalming, dressing in effect*
- Initiate transfer of custody to funeral directors
 - ✓ *Consult with families on death care wishes*
- Identify protocols for returning of personal effects
 - ✓ *Maintain chain of custody*
 - ✓ *Catalogue items*
 - ✓ *Provide instructions for both associated and unassociated items*
- Establish procedures for returning additional fragments when identified to family
 - ✓ *Discuss wishes with family*
- Ensure that those with responsibility for filing death certificates do so in accordance with established statutes and rules
- Consult among JP, IC, EMD, State, officials on protocols/alternatives if:
 - ✓ *Cremation restrictions need lifting*
 - ✓ *Burials cannot be performed*
 - ✓ *Customary death rituals cannot be accommodated*
 - ✓ *Temporary interment sites required*
 - ✓ *Long-term common tissue storage required*
 - ✓ *Delays in issuance of death certificates are expected*
 - ✓ *Bodies are reduced to nothing to identify/verify*
 - ✓ *Common tissue storage*

CAPITAL AREA REGIONAL MASS FATALITY RESPONSE PLAN

Approval

The *Capital Area Regional Mass Fatality Response Plan* is hereby approved and accepted for implementation.

This plan outlines operational concepts, roles, authorities, protocols, and resource requirements for use by local officials and response personnel in responding to mass fatality incidents that occur within the 10-county Capital Area Council of Governments (CAPCOG) region.

This plan provides the basis for inclusion of mass fatality response elements in the emergency management plans maintained by cities and counties in the region. It is consistent with the *State of Texas Emergency Management Plan* and the *Capital Area Regional Mutual Aid Plan*.

This plan was developed by the CAPCOG Homeland Security Task Force (HSTF).

This plan was approved by the CAPCOG Executive Committee on October 14, 2015.



Date: 10/29/15

Betty Voights
Executive Director

Capital Area Council of Governments

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MASS FATALITY PLANNING FRAMEWORK

PURPOSE AND RELATIONSHIP

PURPOSE OF THIS PLAN

This document outlines the operational concepts, roles, authorities, protocols, and resource requirements unique to Mass Fatality Incidents (MFIs). The purpose of the document is to facilitate inquests, remains recovery and appropriate disposition through a structured approach. Of key importance is to fully integrate the justice of the peace medico-legal role into emergency operations under the Incident Command System (ICS).

MFIs are emotionally charged, technically and physically challenging, highly visible events with long-lasting consequences for the victims' families, the community, and the responders.

- Public evaluation of the jurisdiction's ability to effectively manage an incident may hinge on the perception of the appropriate management of fatalities.
- Respecting the dignity of human life and fragility of the surviving families' concerns is paramount to long-term recovery.
- The death certificate is the sole legal document verifying death. It is legally and ethically imperative to facilitate inquests in order to ensure accurate, timely issuance of death certificates.

Management of the overall response to the causal event is based on the federal National Incident Management System (NIMS).

- NIMS compliance requires that response adhere to the Incident Command System (ICS), a structure that can expand depending on the complexity of the situation at hand.
- ICS is a nationally recognized set of objectives and protocols that are planned, trained, exercised, and implemented locally by all agencies involved in the response.

RELATIONSHIP TO OTHER PLANNING DOCUMENTS

This plan exists to complement existing local emergency management plans that provide for overall response and the deployment of resources to an incident:

- Local emergency operations plans and functional annexes shall be referenced for handling non-MFI missions related to the incident.
- This plan complements a Regional Mutual Aid Plan by aligning with its guidance on the deployment of mutual aid resources.
- This plan seeks to complement, not supplant, MFI plans or annexes developed by jurisdictions.
- Mass fatalities occurring over a prolonged timeline and a wide area, such public health disasters due to a pandemic disease outbreak, fall generally within the scope of this guidance. Due to the authorities and roles of public health agencies in controlling risk

from infectious disease transmission, a specific plan or annex dealing more comprehensively with pandemic disease response should be developed separately.

- More than likely, mass fatalities will happen in conjunction with mass non-fatal casualties within a causal hazard incident. This plan pertains exclusively with the MFI response portion of the hazard incident. A mass casualty plan should be developed separately.
- The activation of federal agency response plans may require a collaborative approach among the agencies responding, the local jurisdiction and the justice of the peace (JP). No federal plan can usurp the statutory medico-legal requirements of the justice of the peace.

EXPLANATION OF TERMS

ACRONYMS

AAR	.....After Action Review
AFIS	.....Automatic Fingerprint Identification System
ARC	.....American Red Cross
CAPCOG	...Capital Area Council of Governments
CATRAC	....Capital Area Trauma Regional Area Council
CBRNE	.....Chemical, Biological, Radiological, Nuclear, and Explosive
CDC	.....Center for Disease Control
CISM	.....Critical Incident Stress Management
CPP	.....Texas Code of Criminal Procedure
Decon	.....Decontamination
DC	.....District Coordinator
DHS	.....Department of Homeland Security
DNA	.....Deoxyribonucleic Acid
DMORT	.....Disaster Mortuary Operational Response Team
DOJ	.....Department of Justice
DPMU	.....Disaster Portable Morgue Unit
DPS	.....Department of Public Safety
DSHS	.....Department of State Health Services
EM	.....Emergency Management
EMC	.....Emergency Management Coordinator
EMS	.....Emergency Medical Service
EOC	.....Emergency Operations Center
FAC	.....Family Assistance Center
FBI	.....Federal Bureau of Investigation
FEMA	.....Federal Emergency Management Agency
GPS	.....Global Positioning System
Hazmat	.....Hazardous Materials

HIPAAHealth Insurance Portability and Accountability Act
IAPIncident Action Plan
ICIncident Command or Incident Commander (depending on context)
ICSIncident Command System
IDIdentification
JICJoint Information Center
JPJustice of the Peace
LE.....Law Enforcement
MA.....Mutual Aid
MACC.....Multi-Agency Coordination Center
NDMSNational Disaster Medical Services
MEMedical Examiner
MFIMass Fatality Incident
MOUMemorandum of Understanding
MRNMorgue Reference Number
NamUSNational Missing and Unidentified Persons System
NGO.....Non-Governmental Organization
NIMSNational Incident Management System
NOKNext of kin
NTSBNational Transportation Safety Board
PEPersonal effects
PHPublic Health
PHIPublic Health Information
PIOPublic Information Officer
PPEPersonal Protective Equipment
SMESubject Matter Expert
TCMEOTravis County Medical Examiner Office
TERTexas Electronic Registry
TDEM.....Texas Division of Emergency management
TFDATexas Funeral Directors Association
UVISUniversal Victim Identification System
VIPVictim Identification Program

DEFINITIONS

Ad hoc

Formed, arranged, or done for a particular purpose only.

Ante-mortem

Prior to death.

Apostille

Certificates that authenticate the seals and signatures of officials on public documents such as death certificates or any other document issued by a public authority, so that they can be

recognized in foreign countries. State documents such as notarizations or vital records are authenticated by designated state competent authorities, usually the state's Secretary of State.

Area Command

Area Command is an incident command system management function to oversee the management of large or multiple incidents with the responsibility to set overall strategy and priorities.

Autopsy

A post mortem examination of a body to determine the cause and manner of death or the nature of any pathological changes which may have contributed to death.

Biometric

The measurement of physical characteristics, such as fingerprints, DNA, or retinal patterns, for use in verifying the identity of individuals.

Cause of Death

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

Chain of Custody

A record of individuals who have had physical possession of evidence.

DNA

The hereditary material in humans that encodes genetic relationships through small sets of variations that can be used to determine whether a family relationship exists between two people.

Death Care Providers

Licensed funeral homes, commercial embalming facilities, crematories, private pathologists, cemeteries and personnel including but not limited to funeral directors who are licensed or trained in the respectful handling of human remains.

Decedent

A person who has died.

Decomposition

The disintegration of body tissues after death; begins at the moment of death.

Death Certificate

The permanent legal record of the fact, cause, and manner of death, and when applicable, how the injury resulting in death occurred. In Texas, the Department of State Health Services (DSHS) prescribes the form and contents of death certificates.

Death Registration

The process of reporting facts of the death to required public authorities for use in producing a death certificate. In Texas, the person in charge of interment or in charge of removal of a body

from a registration district for disposition of human remains is responsible for electronically filing required death certificate information.

Disaster District

A Disaster District is an area of the State of Texas corresponding to the boundaries of the state planning regions established by the governor under *Local Government Code, Chapter 391* established to engage in homeland security preparedness and response activities. Each disaster district is served by a Disaster District Committee Chair and a Texas Division of Emergency Management District Coordinator.

Disaster District Committee

A committee responsible for identifying, coordinating the use of, committing, and directing state resources within the district to respond to emergencies. Agency representatives mirror the membership of the state's emergency management council.

Disposition

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

Emergency Operations Center (EOC)

Specially equipped facilities from which government emergency management personnel exercise direction and control, and coordinate necessary resources during a significant incident.

Family Assistance Center

A group of specially trained individuals who interview family members of the deceased in a sensitive and compassionate manner to enable positive identifications of remains, to provide culturally and spiritually appropriate support services, and to assist in the return of decedent remains for final disposition per the wishes of the next of kin.

Fatality Management

The process of locating, recovering, processing, identifying, and releasing for final disposition deceased victims.

First Call

The beginning of the relationship and duty of the funeral director to take charge of a dead human body and have the same prepared by embalming, cremation, or otherwise, for burial or disposition.

Funeral Director

A person, who for compensation, engages in or conducts in preparing, other than by embalming, for the burial or disposition of bodies.

Hazardous Materials

A hazardous material is a substance in a quantity or form posing an unreasonable risk to health, safety, and/or property when manufactured, stored, or transported. The substance, by its nature, containment, and reactivity, has the capability for inflicting harm during an accidental release. It can be toxic, corrosive, flammable, reactive, an irritant, or a strong sensitizer, and

poses a threat to health and the environment when improperly managed. It includes toxic substances, certain infectious agents, radiological materials, and other related materials such as oil, used oil, petroleum products, and industrial solid waste substances.

Health Authority

The office of the qualified physician appointed under *Texas Health and Safety Code, Chapter 121* to administer state and local laws which protect the public health within the appointing jurisdiction. Duties include investigating and reporting the presence of contagious, infectious and dangerous epidemics to DSHS, and aiding DSHS in enforcing both disease control measures and vital statistics collection.

Foreign National

Any person who is not a U.S. citizen.

Incident Command System

A prescribed method of command, control, and coordination within the National Incident Management System to provide a common organization structure designed to aid in the management of facilities, equipment, personnel, supplies, and information during a response to an incident.

Inquest

An investigation into the cause and circumstances of death, and the determination, made with or without a formal court hearing, as to whether the death was caused by an unlawful act or omission. Whenever human remains are found and the cause or manner of death is unknown, an inquest is required.

Interment

The burial of a corpse.

Incident Morgue

Facility to perform pathology on fatalities related to MFI and retain remains until disposition.

Justice of the Peace

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

Manner of Death

A general description of how an individual died. In Texas, five (5) possible manners of death are recognized: natural, accident, homicide, suicide, and undetermined.

Medical Examiner

A qualified physician appointed in certain counties to identify the dead and determine cause and manner of death.

Medico-legal Authority

The local authority assigned to conduct medico-legal death investigations. This responsibility is assigned to the Office of the Medical Examiner or Justice of the Peace.

Medico-legal Death Investigation

The combined task of collecting and interpreting information about the circumstances and cause of death conducted under the exclusive purview of the designated medico-legal authority.

Morgue

A place where human remains are kept, especially the bodies of victims of violence or accidents, pending identification or determination of cause and manner of death, or final disposition.

Multiagency Coordination Group (MAC)

An *ad hoc* regional organization whose main goal is to facilitate an overwhelming response to any incident that occurs within the region by serving as a resource clearinghouse.

Next of Kin

The closest surviving relatives of a person who has died, including the surviving spouse.

Pandemic

An epidemic that occurs over a large geographic area and affects a large portion of the population.

Pathology

The branch of medicine that deals with the laboratory examination of samples of body tissue for diagnostic or forensic purposes.

Personal effects

Belongs of an individual including clothing, clothing accessories, jewelry, and other property on their person or otherwise in their possession.

Post-mortem

After death.

Pronouncement of Death

Legally, an announced opinion by a qualified medical provider that there is irreversible cessation of the person's spontaneous respiratory and circulatory functions.

Public Information Officer

Mass communications coordinators of governmental organizations.

Temporary Interment

Burial of identified or unidentified bodies until they can be disinterred and processed through morgue procedures.

Temporary Morgue

An *ad hoc* morgue operation established specifically to store human remains until they can be processed through a morgue.

Texas Statewide Mutual Aid System

A codified method to provide integrated mutual aid response capability between local governments without written mutual aid agreements.

Vital Records

Records of life events kept under governmental authority, including death certificates.

SITUATION AND ASSUMPTIONS

SITUATION

- Mass fatalities resulting from natural disasters, transportation accidents, mass suicides, criminal acts, industrial incidents, and acts of terrorism can occur with little advance warning and are possible within any of the region's jurisdictions.
- Deaths requiring inquests include deaths by accidental means, unknown causes, unlawful causes, or deaths that may have been by suicide.
- All MFI decedents shall require an inquest, unless determined otherwise by the proper authority.
- The scope of an inquest generally includes an investigation at the scene, external examination of the body, identification of the deceased, and a determination of the manner and cause of death in order to issue a certify a death certificate.
- Texas has a mixed medico-legal system for inquests with authority vested in justices of the peace for nine of the ten counties within the CAPCOG region.
- The justice of the peace retains legal authority and custody of the body throughout the recovery and inquest, regardless of the level of response assistance required.
- Public safety agencies, including law enforcement, fire, hazardous materials response and public health, may restrict access to the scene of a mass fatality incident when such restrictions are required to protect the safety of response personnel, including the justice of the peace, and to preserve the evidence needed for inquests and/or criminal investigations.
- The responsibilities and roles of, and restrictions on, medical examiners, justices of the peace, and death care providers are directed by Texas statutes.
- MFI resources are mobilized and deployed through the Incident Command System in adherence with protocols directing emergency management operations.

ASSUMPTIONS

- The number of fatalities that exceed capabilities is not a set number but will vary based on the circumstances of the event and the capabilities of the jurisdiction(s).
- Protocols, resources, agreements and JP directives may vary among jurisdictions.

- Justices of the peace, as well as death care providers such as pathologists and mortuary providers, will experience usual caseload as well as increased caseload from the incident, straining their capabilities.
- It may take considerable time to recover and identify remains and determine the cause and manner of death after a mass fatality incident.
- Specialized assets may be required to assist with the recovery and/or decontamination of victims.
- Specialized assets may be required to assist with the identification of remains and their disposition.
- Large numbers of family members of those fatalities will travel to be close to the incident and will need family assistance services.
- State or federal resources that are typically deployable during declared disasters may not be immediately available or not available at all, during a sudden and/or broad-reaching incident.
- Due to resource shortages, standard death services may not be immediately available, requiring use of alternative methods to hold remains for a protracted length of time.
- In a broad-reaching and/or catastrophic incident, emergency powers or suspension of procedural laws or rules may be deemed necessary and enacted by the authorized official.

AUTHORITIES

LOCAL

- Local Emergency Management Plans
- Capital Area Regional Mutual Aid Plan
- Inter-jurisdictional Mutual Aid agreements

STATE

- Government Code, Chapter 418. Emergency Management
- State of Texas Emergency Management Plan
- Code of Criminal Procedure, Chapter 49. Inquests upon Dead Bodies. Subchapter A, Duties performed by Justices of the Peace.
- Health and Safety Code 121. Local Public Health Reorganization Act, Subchapter B. Health Authorities
- Health and Safety Code, Chapter 778. Emergency Management Assistance Compact
- Local Government Code, Chapter 391, Regional Planning Commissions
- Government Code, Chapter 791, Interlocal Cooperative Contracts

FEDERAL

- National Response Framework (NRF), Emergency Support Function 8 (ESF8)

- Aviation Disaster Family Assistance Act of 1996
- Rail Passenger Disaster Family Assistance Act of 2008
- Public Health Services Act
- Investigative Assistance for Violent Crimes Act of 2012

CONCEPT OF OPERATIONS

GENERAL

- Major variables can impact the processing of human remains and the need for additional resources:
 - number of fatalities
 - known decedent population (open or closed)
 - intact or fragmented remains
 - chemical, biological, radiological, nuclear and explosive (CBRNE) agents
- Fatality management is highly regulated. Catastrophic circumstances may require suspension by the Governor of procedural laws and rules.
- Management of a MFI has three main units: body recovery, the morgue, and on-site assistance to accommodate the decedents' families.
- The resource requirements of each unit are dependent on the location, extent, and the type of incident that caused mass fatalities.
- The JP integrates into ICS.
- The mayor or county judge, as the designated Emergency Management Director (EMD), exercises the powers granted under Texas Disaster Act to declare local disasters, approve requests for mutual aid, and request state assistance.
- Unmet resource needs are determined. A MFI response adjusts accordingly to the level of resources ultimately available.
- Catastrophic incidents will likely implement alternative standards of death care regarding the processing and identification of victims.

ORGANIZATION

MASS FATALITIES AND THE INCIDENT COMMAND SYSTEM

The organization of the response will be according to National Incident Management System (NIMS) principles and the Incident Management System (ICS). Also see *Attachment 1: Integrating Mass Fatality Management Into ICS*.

A fatality incident may involve a single jurisdiction and limited agency response (Single Command), as many routine fatality incidents do, or it may involve a collaborative response with multiple jurisdictions and agencies (Unified Command). MFI planning assumes a response

involving multiple agencies. Unified Command allows different agencies with different jurisdictional authorities or responsibilities to jointly provide direction while retaining their own authority.

Wide-spread, evolving incidents, such as public health emergencies, may require an Area Command without a specific incident command post. Area Command serves a tactical rather than an on-site response function. In these instances, many jurisdictions may be competing for limited MFI resources and difficult decisions will have to be made concerning the allocation of available resources.

LINE OF SUCCESSION AND AUTHORITY TO CONDUCT INQUESTS

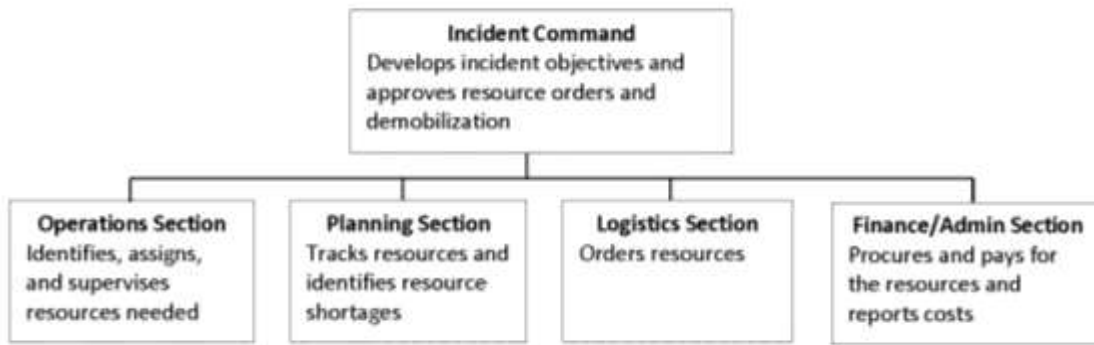
The *Texas Code of Criminal Procedure, Chapter 49* does not provide for a Justice of the Peace or a Medical Examiner from one county to take charge of an inquest inside another county. The Code outlines the line of succession for notification of other judges within the county if the precinct JP is not available.

1. Nearest available JP serving that county
2. County Judge, with limitations on ongoing authority

As practiced, JPs may enlist other JPs from precincts within the county to work different shifts or to provide other assistance as needed. The Code does allow for the hiring of qualified death investigators to assist a JP. In addition, *Texas Government Code Title 2, Chapter 27* allows for an exchange of court benches between any county allowing for a continuity of government mechanism during a mass fatality event.

RESOURCE REQUESTS

Resources include personnel, equipment, supplies, facilities, and critical infrastructure to commit to operations. To carry out the inquest on mass fatalities, resources are expected to be sourced at the local level and expand outward as resources are found insufficient to fulfill the mission. The exceptions are certain transportation and crime investigations that can proceed directly to federal resource deployment. ICS provides the avenue for the JP to obtain adequate resources to recover the remains, conduct inquests, assist the families, and relinquish custody for final disposition.



LOCAL RESOURCE ASSESSMENT

General

Local MFI resources may initially be sourced through:

- Response agencies
- Registry of qualified volunteers to form ad hoc teams
- Ad hoc teams from response agencies
- Existing regional response teams
- Existing death care service providers
- Non-profit organizations
- Existing caches held by jurisdictions
- Emergency purchases

At the onset, each jurisdiction should have in place a general accounting of its existing capabilities.

Pathology support functions when TCMEO cannot fulfill
Decontamination capabilities
Search and recovery capabilities
Level of PPE available
Mobile tent set-up or medical equipped trailer for morgue use
Decedent transport
Morgue storage capabilities

Forensic specialists for remains identification
Facilities appropriate and available for an incident morgue
Facilities appropriate and available for a Family Assistance Center
Security measures available

MUTUAL AID

Mutual aid:

- Provides for the swift deployment of resources among jurisdictions throughout the CAPCOG region
- May be formalized through reciprocal agreements with specific jurisdictions and organizations, or requested and provided more broadly through the state’s mutual aid system
- Closes resource gaps by relying on better equipped neighbors

All jurisdictions in the CAPCOG region should be prepared to request and provide mutual aid. By statutory requirement, the fulfillment of ALL mutual aid is voluntary. The assisting party may first evaluate its own ability to ensure the safety of its own jurisdiction and may withdraw from the response at any time and for any reason it deems appropriate.

Standard protocols for requesting aid are based on standing inter-jurisdictional mutual aid agreements (MAAs), Texas government code, and the Texas Statewide Mutual Aid System. The CAPCOG region may also activate a Regional Mutual Aid Plan.

Requests for mutual aid require the approval of the requestor’s Emergency Management Director. Requests for assistance made by CAPCOG jurisdictions not bound by mutual aid agreements are requested through the Statewide Mutual Aid system.

STATE OF TEXAS ASSETS

Assistance from the state provides for in-kind resources from individual agencies. If the incident area’s cumulative cache, personnel and NGO resources are deemed insufficient or exhausted, and mutual aid assistance cannot sufficiently fill the gap, or are exhausted, IC coordinates a request for state assistance with input from the following:

- Justice of the peace
- Local health department or Health Service Region 7
- Disaster District Chair (DDC) for Region 12

A local jurisdiction’s request for state resources is made according to established protocols outlined in the *State of Texas Emergency Management Plan*. The state does not act on requests unless they originate from the local jurisdiction. Requests for state aid require the approval of the requestor’s Emergency Management Director. Requests for assistance are submitted through the Texas Division of Emergency Management (TDEM) District Coordinator (DC) to the DDC. Disaster Districts serve as the state’s initial source of state emergency assistance.

The Texas Department of State Health Services (DSHS) bears the role of lead agency tasked with coordinating fatality management as part of its essential health and medical services functions, and, in coordination with TDEM, will identify and mobilize resources from other agencies as needed. If the state cannot provide sufficiently, it will seek assistance through interstate mutual aid or federal assistance.

States may request resources from other states. The Texas Division of Emergency Management (TDEM) coordinates interstate assistance as appropriate and authorized by the Emergency Management Assistance Compact (EMAC).

ASSIGNMENT OF RESPONSIBILITIES

GENERAL

Mayors and county judges and their designees have responsibility for emergency preparedness and response within their jurisdictions. Under ICS, the incident commander directs the on-scene response by local responders from a command post near the incident site. Responders from other jurisdictions and agencies (including state and federal) that have been called upon to assist when resources are inadequate are integrated into the local ICS. Each responding agency will have specific roles and reporting relationships. The fatality management objectives will be incorporated into the overall incident action plan (IAP).

In addition, many of the CAPCOG local governments will activate an emergency operations center (EOC). The facility can be an *ad hoc* or mobile site. From this facility, members of various departments or agencies gather to collaborate on guidance and to coordinate internal and external resource support.

LOCAL AGENCY RESPONSE

Local Agency Assigned Tasks
Role of Justice of Peace <ul style="list-style-type: none"> Exercises statutory authority to assume custody of the deceased and maintains control over the human remains Determines cause and manner of death on death certificates

- May waive certain death care service requirements
- Coordinates MFI priorities with IC
- Authorizes removal, storage, investigative processing of remains
- Coordinates disposition of the remains and associated personal effects
- Formulates investigative approach with law enforcement or other investigators
- Coordinates with state and federal agencies providing assistance
- Develops/coordinates with PIO on messaging regarding MFI/FAC
- Considers activation of FAC in coordination with emergency management and relevant agencies
- Coordinates with FAC for ante-mortem documentation
- Coordinates briefing information for family members

Role of Emergency Management Director
<ul style="list-style-type: none"> • Has statutory overall authority of incident to: <ul style="list-style-type: none"> ○ declare local emergencies ○ approve mutual aid assistance (MAA) ○ authorize activation of functional and hazard-specific local emergency plans ○ request state aid ○ obligate jurisdictions for expenditures ○ designate EMC to act on his/her behalf • County judge may assume medico-legal authority only in ongoing unavailability of any precinct JPs
Role of Emergency Management Coordinator
<ul style="list-style-type: none"> • Maintains the jurisdiction’s Emergency Operations Center (EOC) in a state of readiness • Maintains coordination with local and state governmental departments and agencies, utilities and industry during any type of emergency • May represent jurisdiction in formalizing requests for mutual aid • May take command and control role in incident command
Role of Incident Commander
<ul style="list-style-type: none"> • Manages incident site(s) by establishing command post • Identifies incident management priorities • Identifies additional plans and annexes to activate • Incorporates mass fatality management into IAPs • Channels requests for resources: equipment, supplies, facilities and personnel to EOC • Manages resource logistics, operations, financials • Establishes PIO, safety officer, and agency liaison positions
Role of Emergency Operations Center

- Serves as coordination and support center for the response to
- Coordinates resource requests with supporting agencies
- Provides centralized communication mode to coordinate multi-agency support and consultation
- Implements mutual aid agreements
- Coordinates the call-up and assignment of technical personnel to augment staffing

Role of Fire Personnel

- May serve as IC commander and/or first responder, but also may provide support functions:
 - establishes site safety requirements
 - deploys for search and recovery
 - conducts hazardous material (HazMat) decontamination

Role of EMS Personnel
<ul style="list-style-type: none"> • May serve as IC commander and/or first responder, but also may provide support functions: <ul style="list-style-type: none"> ○ identified as resource for transport ○ provides search and recovery resources ○ provides medical support to first responders
Role of Law Enforcement Personnel
<ul style="list-style-type: none"> • Retains authority over potential crime site • collects investigative evidence • may take custody and safeguard unassociated personal effects • reports JP collected data to missing persons clearinghouses • Serves as lead crime investigator • Provides support functions: <ul style="list-style-type: none"> • establishes security for site, morgue operations, transportation routes, FAC • collects and preserves certain personal effects as evidence and establishes chain of custody • establishes criminal culpability
Role of Public Health Personnel
<ul style="list-style-type: none"> • Establishes representation at the EOC • Coordinates in making decisions regarding strategies for reallocating medical surge resources to fatality management • Provides guidance on safe handling of human remains and methods for interim storage • Provides public information through coordination with the PIO • May provide staffing for FAC • If infectious disease related: <ul style="list-style-type: none"> ○ provides disease surveillance and guidance and coordinate control measures ○ provides case definition for infectious disease related deaths ○ provides PPE guidance ○ coordinates guidance concerning forensic analysis of biological- contaminated specimens with the CDC
Role of Healthcare Providers (i.e., hospitals)
<ul style="list-style-type: none"> • May provide morgue surge capacity • Coordinates hospital MFI plans with IC

Role of Death Care Providers (ME offices; funeral homes; private pathologists; crematoriums)
<ul style="list-style-type: none"> • Provides products and services for fee: <ul style="list-style-type: none"> ○ may provide consultation and expertise ○ may provide pathology services ○ may collect and transport remains ○ provides off-site mortuary services, including autopsies and embalming ○ may provide limited morgue storage ○ may supply protective lined caskets for infectious disease interment ○ provides cremation services ○ develops final interment plans with family members ○ completes and submits death certificates to registrar
Role of CATRAC
<ul style="list-style-type: none"> • Provides liaison with public health agencies and hospitals to expedite requests for assistance and resources <ul style="list-style-type: none"> ○ Coordinates regional MFI plan with hospital MFI plans ○ Works with officials to pre-identify sites for morgue storage • May hold resource caches
Role of Volunteer Organizations
<ul style="list-style-type: none"> • May manage/oversight of FAC <ul style="list-style-type: none"> ○ provides case management ○ provides disaster mental health ○ provides spiritual counsel ○ staffs call center ○ coordinates care of responders • May provide search and rescue assets <ul style="list-style-type: none"> ○ may provide recovery teams or guidance ○ may provide cadaver dogs • Provides professional/licensed pathology and forensic morgue services • Secures translation services
Role of PIO
<ul style="list-style-type: none"> • May function within a joint information center (JIC) with other agencies: <ul style="list-style-type: none"> ○ provides public education during and after to mitigate anxiety, fear or panic ○ coordinates media messaging with family briefings ○ manages media access at all sites ○ coordinates dignitary visits

STATE AGENCY RESPONSE

State assets are deployed to assist local governments through the State Emergency Management Council, comprised of state agencies, the American Red Cross and the Salvation Army. Each agency has the legal responsibility, expertise and resources needed for specific

response functions. Through the State Operations Center (SOC), TDEM will procure and position resources and coordinate deployment.

DSHS is assigned primary responsibility to coordinate state fatality management response operations when a local jurisdiction has requested assistance. DSHS's Health Service Region (HSR) 7, Temple, will assume an active role in managing mass fatality incidents in CAPCOG area. HSR 7 also serves as the local health authority for guidance within CAPCOG counties without a designated local health authority.

TEXAS MORTALITY STRIKE TEAM

The Texas Funeral Directors Association (TFDA) can mobilize and deploy a Disaster Response Team assembled from its members. The team is activated by DSHS to provide mortuary and victim identification services following major or catastrophic incidents. They will operate under the direction of the JP using the protocols of the jurisdiction. A team should be able to arrive on scene 12-24 hours post incident and phase-out when the jurisdiction is able to manage independently and/or when federal resources have arrived.

State Agency Assigned Tasks
Role of DPS Disaster District Committee
<ul style="list-style-type: none"> • Coordinates deployment of state resources at the regional level • Provides district coordinators to assist local officials in carrying out response <ul style="list-style-type: none"> ○ provides guidance, counsel and administrative and field support ○ serves as authoritative liaison between local officials and the SOC during large scale events
Role of Texas Division of Emergency Management
<ul style="list-style-type: none"> • Coordinates a state response <ul style="list-style-type: none"> ○ maintains response inventory database ○ coordinates the mobilizing and deploying of state assets ○ provides situational awareness ○ processes requests for statewide mutual aid, intra-state, and federal assistance
Role of Department of State Health Services
<ul style="list-style-type: none"> • Contracts with (TFDA) for disaster mortality strike teams • Coordinates local requests for surge equipment, supplies and personnel at SOC • Collects and reports mortality statistics • Provides or coordinates access to responder behavioral health services
Role of regulatory agencies
<ul style="list-style-type: none"> • General Land Office (GLO) and Texas Funeral Service Commission (TFSC) and Texas State Cemetery (TSC) assist in the identification of a suitable interim in-ground storage for human remains, if necessary ▪ DSHS regulates the disposal, transportation, interment and disinterment of remains to the extent reasonable and necessary to protect public health and safety

FEDERAL AGENCY RESPONSE

Federal deployment can be triggered by:

- A legislative mandated response to a transportation incident
- Federal criminal investigation
- Federal declared disaster or emergency, as requested by the governor
- Upon request

DISASTER MORTUARY OPERATIONAL RESPONSE TEAM

The US Department of Health & Human Services (HHS) provides victim identification and mortuary services through the deployment of Disaster Mortuary Operational Response Teams (DMORT). Teams are composed of funeral directors, medical examiners, coroners, pathologists,

forensic anthropologists, medical records technicians and transcribers, finger print specialists, forensic odontologists, x-ray technicians, mental health specialists, computer professionals, administrative support staff, and security and investigative personnel. The teams arrive with disaster portable morgue units (DPMU), which are a depository of equipment and supplies. DMORT works under the guidance of local authorities to provide unmet technical assistance and personnel needs to identify and process deceased victims.

As part of National Disaster Medical Services (NDMS), DMORT can activate under several legal authorities including the National Response Framework, the Aviation Disaster Act and Rail Passenger Disaster Act and the Public Health Services Act.

Under the Public Health Services Act, local governments and states can request non-disaster/non-NTSB coordinated DMORT assistance on a reimbursable basis.

Federal Agency Assigned Tasks
Role of National Transportation Safety Board (NTSB)
<ul style="list-style-type: none"> • Conducts safety investigations on transportation incidents • Coordinates with on logistical support: next of kin notification; call-in number; handling of manifests; management of personal effects; funding for family assistance through insurer
Role of NTSB Transportation Disaster Assistance (TDA) Team
<ul style="list-style-type: none"> • Identifies needs in conjunction with local JP and response • Coordinates fatality management assistance with local response
Role of American Red Cross
<ul style="list-style-type: none"> • Manages family assistance center and provides for family care and mental health; counseling and support services; arrange inter-faith memorial service if applicable
Role of Department of Health and Human Services/Department of Defense
<ul style="list-style-type: none"> • Utilizes the NDMS to support federal agencies in the management and coordination federal medical response to emergencies and disasters • NDMS provides Victim ID, forensic and medical services through Disaster Mortuary Operational Response Teams (DMORT)
Role of Department of State
<ul style="list-style-type: none"> • Assists families of foreign victims • Provides a consular role in domestic aviation incidents requiring assistance involving foreign national victims and coordination with foreign governments and families • Assists in return of remains and personal effects
Role of Department of Homeland Security/FEMA
<ul style="list-style-type: none"> • May provide communication resources • Provides for consequence management after active shooter incident • Activation of resources per federal disaster
Role of Department of Justice/Federal Bureau of Investigations
<ul style="list-style-type: none"> • Assumes lead Investigative role in federal crime incidents • Provides victim assistance program • May provide recovery resources
Role of the Office of the Armed Forces Medical Examiner
<ul style="list-style-type: none"> • May provide assistance to FBI for medico-legal investigations

INCIDENT MANAGEMENT

COORDINATION AND CONTROL

The affected jurisdiction is responsible for the operational implementation of this plan.

No regional, state or federal authority usurps the local JP's medico-legal duty to conduct the inquest and certify the manner and cause of death. Therefore, any assigned assistance from other organizations and agencies is subject to the discretion and approval of the JP. All agencies and responders integrate into the local ICS and take their specific task assignments from the local IC.

In order to facilitate the mobilizing of resources for Incident Command, the affected jurisdiction may select to activate an emergency operations center (EOC)

Because fatality management resources are limited within any particular jurisdiction, outside assistance will be required. The jurisdiction may select to request assistance through formal mutual aid agreements; or the CAPCOG jurisdictions, as a body, may select to activate the Regional Mutual Aid Plan and form an *ad hoc* regional multiagency coordination group (MAC) to coordinate assistance requests.

EXPENDITURES AND RECORD KEEPING

The IC establishes:

- General staff to manage the expenditure of funds through accountability and justification
- Log recordings of commitments of resources from external sources to establish mutual aid repayment obligation

The JP should clarify that its county court office is precisely tracking the status of personnel and supplies on all extraordinary costs associated with the MFI's management. These costs are compiled as part of the damage assessment related to the overall incident.

In the event of a federal disaster declaration or air carrier or Amtrak transportation fatalities, most expenses may be covered by or reimbursed by the federal government. The policy on eligibility and cost share should be confirmed at the time of the event:

- Per *FEMA Fact Sheet FP 104-009-001* dated 2014, the scope of assistance provided under the Stafford Act in an emergency declaration in response to an infectious disease event, eligible assistance includes the search and rescue to locate and recover human remains; storage and interment of unidentified human remains, and mass mortuary services.

- For a legislated federal response to a transportation air carrier incident, generally, NTSB assumes investigative expenses and the airline assumes the expenses to transport, shelter and care for the families and identification costs, including DNA analysis.
- DNA analysis is expensive and its funding must be addressed. FEMA provides funding for the DNA identification if the incident meets the criteria for disaster reimbursement. However, confirming that funding for DNA analysis has been secured and contracts with appropriate laboratories are in place is important.
- For an MFI, expect standard autopsy expenses, including transport to the nearest autopsy facility to be incurred by the county. The NTSB has authority to require autopsies on crew members for an air carrier incident. Policy on autopsy eligibility and reimbursement should be clarified at the time of the event.
- Local governments and states can request non-disaster/non-NTSB coordinated DMORT assistance on a reimbursable basis.

Air carrier backed financing of family assistance centers for transportation incidents sets a high bar to match at the non-federal/non-reimbursed level. If an incident is covered by the Aviation Disaster Family Assistance Act or the Rail passenger Disaster Family Assistance Act

- Costs will be assumed at the federal level if DMORT assets are deployed
- NTSB coordinates with the carrier and seeks funding for the FAC activities, including transportation to the site and hotel accommodations, through the carrier's insurer

In incidents where there is a corporate party that may be deemed liable or responsible for the support to families, they may assume responsibility for some or all of the costs of the facility used for the FAC, meals and refreshments or for lodging for the families if needed. The agency managing the FAC should coordinate with any third party assuming financial responsibility to make logistical arrangements for those services and may make arrangements on behalf of that party as mutually agreed.

If no third party assumes financial responsibility, the agency designated with the responsibility for the FAC or the organization providing the service may be responsible for the cost of operating the FAC. Under these circumstances, it will be important to manage expectations as to the services provided for family assistance. When selecting the FAC, jurisdictions need to plan on long term use for large incidents including payment of utility bills, housekeeping, and food.

DEMOBILIZATION

Although the initial incident response may demobilize within a matter of hours to days, the MFI response may be prolonged.

Factors that may prolong the demobilization of the operations include:

- Possibility of additional remains
- Ongoing identification of fragments/tissues
- Continuation of family assistance center

- Reconciliation of all vital record filings
- Return of personal effects
- Temporary interment

Resources will transition to:

- Disinterment and movement to final disposition
- Resumption of normal caseload for death care servicers
- Replacement of supplies and equipment
- Return of temporary facilities to original state
- Critical incident stress management
- Decontamination of transport
- Financial reconciliation

PLAN DEVELOPMENT AND MAINTENANCE

REVIEW AND UPDATE

General

This regional MFI plan was developed by CAPCOG under the authority and collaboration of its members. Primary stakeholders include county judges, justices of the peace, emergency management coordinators and emergency responders. This plan is a living document: it provides a framework from which any individual jurisdiction within CAPCOG may authorize, develop and include in their Annex H an attachment outlining their own local response mechanisms concerning:

1. Organization and Assignment of Responsibilities
2. Coordination and Control
3. Resources
4. Continuity of Operations
5. Maintenance of Annex

This plan may be updated as needed based on deficiencies identified during actual MFI events or after exercises when changes in threat, resources, capabilities or government structure occur. Reviews and updates to this plan shall be the responsibility of CAPCOG's Homeland Security Task Force.

CAPCOG will distribute copies of this plan to the members of the CAPCOG Homeland Security Task Force who will distribute as appropriate. The latest version of this document will be posted in the File Library on WebEOC. CAPCOG Homeland Security staff members will provide access to this file to personnel needing access to this file on request.

Local exercise developers should test mass fatality components, whenever possible, to ascertain that the plan facilitates response to scenarios of varying type and magnitude. After-action reports (AAR) of recent emergency operations and exercises in any jurisdiction within the region that included multiple fatalities should be submitted to CAPCOG to help staff develop a list of lessons learned and facilitate updates to the plan.

MFI relevant training courses

Local justices of the peace may gain ICS training through the following FEMA independent study courses:

- IS-100 Introduction to Incident Command System
- IS-700.a. National Incident Management System (NIMS) An Introduction
<https://training.fema.gov>

For more information on MFI-focused training opportunities:

- FEMA G-386 – Mass Fatality Incident Response www.preparingtexas.org
- Rural Domestic Preparedness Consortium - AWR-232 Mass Fatalities Planning & Response for Rural Communities www.preparingtexas.org
- Rural Domestic Preparedness Consortium – AWR-309 Mass Fatality Planning & Response for rural Morticians and Funeral Directors www.preparingtexas.org
- NTSB Managing Transportation Mass Fatality Incidents: A course for Emergency Managers, Law Enforcement, and the Medico-legal Community www.nts.gov/tc/CourseInfo/2015/TDA
- TX State University Human Remains Recovery Course and other related www.txstate.edu/anthropology/facts/workshops
- The NTSB Training Center – http://www.nts.gov/Training_Center/Pages/sched_courses-2015.aspx
- TDA 301: Transportation Disaster Response – Family Assistance
- TDA 406: Managing Transportation Mass Fatality Incidents: A Course for Emergency Managers, Law Enforcement, and the Medicolegal Community

Mass Fatality Planning References

- Austin/Travis County Mass Fatality Plan
- Travis County Medical Examiner’s Office Mass Fatality Manual
- State of Texas Annex H Appendix 4
- State of Texas Annex M
- DSHS Mass Fatality plan
- DSHS Pandemic Influenza Plan Operational Guidelines
- DSHS mass fatality toolbox
- DSHS Response Operating Guidelines: Fatality Management for Catastrophic Incidents; Deployable Teams
- DSHS Handbook on Death Registration
- State of Texas Disaster Medical System Overview
- Texas Emergency Management Executive Guide FY2015 Edition
- National Association of Medical Examiners Mass Fatality Plan <https://netforum.avectra.com/temp/ClientImages/NAME/31434c24-8be0-4d2c-942a-8afde79ec1e7.pdf>
- DMORT Standard Operating Procedures for National Transportation Safety Board Activations <http://www.dmort8.org/DMORT%20NTSB%20SOP%20Nov%202006.pdf>
- National Response Framework -- Catastrophic Incident Annex and Catastrophic Incident Supplement Appendix 9
- H-GAC Regional Catastrophic Preparedness Initiative – Regional Mass Fatality Management
- Los Angeles County Mass Fatality Incident Management Guidance for Hospitals and Other Healthcare Entities <http://www.aha.org/content/00-10/MFIGuidanceForHospitals808.pdf>

- U.S. Dept. of Justice: Mass Fatality Incidents: A Guide for Human Forensic Identification <https://www.ncjrs.gov/pdffiles1/nij/199758.pdf>
- Federal Bureau of Investigation <http://www.fbi.gov/>
- National Transportation Safety Board <http://www.nts.gov/Pages/default.aspx>
- Office for Victims of Crime <http://www.ovc.gov/>
- U.S. Department of State Foreign Affairs Manual Volume 7 Consular Affairs <http://www.state.gov/documents/organization/94620.pdf>
- U.S. Department of State Consular Notification and Access http://travel.state.gov/content/dam/travel/CNAtrainingresources/CNAManual_Feb2014.pdf
- U.S. Army Research Development and Engineering Command and Department of Justice Mass Fatality Management for Incidents Involving Weapons of Mass Destruction http://www.ecbc.army.mil/hld/dl/MFM_Capstone_August_2005.pdf
- Centers for Disease Control and Prevention (CDC) <http://www.cdc.gov/>
- U.S. Dept. of Justice Federal Bureau of Investigation: A Study of Active Shooter Incidents in the United States Between 2000-2013 <https://www.fbi.gov/news/stories/2014/september/fbi-releases-study-on-active-shooter-incidents/pdfs/a-study-of-active-shooter-incidents-in-the-u.s.-between-2000-and-2013>
- The National Center for Posttraumatic Stress Disorder. VA Medical Center: PTSD Research Quarterly “Impact of Mass Shootings on Survivors, Families and Communities” <http://www.ptsd.va.gov/professional/newsletters/research-quarterly/V18N3.pdf>

ATTACHMENT 1: INTEGRATING MASS FATALITY MANAGEMENT INTO ICS

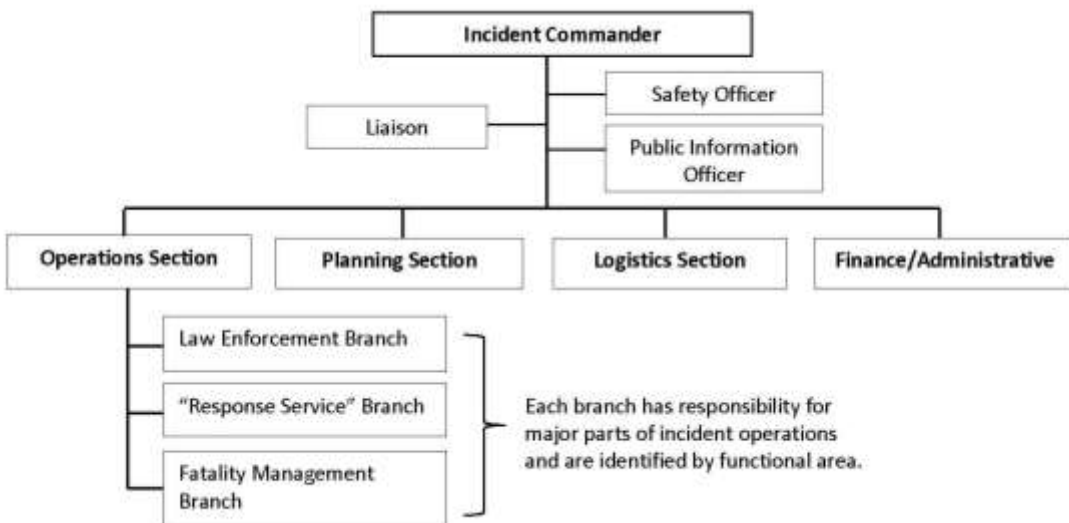
GENERAL

A fatality incident may involve a single jurisdiction and limited agency response (Single Command), as many routine fatality incidents do, or it may involve a collaborative response with multiple jurisdictions and agencies (Unified Command). MFI planning assumes a response involving multiple agencies. Unified Command allows different agencies with different jurisdictional authorities or responsibilities to jointly provide direction while retaining their own authority.

Wide-spread, evolving incidents, such as public health emergencies, may require an Area Command without a specific incident command post. Area Command serves a tactical rather than an operational function. In these instances, many jurisdictions may be competing for limited MFI resources and difficult decisions will have to be made concerning the allocation of available resources. The Area Command structure provides the mechanism for determining how these resources will be allocated.

ICS is scalable to the magnitude of the incident. Not all branches, units or teams may be activated under all circumstances. Under the Incident Commander, branches and units are organized as needed and only required positions are filled. Units may consist of teams of one or many. The following chart demonstrates how the mass fatality branch and units fit the overall ICS structure:

In standard ICS structure, the statutory responsibilities of the JP will fall under the operations section within a fatality management branch.





FATALITY MANAGEMENT

Recovery Unit

An equipped body recovery unit is mobilized, usually including a death investigator, fire fighters, law enforcement, scribes, body handlers, transporters *who have been trained in appropriate use of PPE, forensic photography and documentation, chain of custody protocol, search methods*

- Locates and flags of body remains and personal effects locations
- Documents remains and personal effects in situ
- moves bodies and personal effects from site
- Transport to morgue or interim site
- Decontaminate remains and personal effects, as necessary

Morgue Unit

An equipped mortuary unit is mobilized, usually including professional pathology and mortuary servicers *who have been trained in appropriate use of PPE, tracking techniques, autopsies, forensic procedures, interment requirements*

- Identify bodies/human remains
- Process personal effects
- Track bodies throughout process
- Finalize death certificate information
- Provide Longer-term cold storage if body disposition has not occurred
- Assist in disposition of bodies

Victim Identification Services

An administrative team is mobilized, *who is trained and equipped to*

- Obtain and monitor the status of incoming ante-mortem records and reconcile ante-mortem records with remains post-mortem data
- Perform call center, missing persons/victim information clearinghouse functions

Family Assistance Center (FAC) Unit

An equipped FAC unit is mobilized, generally consisting of public health dept., NGO, PIO, faith based ministry, *who have been trained in appropriate grief counseling, communications, and mass care facility management.*

- Activate a call center
- Establish bereavement center
- Provide for basic and spiritual comforts
- Coordinate release of information
- Coordinate with Victim ID services

ATTACHMENT 2: SUMMARY OF LAWS GOVERNING RESPONSE TO A MASS FATALITY INCIDENT

GENERAL

The legal consequences resulting from emergency response decisions are significant during a mass fatality incident, affecting issues from:

- Medical privacy concerns
- Victim identification
- Death determination and death certificate issuance
- Remains disposition

Texas statutes help assure that appropriate measures are executed, protect public health, provide for a broad-reaching response, and provide for legal immunity from unintentional consequences resulting from a responder’s well-meaning actions.

Any interpretation or clarification of ruling authorities should be addressed through counsel of the Texas Attorney General Office.

Medicolegal Authority	
<p>Texas Code of Criminal Procedure, Chapter 49. Inquests Upon Dead Bodies Subchapter A. Duties Performed by Justices of the Peace</p>	<ul style="list-style-type: none"> • Places restrictions on removal of body subject to inquest from the place of death w/o JP authorization. • Specifies the circumstances surrounding death that require JP inquests. • Identifies lines of succession for notification of a medicolegal authority for inquests in JP served counties: Precinct judge, next available justice, county judge. • Grants investigation powers to the JP to conduct inquests by acting on credible information, ordering autopsies, examining body samples, tests, and exams to identify the deceased and investigate the manner and cause death. • Specifies the JP, or other person who conducts an inquest under this subchapter, shall sign the death certificate and all orders made as a necessary part of the inquest. • Specifies the JP shall preserve all tangible evidence accumulated in the course of the inquest that shows the real cause of death or identifies the person who

	<p>caused the death and shall deposit the evidence with the appropriate LE or the district clerk</p> <ul style="list-style-type: none"> • Allows county commissioners to establish an office of death investigator and employ a qualified person to assist the JP in conducting inquest duties and outlines what those duties may be. • Specifies when a JP cannot order an autopsy. • Specifies that an autopsy will be conducted on a child younger than 6 years of age and the death is unexpected or resulting from abuse or neglect; • A district attorney or criminal district attorney, (or if there is not either, the county attorney) may request an autopsy.
Code of Criminal Procedure, Chapter 63. Missing Children and Missing Persons	<ul style="list-style-type: none"> • Outlines the sampling of unidentified remains by a physician at the request of the JP and the submittal of DNA for analysis, comparison, and database entry. • Outlines requirements and procedures for obtaining missing persons medical and dental records when reported to LE
TX Administrative Code Chapter 181 Rule 181.6 Disinterment	<ul style="list-style-type: none"> • Outlines the process and procedures for disinterment. A JP may authorize disinterment.
Article 37 of the Vienna Convention on Consular Relations	<ul style="list-style-type: none"> • Requires notification by host country officials in the event of death of a foreign national

Texas Vital Records	
TX Health and Safety Code, Chapter 193. Death Records	<ul style="list-style-type: none"> • Requires that person conducting inquest subject to Code of Criminal procedure Chapter 49 complete the medical certification and file cause of death within 10 days. • Outlines the information required on the death certificate and the need and timeline for a medical certification as part of the death certificate. • Requires that all funeral service providers and medical certifiers file death certificates electronically using the TER service and process. • Outlines the process for delayed medical certification. • States that final disposition of the body may not be made without medical certification unless specifically authorized by person responsible for completing the medical certification. • Allows for certificate of death by catastrophe, for

	<p>which there is no physical proof of death but reasonable belief that the person's remains were presumed eradicated by a substantial force resulting in death from the incident.</p>
<p>TX Health and Safety Chapter 191. Administration of Vital Statistics Records</p>	<ul style="list-style-type: none"> • Defines registrars of deaths and district boundaries as (1) each justice of the peace precinct; (2) each municipality with a population over 2,500. Allows for the transfer from a JP precinct to the county clerk.
<p>TX Administrative Code Chapter 181 Rule 181.2. Assuming Custody of body</p>	<ul style="list-style-type: none"> • A funeral director, or person acting as such, who assumes custody of a dead body shall obtain an electronically filed Report of Death and be transmitted to the Local Registrar within 24 hours. The report of Death serves as authority to transport or bury the body within the state.

Emergency Management Response Ruling Authorities	
<p>TX Government Code, Chapter 418. Emergency Management</p>	<ul style="list-style-type: none"> • States that an executive order or proclamation declaring a state of disaster activates disaster recovery and authorizes the deployment of resources. • Within a disaster declaration, allows the governor to suspend the provisions of any regulatory statute prescribing the procedures for conduct of state business or the orders or rules of a state agency if strict compliance with the provisions, orders, or rules would in any way prevent, hinder or delay necessary action in coping with a disaster. • Allows the governor to commandeer or use any private property if the governor finds it necessary to cope with a disaster, subject to the compensation requirements. • Designates an EMD at the political subdivision level and allows the EMD to exercise the powers granted to the governor under Chapter 418 on an appropriate local scale, including declaring a local state of disaster, which activates the appropriate response aspects and authorizes the furnishing of aid and assistance under the declaration. • Allows the presiding officer of the governing body to declare a local state of disaster which activates appropriate local or inter-jurisdictional emergency plans and authorizes the furnishing of aid and assistance under the declaration. • Creates DPS disaster districts and committees to

	<p>coordinate with local level on state and federal assets to provide response.</p> <ul style="list-style-type: none"> • Designates the county as the first channel through which a municipality shall request assistance when its resources are exceeded. Requests that exceed county capability are then forwarded to the state. • Allows that mutual aid resources may be requested by one entity from another local government or organized volunteer group either through local MA agreements or the Statewide Mutual Aid System
TX Administrative Code Title 37, Part 1, Chapter 7 Division of Emergency Management Subchapter A Emergency Management Program Requirements	<ul style="list-style-type: none"> • Requires local jurisdictions to seek assistance from neighboring jurisdictions with which they have mutual aid agreements prior to requesting state aid. Municipalities must request assistance from their county before requesting assistance from the state.
Government Code, Chapter 791, Interlocal Cooperative Contracts	<ul style="list-style-type: none"> • Authorizes local governments to contract with one another and with agencies of the state to provide a governmental function or service, including emergency assistance.
Health and Safety Code, Chapter 778. Emergency Management Assistance Compact	<ul style="list-style-type: none"> • Allows for Texas to for request and extend mutual aid among states, establishes the terms of a legally binding contractual agreement for reimbursement. Can move resources for medical provisions. • Allows portability of licenses, certifications or other permits issued by a party state evidencing meeting qualifications for professional, mechanical, or other skills
TX Health and Safety Code, Chapter 694. Burial	<ul style="list-style-type: none"> • The Texas Department of Health [now the Texas Department of State Health Services] regulates the disposal, transportation, interment, and disinterment of dead bodies to the extent reasonable and necessary to protect public health and safety.
(d) TX Health and Safety Code, Chapter 121. Local Public Health Reorganization Act. Subchapter B. Health Authorities	<ul style="list-style-type: none"> • Grants the rights of jurisdiction-created public health entities to provide essential public health services. Also allows for state public health regions to perform the duties in a jurisdiction not covered by a health authority.
TX Occupations Code, Chapter 115. Health or Veterinary Services Provided in Catastrophic Circumstances	<ul style="list-style-type: none"> • Provides that DSHS administers a volunteer health practitioner registration system that accepts applications from health practitioners to provide health services, including services and supplies related to the death of individuals or human

	<p>populations, including funeral, cremation, cemetery, or other mortuary services and shall confirm licensing, good standing and criminal history information.</p> <ul style="list-style-type: none"> • Provides that while a declaration is in effect DSHS may limit, restrict, or otherwise regulate volunteer health practitioners and any other matters necessary to coordinate effectively the provision of health services • Provides that a host that uses voluntary health practitioners shall consult and coordinate its activities with the division.
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Federal Response Ruling Authorities	
<p>Aviation Disaster Family Assistance Act of 1996, Rail Passenger Disaster Family Assistance Act of 2008:</p> <p>49 USC Part 1136 and 1138: NTSB Responsibilities 49 USC Part 41113: US Air Carrier Responsibilities (FAA Part 121 Operators) 49 CFR Section 830. Subpart C- Preservation of Aircraft Wreckage, Mail, Cargo, and Records (49 CFR Section 831. Accident/Incident Investigation Procedures 49 USC Section 1139</p>	<ul style="list-style-type: none"> • States that the NTSB has primary federal responsibility for facilitating the recovery and identification of fatally-injured passengers involved in an air carrier or rail passenger accidents resulting in a major loss of life. It shall designate an independent nonprofit organization [ARC] to have primary responsibility for coordinating the emotional care and support of families of passengers involved in the accident [FAC]. It also states that no person including a state or political subdivision may impede its ability to carry out its responsibilities. • Requires each air carrier holding a certificate of public convenience and necessity to submit a plan for notification, and for assurances, including that the family of each passenger will be consulted about the disposition of all remains and personal effects of the passenger, reasonable compensation to the agency providing family assistance services and provide for the physical care of the family while staying at the family assistance location. • The operator of an aircraft involved in an accident for which notification to NTSB is given is responsible for preserving to the extent possible any wreckage and it may not be disturbed or moved except to the extent necessary until the NTSB or authorized representative takes custody. • The NTSB has discretionary authority for safety investigations of accidents that occur in connection with the transportation of people or property which, in the judgment of the NTSB is catastrophic or is of a

	recurring character, and includes but is not limited to accidents involving transportation and/or release of hazardous materials.
49CFR Section 831 Accident/Incident Investigation Procedures	<ul style="list-style-type: none"> States that the NTSB, if involved, has the authority to obtain or order autopsies or other tests, including toxicology, as may be deemed necessary.
Robert T. Stafford Disaster Relief and Emergency Assistance Act	<ul style="list-style-type: none"> A federal emergency or disaster declaration triggers financial and physical assistance coordination through FEMA to include numerous federal and non-governmental organizations.
Public Health Service Act 42 USC Section 300hh-11. National Disaster Medical System	<ul style="list-style-type: none"> Designates the establishment of criteria regarding the participation of states and private entities in the National Disaster Medical System, including criteria regarding agreements for such participation. The criteria shall include the following: <i>Provisions relating to the custody and use of Federal personal property by such entities, which may in the discretion of the Secretary include authorizing the custody and use of such property to respond to emergency situations for which the National Disaster Medical System has not been activated by the Secretary pursuant to subsection (3) of this section. Any such custody and use of federal personal property shall be on a reimbursable basis.</i>
The Investigative Assistance for Violent Crimes Act of 2012	<ul style="list-style-type: none"> Clarifies statutory language in title 28, US Code, by explicitly granting the DOJ/FBI the authority to provide investigative assistance, when requested, in cases of violent acts and shootings in places of public use, including nonfederal crimes, such as mass killings.

Mortuary Services/Interment Ruling Authorities	
TX Government Code, Chapter 418. Emergency Management	<ul style="list-style-type: none"> A person who holds a license, certificate or permit issued by any state evidencing the meeting of qualifications may render aid involving the skill to meet an emergency or disaster as long as the service is required.
TX Health and Safety Code. Chapter 694. Burial	<ul style="list-style-type: none"> States that the TX Dept. of Health shall regulate the disposal, transportation, interment, and disinterment of dead bodies to the extent reasonable and necessary to protect public health and safety.
TX Occupations Code, Chapter 651. Cemetery and Crematory	<ul style="list-style-type: none"> Regulates the professional actions and licensing of providers for compensation

Services, Funeral Direction and Embalming	<ul style="list-style-type: none"> • Defines First Call and the funeral director’s duties to comply
TX Health and Safety Code, Chapter 716. Crematories	<ul style="list-style-type: none"> • Outlines under what authorizations a crematory establishment may or may not cremate remains. • Allows that a crematory establishment, funeral establishment, cemetery or other person may refuse to accept deceased human remains under certain conditions until the dispute is settled or authorized by a court order. • Outlines cremation procedures, including restrictions on simultaneous cremation and the commingling of other cremated remains.
TX Health and Safety Code, Chapter 711. General Provisions Relating to Cemeteries.	<ul style="list-style-type: none"> • Outlines who has the right to control disposition and that in absence of kinship or an authorized instrument named person, where an inquest is held that person (JP) interrs the remains • Authorizes the JP to remove interred remains from a cemetery without the written order of the state registrar. • Remains that have been moved must be reburied unless approved by authorized official or next of kin. • Restricts the location that a cemetery may be placed.
TX Health and Safety Code, Chapter 695. In-Casket Identification	<ul style="list-style-type: none"> • Requires that a casket identify the decedent by including the name, date of birth and date of death.
TX Administrative Code, Chapter 181.4 Preservation of Bodies	<ul style="list-style-type: none"> • No human body may be held in any place or be in transit more than 24 hours after death and pending final disposition unless either maintained at a temperature within the range of 33–39 degrees Fahrenheit, or is embalmed by a licensed embalmer, or is encased in a container which insures against seepage and escape of offensive odors.
TX Administrative Code Chapter 181 Rule 181.3 Transportation of Dead Bodies	<ul style="list-style-type: none"> • Describes the state’s requirements for the shipping of dead bodies by common carrier or other means

Responder Health Ruling Authorities	
TX Health and Safety Code, Chapter 161. Public Health Provisions Subchapter A Immunizations	<ul style="list-style-type: none"> • The (Health) department consults with public health departments and appropriate health care providers to identify adult immunizations that may be necessary to respond to or prepare for a disaster or public health emergency and provides for ensuring that first

	responders receive necessary immunizations to which there may be exposure during a public health emergency, declared disaster, terrorist attack, and other hostile actions.
TX Health and Safety Code, Chapter 784. Critical Incident Stress Management and Crisis Response Services	<ul style="list-style-type: none"> Provides for a process of crisis intervention to assist in coping with critical incident stress and provides for confidentiality
(d) TX Administrative Code, Chapter 97. Communicable Diseases Death of a Person with Certain Communicable Diseases	<ul style="list-style-type: none"> If a physician has knowledge that a person had, at the time of death, a communicable disease listed in 976.13 (c), then that body shall be tagged with the words "Communicable disease – Blood/body substance precautions required"

Medical Confidentiality Ruling Authorities	
HIPAA – Health Insurance Portability and Accountability Act 45 CFR Section 164	<ul style="list-style-type: none"> Allows covered entities to disclose protected health information to a JP for purpose of identification, determining cause of death and other duties as authorized by law. Allows disclosure to funeral directors as necessary to carry out their duties. Allows for limited disclosure to LE for identifying or locating an individual or if suspected to be a victim of crime or in regards to certain criminal matters. Allows disclosure to an entity authorized to assist in disaster relief efforts to assist in notifying, identifying, or locating persons.
TX Health and Safety Code, Chapter 181. Medical Records Privacy	<ul style="list-style-type: none"> Provides for more restrictive protected health information beyond federal requirements.
TX Health and Safety Code, Chapter 671.	<ul style="list-style-type: none"> Restricts release of autopsy reports to authorized persons.

ATTACHMENT 3: SPECIAL CONSIDERATIONS FOR PANDEMIC OUTBREAKS

GENERAL

Pandemic fatalities can originate from

- Natural transmission by direct or indirect contact
- Accident laboratory exposure
- Disease vector
- Intentional
- Weaponized

Each will challenge MFI capabilities as resources are overtaxed or depleted. In the event of a pandemic outbreak, mutual aid, or even state and federal resources, may not be available, or limited.

Other biological agents can create mass fatalities that occur over a period of time. Biological agents infect people with disease-causing microorganisms and are classified by their taxonomy (fungi, bacteria, viruses). They are often difficult to detect. Special considerations for such incidents include:

- Pandemic flu response protocols should be followed for a biological event
- In some exposures, remains can be buried; others require cremation, or cremation is not an option
- Autopsies may be prohibited
- Bodies may need to be placed in hermetically sealed containers

The justice of the peace, emergency responders, and emergency management personnel should:

- Prepare/activate a continuity of government plan to ensure line of succession for necessary inquests
- Review relevant legal authorities and procedures related to infectious disease, death care, emergency management
- Classify the JP and death care servicers as first responders for priority prophylaxis and antivirals
- Ensure JP and death care servicers have priority access to communications bandwidth, regional notification services, and other critical communication modes

Public Health Role

The key public health (PH) roles in MFIs will include

- Case definition
- Medical resource allocations and coordination

- Health surveillance
- Worker health/safety
- Biological hazard consultation
- Burial requirement consultation
- Public health information
- Vital records
- Vector control

PUBLIC HEALTH DISASTER DECLARATIONS

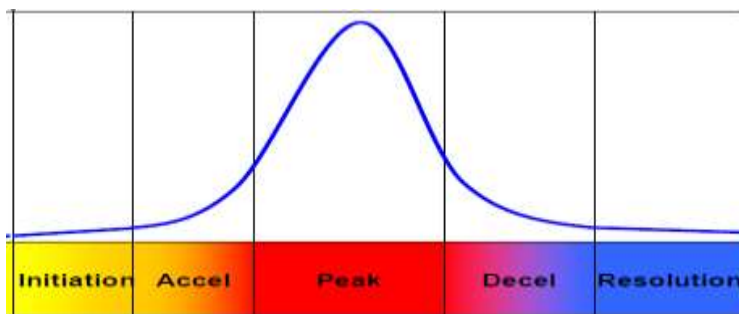
Currently, a public health disaster disallows autopsy requests when death is caused by a communicable disease and waives waiting time requirements for cremation. In addition, an autopsy may not be performed whenever death is caused by Asiatic cholera, bubonic plague, typhus fever or smallpox. State declarations of emergency may initiate suspension of legal and regulatory aspects of fatality management related to the interment of remains and vital statistic reporting.

A public health disaster requires declaration by the governor and a determination by the Texas Department of Health and Human Services (DSHS) commissioner of an immediate threat from a communicable disease that:

- Poses a high risk of death or serious long-term disability
- Poses a substantial risk of public exposure because of a high level of contagion or the method by which the disease is transmitted

If an influenza pandemic occurs within Texas, a statewide public health emergency will be declared. TDEM and DSHS will coordinate the response operations related to the threat including requesting assistance from other states or the federal government.

Local emergency management must work closely with PH authorities to maintain situational awareness and understand the estimated interval timeline related to body count expectations. At the onset of disease, the local PH authorities are responsible for tracking and reporting to emergency management and the Department of State Health Services (DSHS). As the disease spreads and becomes prevalent in a jurisdiction(s) DSHS will assume the lead role and advise TDEM and the Emergency Management Council on needs and requirements associated with the event.



MASS FATALITY RESPONSE

Remains Recovery

The recovery of remains in a pandemic or biological incident may require recovery of many bodies over a large, amorphous geographical area. Within the initiation phase, public health, the JP and emergency management should identify recovery protocols:

- Identify recovery teams
- Determine a viable, search quadrant system that covers the entire community
- Develop processes for remains identification and recovery from private homes and business
- Identify and develop procedures for collection sites
- Pre-position refrigerated trucks at designated locations
- Consult with the state to identify temporary interment sites
- Consult with state for most ethically acceptable, logically feasible mass interment

Inquests

The trigger for a pandemic or biological incident is less distinct than other MFIs. It may be that the JP is the first to recognize the risk and reports such to public health. Each must keep the other informed, as well as LE and EM, of abnormal circumstances surrounding reported deaths. The population of decedents will include suspicious deaths by other manner. Trained personnel will be needed to sort bodies by pandemic disease based on DSHS case definition versus inquest cases to ease subsequent processing.

The ability to discern the manner and cause of death for legal purposes could be challenging. In these instances the JP and EM should:

- Collaborate with public health to identify vulnerable populations and separate out any doubtful outliers
- Work with PH to develop directives on how to approach and process bodies to minimize risk
- Train on the appropriate use of PPE
- Considering broadening the range of professionals who can pronounce and certify deaths as auxiliary death investigators

The examination of neurotoxin-pathogen contaminated bodies should be performed at a separate morgue site and remains decontaminated by recommended procedures.

Incident morgues should have at a minimum an autopsy set-up comparable to a Bio Safety Level 3 laboratory. The risk of off-gassing is generally low if decontamination procedures have been properly carried out. The city or county health department should be consulted to provide continuous air monitoring in morgue work areas.

The data demands will be extensive, and cross-communications with public health and law enforcement data will be required.

The Centers for Disease Control and Prevention (CDC) has established the Laboratory Response Network for forensic analysis of specimens. The JP will contact the city or county health authority for guidance and notification regarding specimens to be sent for analysis. A chain of custody will be created for each package of specimens.

Disposition

Each case definition will require consultation with death care providers, public health authorities, elected officials, and affected next-of-kin. Each option may have ethical and legal ramifications:

- Burial does not necessarily kill biological agents, and some can remain resistant or dormant underground
- Decedent may require hermetically sealed casket for burial
- Cremation may be the only option in some instances

The DOT has established packaging requirements for biologically contaminated human remains.

Social Distancing and FACs

In the event of a public health emergency resulting in mass fatalities, it may be necessary to curtail all physical contact that isn't necessary or is not feasible to mitigate through PPE. By implementing social distancing measures, face-to-face contact with response agencies, the community, and fatality victims' families will be extremely restricted. Under these circumstances, transparent communications continue to be necessary for the emotional support of the victims' families and the community-at-large, as well as for the necessity to educate particular audiences on what to do.

The most effective method may involve multiple electronic communication approaches by establishing 24/7 two-way communication links to replicate a virtual FAC:

- Via teleconferencing forums and meetings
- Via multiple social media outlets

Serve as an educator related to death care:

- Craft messages appropriate for:
 - general public
 - responders
 - health care providers
- Explain potential changes in standard death care that may occur due to large numbers of deaths
 - death care guidance
 - body removal
 - burial sites
 - death certificate information

Aggressively share information on missing persons/fatalities:

- Call centers
- Databases

ATTACHMENT 4: SPECIAL CONSIDERATIONS FOR TRANSPORTATION ACCIDENTS

GENERAL

Legislated Federal Agency Response

The NTSB conducts safety investigations involving civil transportation incidents:

- Civil air or interstate passenger rail or high-speed rail, investigation is mandatory
- Other transportation incidents, the NTSB will selectively investigate

Other transportation includes:

- Other rail
- Highway
- Marine
- Pipeline

Air or interstate passenger rail (currently only Amtrak) carriers are required to notify the NTSB when an incident occurs. The NTSB monitors communications media for other significant events and may select to investigate.

The NTSB issues a guidance brochure on how responders should facilitate for a safety investigation. <http://www.nts.gov/tda/er/Pages/default.aspx>

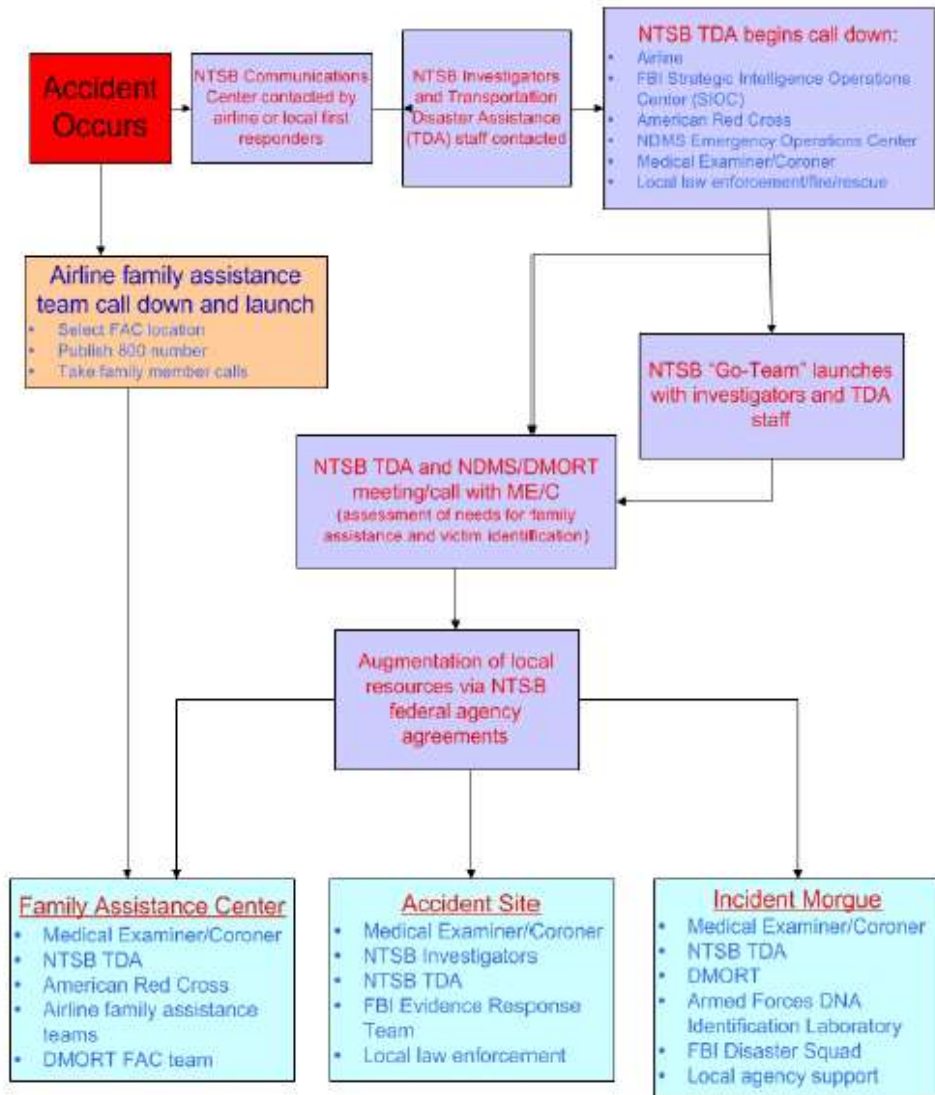
If the MFI incident involves: a major air carrier or interstate passenger rail or high-speed rail the NTSB, per federal legislative acts, is required to assist victims of transportation accidents and their families.

The NTSB mobilizes and deploys fatality management assistance through a Transportation Disaster Assistance team (TDA). The JP retains authority of the decedents and is responsible for their identification and the inquest. At the JP's discretion, DMORT assets are will be available. The carriers are required to develop a plan covering family assistance, including notification of family members and all aspects of victim and family logistical support: providing a call-in number; handling of manifests; management of personal effects; providing funding for family assistance operations through insurer.

The agency, through TDA, coordinates with the carrier, federal agencies, state agencies and the local Incident Command and the JP to ensure an appropriate response level based on the magnitude of the accident.

The NTSB has agreements with several federal agencies to support transportation disaster response.

Transportation Accident Response Flow Diagram



The TDA has primary responsibility for facilitating, not authorizing or fulfilling the medico-legal requirements. Local jurisdictional responsibilities are retained:

- JP approval is obtained to assist morgue operations
- Local responders maintain the responsibility for the initial accident response, recovery, security, and site cleanup
- TDA will monitor body recovery and offer assistance as needed
- Major carriers manage the processing and return of non-associated personal effects

Additional Agency Involvement

The Federal Aviation Administration (FAA) also supports air carrier investigations as it, too, has a mission of aviation safety and the mitigation of risk. For some civil aircraft accidents, the NTSB may request that the FAA lead the collection of factual information and report findings to the NTSB.

For other transportation incidents, there is no legislative requirement to provide family assistance services but the NTSB may provide a lesser degree of resources on a case-by-case basis. There is no requirement for passenger bus lines, as a common carrier, to develop family assistance plans.

If intentional criminal acts are suspected, the NTSB may surrender its investigative rights to the US Attorney General. The FBI will take over responsibility for investigation. Family assistance activities, such as briefings, will become the responsibility of the FBI Office for Victim Assistance. The NTSB will act in a support role for the FBI.

In accordance with FAA regulations, drug testing and autopsies are required to be conducted on the aircrew of all civil accidents. Toxicology kits can be requested through the FAA Medical Research Team at the Civil Aerospace Medical Institute. NTSB investigators can assist in arranging autopsies and obtaining toxicological specimens.

ATTACHMENT 5: SPECIAL CONSIDERATIONS FOR ACTIVE SHOOTER OR TERRORISM INCIDENTS

GENERAL

During an active shooter or terrorist incident involving mass fatalities, the FBI will likely become involved. The *Investigative Assistance for Violent Crimes Act of 2012* clarifies that the Department of Justice may provide federal assistance during active shooter incidents and mass killings (defined as three or more at one location) in public places at the request of state or local law enforcement. The Department of Justice, acting through assignment to the FBI, is the lead federal agency for crisis management (law enforcement response) of the event and the Department of Homeland Security (DHS) is the lead federal agency for consequence management (including actions taken to protect public health and safety) of terrorism acts.

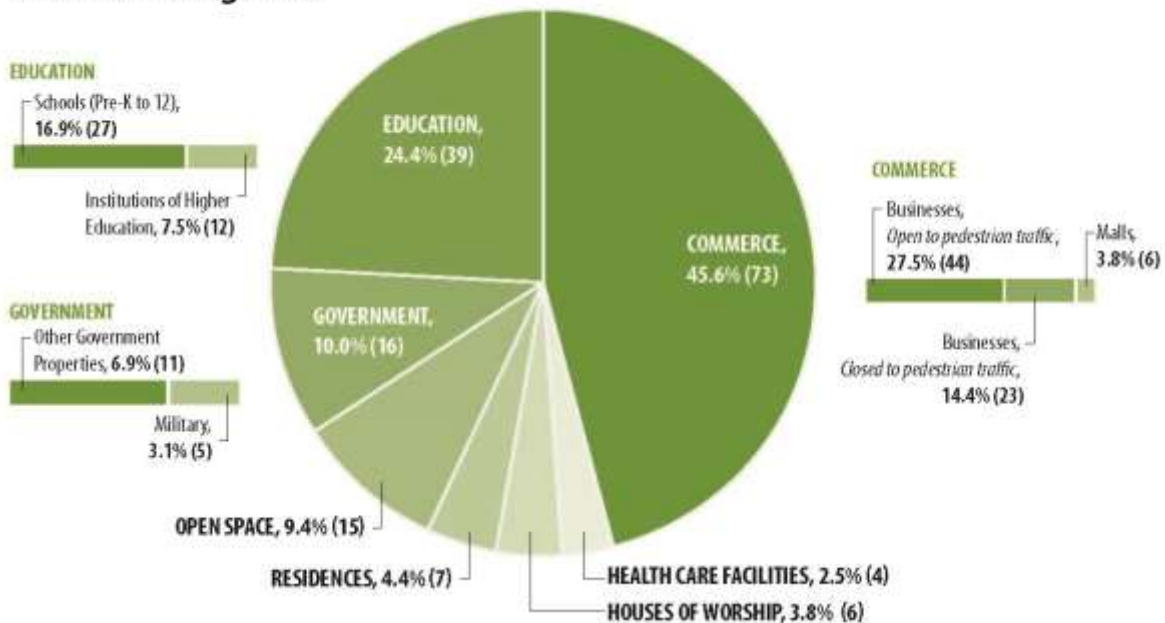
The Department of Health and Human Services (HHS) will activate public health capabilities, including fatality management. During crisis management, the FBI coordinates closely with local law enforcement and other federal authorities, including HHS. Local and state governments will continue to exercise primary authority to respond to the consequences of terrorism and the federal government provides assistance as determined by the President.

If the FBI leads the investigation of a crime scene, their Office for Victim Assistance (OVA) may be deployed. The OVA is responsible for ensuring that crime victims are afforded the opportunity to receive services as required by federal law to provide emergency assistance to families of victims murdered in terrorist attacks. If the incident involves an air or rail carrier, the NTSB's TDA may assist the OVA with family assistance support.

The JP and the FBI may determine that the FBI should manage the task of search and recovery of remains.

An FBI study analyzed information on 160 shooter incidents between 2000-2013. At least 15 percent involved shootings at more than one location. Forty percent met the criteria above of mass killings. Where these events occur will determine the extent of open or closed populations.

A Study of 160 Active Shooter Incidents in the United States Between 2000 - 2013: Location Categories

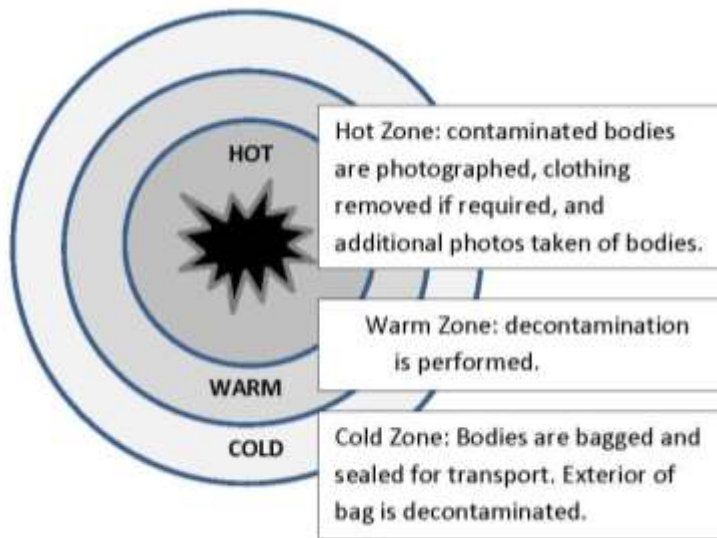


Active shooter incidents result in significant psychological consequences on the survivors, responders, fatalities' families, and the community to be managed through the family assistance center. Certain studies have shown that local control of the psychological intervention was vital.

Terrorism tactics can include weaponized CBRNE agents, creating an extremely hazardous environment. Fatality management may be delayed while determining the agent involved and its lingering and long-term effects.

The coordination of law enforcement and the hazmat team with the JP's inquest needs may become a challenge as multiple response agencies add to the incident's complexity. During terrorism events the JP, through IC, will jointly coordinate the remains recovery efforts with the FBI.

Recovery of contaminated bodies will need to be conducted in phases by zones established and controlled by Hazmat material experts:



After the IC deems the site secure, an evaluation team enters to size up the situation and determine the correct path of response. This team is typically assembled from a LE, hazmat, a forensic specialist representative and a JP designee. (The JP would need to be suited and trained on the proper use of PPE and cannot enter the site until it is safe to do so.) If not rendered safe, the JP must be able to designate another who can operate in the Hot Zone and perform the evaluation. The JP can then consider the best approach for processing contaminated remains with other agencies processing the scene.

Through phased zone recovery, mitigation of all cross-contamination and unnecessary exposure to agents is attempted. On-going chemical agent monitoring may be required through specialized teams. The JP, public health, and SMEs finalize any decision that the level of decontamination on remains is sufficient or what level of risk is acceptable for further processing. Under catastrophic circumstances, resources are limited and adequate decontamination may not be possible. Any administrative equipment used, such as bar code systems and computers may become irreversibly contaminated. The JP will have to determine how to address contaminated personal effects.

Mitigating contamination requires:

- Determine what monitor reading will signify that remains are “clean”
- Determine what level of PPE and precautions for each phase of the MFI
- Determine dedicated storage and transportation requirements
- Determine under what conditions, if any, remains can be safely released to the family

The JP must have at disposal a sufficient number of personnel capable of working each zone. PPE will quickly fatigue responders and rotating teams may be required. PPE will also limit dexterity. Many may not have the PPE capabilities required.

In the Hot Zone, tasks will need to be performed to document the scene and preserve evidence, removing and tagging remains and personal effects in PPE is more difficult and time-consuming. This will result in extended cold storage needs as bodies are removed and decontaminated at a slower rate.

In the Warm Zone, a field collection point will allow for an initial external evaluation and preliminary identification checks as well as further decontamination.

- Separate storage must be utilized for pre- and post-processed remains
- Control and monitoring of remains storage must be maintained
- Waterproof tags must be used to withstand saturation
- Biometrics, including fingerprinting, can be accomplished at this stage

In the Cold Zone, adequate bagging to contain all body fluids provides additional cross-contamination mitigation. Redundant bagging may be required, bringing into play more resources needed.

Inability to effectively decontaminate remains directly affects the decisions concerning their disposition. The JP and the public health agency with authority may choose to place conditions on the release of remains, such as a closed casket or use of specialized containerization, oversight of burial or enforcement of cremation.

The type of contamination will influence morgue processing due to surface and internal contamination risks and the ability to perform autopsies, or conduct embalming. SMEs should be consulted.

Transportation of contaminated human remains must comply with all established national and international agreements, laws, and regulations provided by public health authorities and carriers.

The inability to process either contaminated or massive numbers of remains, or the time it takes to do so, may inhibit the typical disposition of remains to families. Conditions may have to be placed on the release of remains or the type of interment or cremation.

Temporary interment of contaminated human remains poses a much larger problem than interment of non-contaminated human remains. Interment does not necessarily kill all biological, chemical, or radiological agents. Some remain resistant or dormant underground. Contained, temporary interment may be considered for operational requirements, to prevent contamination from spreading, or to support decontamination through natural chemical or biological decomposition.

For any type of explosive or crash event that results in searching for remains within a debris field, decisions will have to be made on where debris will be moved for further sifting for remains and for the final disposal of debris material. Debris fields are often large and remains

and effects are scattered in wreckage, nearby structures, and natural terrain. Remains are often difficult to locate and/or extricate. The JP, in collaboration with the Recovery Unit must determine which search patterns to use and what field numbering system is most appropriate for tagging remains and effects.

For radiological agent MFIs, there may, or may not, be death by exposure with measurable levels of contamination. Radiation surveys must be done on each remain. A short guide for radiation management of the deceased can be found at <http://www.remm.nlm.gov/deceased.htm#nocontam>.

The following federal agencies may become involved in consequence management of a CBRNE event:

Environmental Protection Agency (EPA)
<p>The EPA serves as a support agency to the FBI for technical operations and as a support agency to FEMA for consequence management. The EPA provides technical personnel and supporting equipment to the lead Federal agency during all aspects of a WMD terrorist incident. Assistance includes:</p> <ul style="list-style-type: none"> • Agent identification, detection, and reduction • Environmental sampling • Sample and forensic evidence collection and analysis • Feasibility assessment and cleanup • Onsite safety, protection, prevention, decontamination, and restoration
U.S. Marine Corps Chemical Biological Incident Response Force (CBIRF)
<p>The U.S. Marine Corp maintains a force that, when requested, can forward deploy to a credible threat of a CBRNE incident in order to assist local agencies to conduct consequence management operations. This capability includes:</p> <ul style="list-style-type: none"> • Detect and identify agents • Perform casualty search, rescue, and personnel decontamination • Provides emergency medical care and stabilization of contaminated personnel
Department of Energy (DOE)
<p>The U.S. DOE will activate nuclear response capabilities to support the federal response to threats or acts of nuclear/WMD terrorism. DOE’s Emergency Assistance Program includes all activities whereby departmental resources, interagency plans, international agreements, Presidential direction, and State, local or tribal agreements of mutual aid. The Federal Radiological Emergency Response Plan (FRERP) has been developed jointly by Federal agencies to guide Federal response to a peacetime radiological emergency. The DOE may coordinate with individual agencies that are identified in the FRERP to use the structures, relationships, and capabilities described in the FRERP to support response operations that include:</p> <ul style="list-style-type: none"> • Onsite management • Radiological monitoring and assessment of ground and airborne contaminants • Development of federal protective action recommendations

- Provision of information on radiological response to the public
- Search operations
- Access operations
- Render-safe operations
- Containment, relocation, and storage of special nuclear material evidence
- Post-incident cleanup.

ATTACHMENT 6: RESPONDER HEALTH AND SAFETY

GENERAL

All teams handling dead bodies should receive

- Immunizations as appropriate
- Training in blood borne pathogens, personal protective equipment (PPE), and proper lifting techniques
- Thorough briefings
- Sufficient respite
- Oversight by IC safety officer

Safety

It is the deploying agencies' responsibility to ensure that first responders are qualified, trained and properly equipped to fulfill their assigned mission.

On-site responder safety is managed through the incident command structure. A safety officer should be appointed to oversee all aspects of MFI operations. Keep in mind that typical responders may not have the standard of training in handling the situation that law enforcement, firefighters and EMS has. Conduct safety briefs at the beginning of each shift.

The incident site must be determined safe of hazardous materials and conditions before recovery can begin. Depending on the type of incident, many environmental and debris hazards will still exist:

- Wreckage
- Sources of ignition
- Contaminates
- Unexpected ordnance and ballistic devices
- Confined spaces
- Structural collapse
- Dangerous animals and insects
- Pathogens
- Tetanus bacteria

Working in PPE (particularly in warm weather) and/or under stress adds significantly to the fatigue rate. Factor in the typical Central Texas hot, humid climate for heat exhaustion. Physically moving remains requires sufficient personnel with correct training to avoid injury. It takes 4-6 handlers to move a body. If bodies are moved over barriers, there should be a team on each side of the barrier. If bodies are stored on shelving units, units should not be more than waist high to prevent injury to handlers.

Contrary to common fear, there is little to no communicable disease risk to the public not in contact with the remains. Public health officials and PIOs should be utilized for accurate messaging to dispel misinformation and relieve pressure on the response. It is important to recover the remains properly rather than hastily to allay fear.

CBRN disasters could contribute to a public health hazard if decontamination or mitigation efforts do not reverse or contain the contamination. Any improper collection, transportation and disposition of remains could compromise responder as well as public health.

Responders are at risk for pathogens, even if the cause of death is not by a contagious disease. Exposure can occur through direct means with the remains' blood, body fluids and tissues, or indirectly through contact with contaminated surroundings, clothing, or body bags.

- Blood borne pathogens (such as Hepatitis B and C and HIV) can be transmitted through exposed skin breaks or mucous membranes.
- Organisms that exist in the gastrointestinal tract (such as rotavirus diarrhea, salmonellosis, E. coli, typhoid/paratyphoid fevers, hepatitis A, shigellosis and cholera) will leak as fecal matter.
- Tubercle bacilli (tuberculosis) can transmit through the expulsion from the respiratory tract due to the putrefaction process when the body is moved.
- Although present in digestive tracts, tetanus cannot be transmitted from handling remains as it cannot survive the presence of oxygen.
- Ebola virus (viral hemorrhagic fevers) can be transmitted through faulty handling of remains as the virus continues to live in leaking body fluids.

Consult with public health departments and appropriate health care providers to identify preventative strategies that may be necessary to respond to or prepare for a disaster or public health emergency. To mitigate the risk of exposure, follow local agency protocols. For biological agents (anthrax, plague, smallpox) vaccinations or antibiotics may need to be administered to high risk responders. All personnel may need to be screened for fever and other signs of exposure.

Behavioral Health

All disaster responders, including the recovery personnel and the JPs accustomed to managing standard fatalities can experience a broad range of unexpected reactions to a mass fatality event. Some of these reactions may cause enough distress to interfere with adaptive coping.

- All responders must be briefed at the beginning of each shift on what they may encounter
- Limit on-duty work hours to no more than 12 hours/day
- Make work rotations from high stress to low stress functions and from scene to routine assignments, as practical
- Responders should pair up with a buddy to check for reactions for follow-up
- Respite areas should be set aside for responders

- Take notice that certain foods served on breaks could conjure negative perception if visually associated with body parts
- Responders should end each shift with a behavioral health assessment
- Keep response workers informed through updated end-of-shift briefings

The deploying agency is responsible for post-deployment follow-up. Law enforcement or firefighter critical incident stress experts (CISD), chaplains, county case workers and social workers may be used considered for behavior health counseling.

Emergency management, JPs and disaster relief organizations can download a Psychological First Aid Field Operations Guide at: <http://www.ptsd.va.gov/professional/manuals/psych-first-aid.asp>.

In the event that deploying agency resources are unavailable, the DSHS Texas Critical Incident Stress Management (CISM) Network of teams is able to conduct needs assessment, coordinate and provide critical incident stress management (CISM) services to disaster workers and certified first responders. CISM is designed to help prevent or mitigate disabling stress among emergency responders in accordance with the standards established by the International Critical Incident Stress Foundation (ICISF). The foundation has a hotline to provide referrals to agencies in need of support following an incident <http://www.icisf.org/get-cism-support/>.

Incidents that result in line-of-duty deaths (LODD) will be particularly difficult on responders and the community as there must be a continuation of operations during a time of difficult grief and guilt reactions. In this case, a task force or incident management team may be mobilized to oversee the responders' remains handling and provide support to families and colleagues.

ATTACHMENT 7: COMMUNICATIONS

GENERAL

Dispatch

Notification to the JP will likely come through the affected jurisdiction's routine channel of communication. At the time of dispatch, the JP or the designee on duty at the time of the incident will benefit from knowing crucial data about the incident for which fatalities have been reported:

- Estimated number of fatalities
- Type of incident
- Indication of contagious illness
- Geographic extent of remains
- Where it happened
- Agency in charge (IC commander)
- Law enforcement with jurisdiction
- Crime suspected
- Instructions to access scene if in some way obstructed
- Whether site safe for entry or zones established

Interoperability

Given the number of agencies involved in the response, interoperability between systems may become an issue. Reliable, regular communications between the incident command post, the EOC, the JP, and essential staff with morgues, funeral homes, supporting health agencies, and all other MFI related entities involved will need to be established.

- Mitigate interceptions by imposing secure communication modes
- Consider targeted list regional notification system (RNS) and WebEOC mobile app as feasible modes
- Dedicate a conference call strategy to coordinate outside consultation and guidance

Public information

The JP has a significant role in the coordination and approval of information released to media regarding the fatalities and should be the face seen by the media when making death announcements. If the JP is not comfortable with speaking to media, consider requesting a willing JP to address media. If there is not another JP available, and another agency representative makes the announcement, the JP should be present.

Consider preparing talking points with guidance from a public information officer (PIO) that address key concerns in a consistent manner, such as: identification methods, disposition options, issuance of death certificates, and matters related to unidentified remains.

If a trained PIO from the JP office is not available to manage media and the release of information, consider:

- EOC may assign a dedicated PIO
- Public health authority may assign a dedicated PIO

The ideal situation would allow for field PIOs to cover the recovery site, the morgue, and the family assistance center separately coordinating through a joint information center (JIC) representing other response agencies involved as well.

The media can provide a valuable role:

- Dispel myths about public health risk
- Broadcast call numbers for missing persons inquires
- Calm anxiety through timely updates
- Mitigate for social media misinformation

PIO and LE security should collaborate on procedures to:

- Protect the privacy of those who do not want to be interviewed, including both family members and responders
- Remind the media of the critical objectives and the need for professional protocols
- Require media to present credentials
- Ensure safety of media and dignitaries when on site

Families should also be told if the name and age of their loved ones will be released to the press. Families should be asked how long they need to notify the rest of their family and friends before that information is released to the media.

The fact of death (name, date, place) is public information; however the release of a death certificate is restricted. Medical confidentiality is not surrendered once a person is declared dead. A death certificate is not considered to be an open record for 25 years. In Texas, autopsy reports may be considered subject to open records compliance. The investigative medical reports reviewed to determine the cause of death are not part of the autopsy report. Policies and regulations regarding open records and confidentiality should be reviewed at the time of the event.

Identification of Decedent Requests

Beyond the need to identify who the decedents are, there also is the need to identify and communicate with the family members missing loved ones to provide them with information and services. Families will need instruction on how to comply with ante-mortem specimen requests.

Educating and informing the decedent's families, officials, the media, and the public on how ante- and post-mortem data are matched for identification purposes requires:

- Public education

- Communication

DPS maintains a website <https://www.txdps.state.tx.us/mpch/> that is used to disseminate information regarding unidentified persons.

Missing Persons Clearinghouse

- The JP is required to report decedent information for missing persons inquiries not later than the 10th working day after an inquest commences. The information is relayed to local law enforcement to enter into the missing children and missing persons information clearinghouse of the Texas Department of Public Safety and the National Crime Information Center.
- JP shall request a physician to collect samples from unidentified human remains to be submitted to the North Texas DNA Center for forensic analysis and inclusion into the DNA database
- DPS clearinghouse should be notified immediately upon identification of a decedent

The U.S. Department of Justice The National Missing and Unidentified Persons System (NamUs) <http://namus.gov/> is a national centralized repository and resource center for missing persons and unidentified decedent records. NamUs is a free online system that can be searched by medical examiners, coroners, law enforcement officials and the general public from all over the country in hopes of resolving these cases.

The Unclaimed Persons database (UCP) contains information about deceased persons who have been identified by name, but for whom no next of kin or family member has been identified or located to claim the body for burial or other disposition.

- Only medical examiners and coroners may enter cases in the UCP database.
- The database is searchable by the public using a missing person's name and year of birth

In addition, the American Red Cross (ARC) offers "Safe and Well" for displaced persons after a disaster to register their status.

Medical Privacy

The federal Health Insurance Portability and Accountability Act (HIPAA) restricts disclosure of public health information (PHI) held by health care providers. PHI generally includes any individually identifiable health information about a patient. However providers may disclose protected information to:

- LE for the purpose of identifying a missing person, but the information must be limited to basic demographic and health information
- Funeral directors to carry out their duties
- JP for the purpose of identifying a deceased person, determining a cause of death. The entity that performs the duties may use protected health information to this purpose.

- Public or private entity (such as American Red Cross) authorized by law or by its charter to assist in disaster relief efforts to assist in the notifying, identifying, or locating persons

Law enforcement agencies that take missing persons inquiries must ask family members to sign release forms for the release of the missing person's dental and medical records. The forms and requirements for the release of dental and medical records for missing persons is covered under *Texas Code of Criminal Procedure Chapter 63*.

The *Texas Medical Privacy Act of 2012*, codified in *Texas Health and Safety Code, Chapter 181*, expands on privacy protection is more stringent than HIPAA and grants enforcement authority to state agencies. The Texas statute defines covered entities as "any person who...comes into possession of protected health information."

All records and data must be kept secure and confidential because they are most likely protected by the HIPAA and/or *Texas Medical Privacy Act*. No information will be released to any person(s) or agencies without proper authorization from JP. In Texas, for a covered entity that is a governmental unit, an individual's protected health information is not public information and is not subject to disclosure under *Chapter 552, Texas Government Code*. The code does not prohibit the American Red Cross from accessing any information necessary to perform its duties to provide disaster relief.

Establishment of a Call Center

The call center should be activated as soon as possible after an incident, ideally within two hours and should operate 24/7:

- Can be located off-site, and does not need to be physically located at the FAC
- Can be solely phones or phones and e-mail
- Must be staffed to handle translation/interpretation/deaf communications services
- All information is strictly confidential. Do not release information on an individual's status. It is the responsibility of another entity to contact the missing person's next of kin.

Agencies that might be able to manage a call center include:

- Emergency management
- 911 center
- Community mental health services
- Salvation Army or the American Red Cross

The Call Center serves three primary functions:

- Provides a centralized number for families or the public to call regarding inquires about their loved ones (this may help reduce the number of calls to other local emergency lines, such as 911, or to hospitals)
- Collects missing person's reports regarding individuals that are unaccounted for following a mass casualty or mass-fatality incident

- Serves as the primary communication point for families and to funnel and triage all calls to the FAC

A resource information binder is recommended at each phone station with Family Assistance Center information:

- Points of contact phone numbers
- Scripts for frequently asked questions (see Attachment 9: FORMS for a sample script)
- Daily family briefing updates
- Lists of injured, unaccounted for, and casualties
- Press releases
- Services that are available at the family assistance center
- Local area lodging information
- Transportation information
- Referral to Ante-mortem Data Collection Team for collecting sensitive victim and family information
- Referral to DNA personnel (Ante-mortem Data Collection Team) to provide guidance on questions such as whether it would be helpful for a certain family member to provide a kinship DNA sample
- Referral to Mental Health Team or Spiritual Care Team when caller is in immediate need of help beyond what is provided in call center

The following are recommendations regarding call center operations:

- Call center operations should be coordinated with designated PIO or Joint Information Center
- Call takers should log each call and have forms or a database available to document information about each caller, the person they are calling in regards to, and how the call was managed

Family Briefings

It is imperative that information is provided to the families as soon as possible, before being released to the media. The specific content of each family briefing will depend on the situation. The PIO or designated briefer should work with the JP, the FAC Director and other response agencies to develop the agenda for each briefing. The FAC Director should attend all briefings and be available after each briefing to meet with families one-on-one at a designated area. Other agency representation may vary according to the circumstances. Representatives from law enforcement, search and recovery, and morgue operations should be available to provide updates.

In the event of a violent crime, families in emotional distress will want answers to whether their loved suffered and will want to be comforted by what they hear. In these incidents, there is a great need to collaborate with LE on what is appropriate to communicate. The information the

families receive from the FAC and the JP must be consistent with information provided to the prosecution to use at sentencing hearings.

Agendas should include:

- Rescue and recovery efforts
- Victim identification efforts
- Investigative updates
- Site visits or other planned events
- Disposition and return of remains
- Return of personal effects
- Description of services available at FAC

A conference call bridge is set up in the briefing room to connect to family members who are not on site. Arrange for translators as needed.

Death Notifications

The procedures for death notification are a component of a fatality communications strategy. Whenever possible, death notification should be made by a team rather than an individual.

The team should consist of several from the following:

- Representative of the JP's office
- Law enforcement
- Member of the clergy
- Victim assistance representative
- Mental health professional
- And possibly a medical professional

The notification team should be well briefed on the information being provided to the families so they can answer as many questions as possible. A fact sheet that contains relevant information can be left with the family for later reference, because family members may forget to ask questions at the time of the notification.

Next of kin who are out of town should always be notified in person:

- Contact the sheriff or chief of police in the distant community to request coordination of notification
- Provides the notifying law enforcement agency with a letter from the JP that contains information about the deceased and the name and contact number for the JP in case the family has questions
- Recommend the American Red Cross or a state victim assistance agency provide mental health professional

Again, teams should be prepared to answer questions and assist families with any needs they have, including transportation, funeral arrangements, and spiritual and mental health counseling.

A death notification for a victim whose body is not intact must include asking 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

Inquest Case Files

The JP is required to make an inquest record for every inquest conducted recording the events, proceedings, findings, and conclusions of the inquest. The record must also include any autopsy prepared in the case and all other papers of the case. All papers of the inquest record must be marked with the case number and be clearly indexed and be maintained in the office of the justice of the peace and be made available to the appropriate officials upon request.

Vital Records

Death registration requires a cooperative effort between the funeral director or other person accepting responsibility for disposition of the body; the JP, (or attending physician) as the medical certifier of the cause of death; and the person providing personal data on the decedent.

A death certificate is the only official legal record of an individual's death and is extremely important to the family of the decedent. The information recorded on the death certificate is used for application of insurance benefits, settlement of pension claims, and to transfer title of real and personal property and can be produced as evidence in a court of law.

The district registrar is the custodian of local birth and death reports. The registrar may be a JP, county clerk, or a municipal clerk in cities over 2,500.

The local record of death must be filed and medically certified electronically with the DSHS, as specified by the state registrar.

Texas Electronic Registrar (TER) Death Registration
<ul style="list-style-type: none">• TER is an online system through internet access; requires registration• A Report of Death is available electronically to the local registrar.• Users may start and complete their portions of the death certificate without having to

wait for the other parties to complete their portions.

- Licensed funeral directors, physicians, and justices of the peace may electronically sign, certify, or verify the death certificate.
- The physician or justice of the peace is notified electronically to complete their section of the certificate.
- Medical amendments to the certificate can be completed online.
- Recommended system requirements:
 - Computer with a 1.0 GHz processor or faster
 - 512 MB or more of RAM
 - Web browser with Flash Player
 - Internet access with 56K or better
 - Adobe Acrobat Reader

Deaths of Foreign Nationals Notification

In the case of a death of a foreign national, a proper authority must ensure that the nearest consulate of that national's country is notified of the death without delay. This will permit the foreign government to make an official record of the death for its own legal purposes. It may help ensure that the decedent's family in the foreign country is aware of the death. Death notification is provided to consulates directly by a competent authority, which can be either law enforcement or the justice of the peace. The US Department of State urges contact that be made to consular offices without delay, even if outside of normal work hours. The notification can be by fax or email, or telephone.

Consular offices may help identify the body, notify next of kin and help obtain and authenticate relevant documents. Be aware that federal or state privacy laws may impact whether you can provide consular officers with a deceased foreign national's medical information. In this respect, the Department of State will provide guidance.

In the event of a large scale incident, the Department of State may convene a task force to coordinate with appropriate federal, state, local agencies.

Contact information for foreign consular offices in the United States is available at <http://travel.state.gov/CNA>.

ATTACHMENT 8: SOURCING

GENERAL

Legend:

- L—Available locally
- M—May be available via Mutual Aid
- S—Available from the State of Texas
- X – Emergency purchase/Procurement

	RECOVERY UNIT RESOURCES	LOCAL GOVERNMENT				GOVERNMENTAL			ORGANIZATIONS			OTHER		
		JUSTICE OF THE PEACE	LAW ENFORCEMENT	FIRE/RESCUE	EMERGENCY MEDICAL SERVICES	EMERGENCY MANAGEMENT	MEDICAL EXAMINER OFFICES	PUBLIC HEALTH	STATE AGENCIES	TRAUMA REGIONAL ADVISORY COUNCILS	VOLUNTEER ORGANIZATIONS	SCHOOLS, UNIVERSITIES	HOSPITALS	FUNERAL HOMES	PURCHASE/PROCUREMENT
PERSONNEL	Body handlers to recover bodies		L	L,M	L			S					L	
	Medico-legal investigator	L												
	Scribes	L	L											
	Personal effects recovery trackers to ensure chain of custody	L	L,M					S						
	Remains transport drivers												L	
	Hazmat/decon specialists, if required			L,M			L, S							
	Field finger print technician		L, M											
	Forensic Anthropologist						L,M				L			
Cadaver dog team		L,M							L,M					
SEARCH AND RECOVER	Flags/stakes		L											X
	GPS units		L,M											X
	Markers	L	L											X
	Cameras	L	L											X
	Body Bags	L,M				L,M			M			L		
	Bio seal systems	L	L	L				S	M					
	Body/personal effects tags	L	L					S						X
	Personal effects pouches		L					S						X
	Backboards			L, M	L, M									
	Transport vehicles		L		L								L	X
Sealing tape	L	L					S						X	
TRANSPORT/STORAGE	Refrigerated trailers							S	M, S					X
	Body racks							S	M, S					
	MERC systems								M, S					
	Shelter kits				L				M, S					
	Tow vehicles/Prime movers			L, M	L,M			S						X
	Temp morgue storage facilities						M					L	L	
	Generators			L, M				L, S						X
	Dry Ice													X
	Protective Sheeting													X
PPE	PPE: Gloves			L				S				L		X
	PPE: Hardhats			L										X
	PPE: Face masks			L				S				L		X
	PPE: Goggles											L		X
	PPE: Boot covers							S						X
	PPE: Coveralls							S				L		X
DECON	Decon system			L, M				S						
	Chemical detection units			L, M				S						
	Bio Hazard Bags			L, M			L, S	S						X
	Water tanker			L, M				S						
	Decon Tent			L, M					M					
	Cleaning solutions			L,M				S						X
	Impervious floor covering													X
	Waste recapture system			L, M				S						X
Other														

		LOCAL GOVERNMENT				GOVERNMENTAL			ORGANIZATIONS				OTHER		
<u>MORGUE UNIT RESOURCES</u>		JUSTICE OF THE PEACE	LAW ENFORCEMENT	FIRE/RESCUE	EMERGENCY MEDICAL SERVICES	EMERGENCY MANAGEMENT	MEDICAL EXAMINER OFFICES	PUBLIC HEALTH	STATE AGENCIES	TRAUMA REGIONAL ADVISORY COUNCILS	VOLUNTEER ORGANIZATIONS	SCHOOLS, UNIVERSITIES	HOSPITALS	FUNERAL HOMES	PURCHASE/PROCUREMENT
PERSONNEL	Admitters	L									L				
	Records manager	L													
	Body escorts	L	L	L											
	Fingerprint technician		L,M												
	DNA specialists						M		S						
	Pathology specialists						M		S		L				
	Odonatologists										L				
	Other														
ADMIT/PROCESS	Measuring devices														
	Cameras														
	Prep tables					L			S	M					
	Smooth movers								S	M					
	Morgue trays								S						
	DNA analysis		L,M									S			
	X-ray imaging														
	Autopsy equipment								S						
	ID tags								S						X
	Sealing tape	L	L				L,M								X
	Software/forms	L													
	Other														
FACILITIES	Portable morgue units						M		S	M					
	Incident morgue tent					M									
	Incident morgue facility					L	M								X
	Office set-up														X
	Computers														
	Other														
PPE	PPE: Surgical masks							S							X
	PPE: Gloves							S							X
	PPE: N-95 masks							S							X
	PPE: Tyvek suit							S							X
	PPE: Goggles							S							X
	PPE: Shoe covers							S							X
	PPE: Sanitizer							S							X
	Other														
PRESERVE/STORAGE	Cold storage facility								S					L	X
	Common tissue storage														
	Effects storage		L												
	Caskets													L	
	Embalming machine								S					L	
	Embalming fluid								S					L	
	Vaults													L	
	Preserving chemicals														X
	Temporary interment site								S						
	Other														

		LOCAL GOVERNMENT					GOVERNMENTAL			ORGANIZATIONS			OTHER		
<u>FAMILY ASSISTANCE CENTER UNIT RESOURCES</u>		JUSTICE OF THE PEACE	LAW ENFORCEMENT	FIRE/RESCUE	EMERGENCY MEDICAL SERVICES	EMERGENCY MANAGEMENT	MEDICAL EXAMINER OFFICES	PUBLIC HEALTH	STATE AGENCIES	TRAUMA REGIONAL ADVISORY COUNCILS	VOLUNTEER ORGANIZATIONS	SCHOOLS, UNIVERSITIES	HOSPITALS	FUNERAL HOMES	PURCHASE/PROCUREMENT
PERSONNEL	Reception										L				
	Records managers										L				
	Victim ID specialists		L												
	Mass care servicers										L				
	Clergy										L				
	Counselors							L,M							
	Safety officer					L									
	Public Information Officer	L				L		L							
	Call center staffing										L				
	Drivers										L				
ADMINISTRATION	Secure facility														X
	Office set-up														
	Communications														X
	Call center facility														
	Badging system										L				
	Transportation														
	Computers														
	DNA swabs								S						
	Software/forms					L									
	PPE: gloves							M		M					

ATTACHMENT 9: QUICK REFERENCE GUIDE TO MFI OPERATIONS

OVERVIEW

MFI planning suppositions include:

- Majority of MFI occurrences will require inquests
- Other agencies may assume jurisdiction over a scene; the JP retains custody of body
- The identification of unmet resource needs defines a MFI
- JP operates within ICS to oversee fatality management

The JP’s medico-legal requirement to conduct inquests as required under the *Texas Code of Criminal Procedure Chapter 49 Subchapter A* is not relinquished during an event that results in mass fatalities.

The pronouncement of death and the certification of death are different functions. In the field, a pronouncement of death typically comes after a qualified responder, upon observing obvious signs of clinical and biological death, acts at the scene to call a physician with a description of the presumed fatality, and subsequently acts upon the physician’s order of a pronounced death. Protocols may vary between jurisdictions and may further change when confronted with a MFI. Once death is pronounced, all remains associated with that fatality may not be disturbed (except under narrow emergency conditions) until the JP approves removal. The timeline for completing appropriate vital records commences.

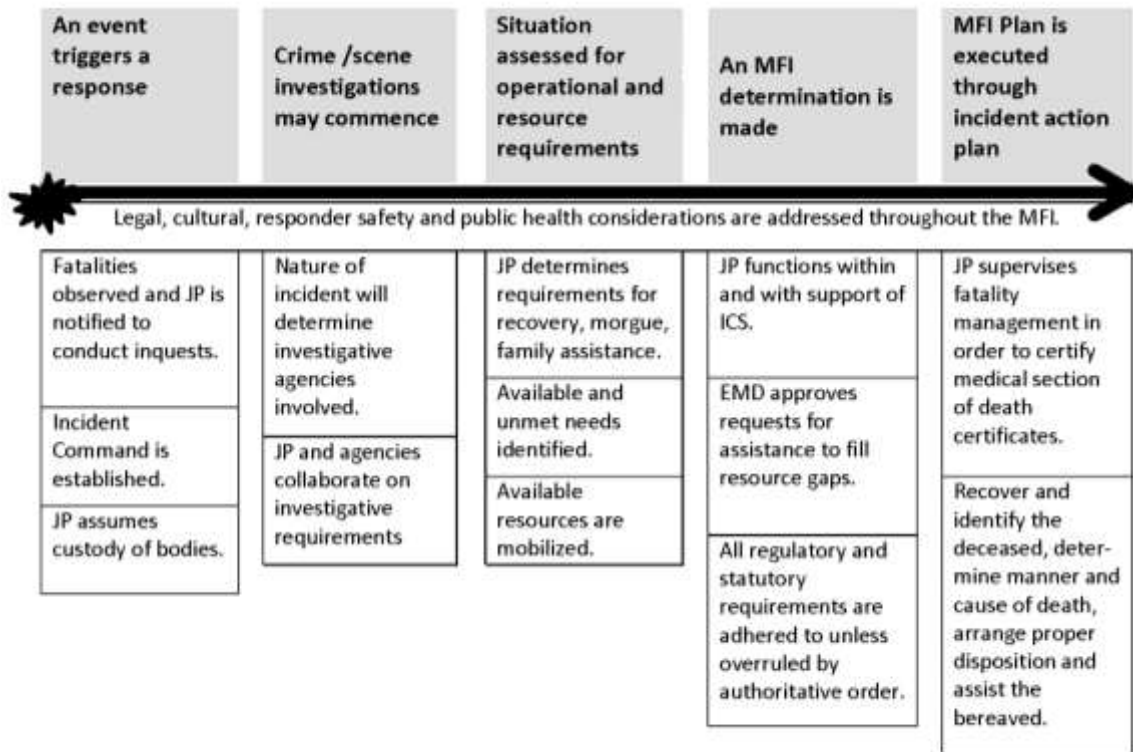
The complexity of the event will indicate that a mass fatality incident response is necessary.

The following wallet card information can be used to quickly assess the situation:

Wallet Card

<p>JP required fatality details at notification:</p> <ul style="list-style-type: none"> • Estimated number of fatalities • Type of incident • Agency in charge (IC) • LE with jurisdiction • Ongoing response efforts • Geographic extent of remains • Crime suspected • Where it happened • Instructions to access scene if in some way obstructed • Whether site safe for entry or zones established <p>MFI TRIGGER: CANNOT HANDLE WITH STANDARD CONTACTS Prepare yourself for a broad range of reactions</p>		<table border="1"> <tr> <td> <p>OPEN POPULATION</p> <ul style="list-style-type: none"> • Names of decedents not established • Recovery timeline moderate • Requires complex ante-mortem data collection • Conventional id possible • Greater DNA required • Re-association timeline lengthened </td> <td> <p>FRAGMENTED REMAINS</p> <ul style="list-style-type: none"> • Names of decedents not established • Recovery timeline lengthened • Requires complex ante-mortem data collection • Conventional id not possible • Extensive DNA required • Re-association timeline extensive </td> </tr> <tr> <td> <p>CLOSED POPULATION</p> <ul style="list-style-type: none"> • Names of decedents established • Recovery timeline short • Timely acquisition of ante-mortem data expected • Conventional id possible • Minimal DNA required • Re-association timeline short </td> <td> <p>INTACT BODIES</p> <ul style="list-style-type: none"> • Name of decedents established • Recovery timeline lengthened • Timely acquisition of ante-mortem data expected • Extensive DNA required • Re-association timeline lengthened </td> </tr> </table>		<p>OPEN POPULATION</p> <ul style="list-style-type: none"> • Names of decedents not established • Recovery timeline moderate • Requires complex ante-mortem data collection • Conventional id possible • Greater DNA required • Re-association timeline lengthened 	<p>FRAGMENTED REMAINS</p> <ul style="list-style-type: none"> • Names of decedents not established • Recovery timeline lengthened • Requires complex ante-mortem data collection • Conventional id not possible • Extensive DNA required • Re-association timeline extensive 	<p>CLOSED POPULATION</p> <ul style="list-style-type: none"> • Names of decedents established • Recovery timeline short • Timely acquisition of ante-mortem data expected • Conventional id possible • Minimal DNA required • Re-association timeline short 	<p>INTACT BODIES</p> <ul style="list-style-type: none"> • Name of decedents established • Recovery timeline lengthened • Timely acquisition of ante-mortem data expected • Extensive DNA required • Re-association timeline lengthened
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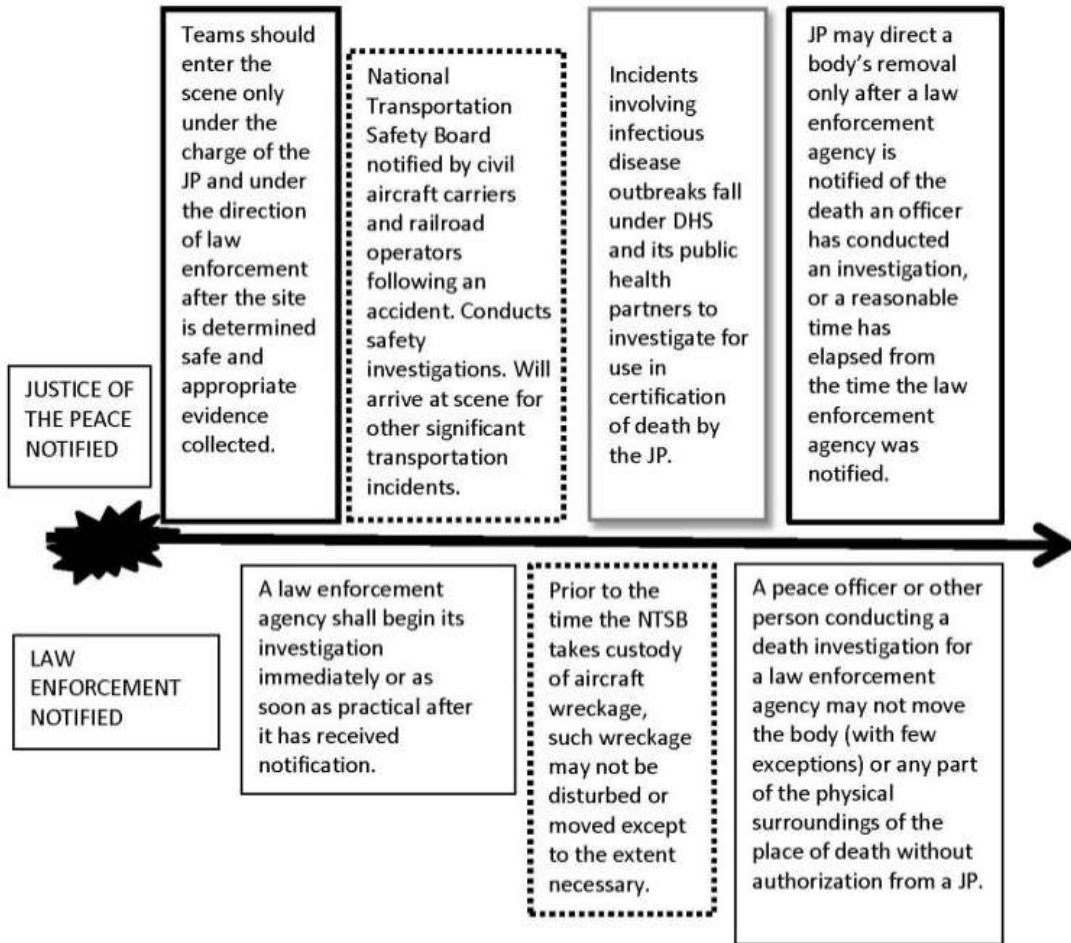
Summary of the Concept of Operations for a MFI



AGENCY COLLABORATION

Multiple agencies may have responsibilities at the investigative level and each will act in a collaborative role:

- Death investigation
- Crime investigation
- Transportation safety investigation
- Public health investigation



FATALITY MANAGEMENT CASELOAD

Fatality management requires carefully managed paperwork to organize and track an expanding amount of material and data.

Under MFI circumstances, a funeral director will not assume prompt custody of a body, as is customarily practiced. It will fall upon the JP, who retains custody for an extended period of time, to initiate paperwork and meet submittal deadlines unless, and until, regulations covering certain aspects of death management and vital statistics are suspended by the governing authorities. In addition, the caseload will be compounded by the ongoing death occurrences within the county.

PRONOUNCE DEATH	WITHIN 24 HOURS	AFTER 48 HOURS UNLESS WAIVED IN WRITING	WITHIN 10 DAYS	WITHIN 5 DAYS OF RECEIVING DEATH CERTIFICATE FILED	WITHIN 10 DAYS	AT LEAST 10 DAYS AFTER CATASTROPHE	AT ANY TIME
Assume Custody	File Report of Death	Cremation allowed with burial-transit form and certificate stating that autopsy was performed or not necessary	File certificate of death to local registrar	Complete the medical certification	Report to Missing Persons Clearinghouse	Certificate of death by catastrophe can be issued	File medical certification amendment for pending investigation or new medical information

In Texas, all funeral service providers and medical certifiers are required to file death certificates in TER: Texas Electronic Registrar services. Registration into the system is required.

For more information on additional forms and death records required see DSHS Handbook on Death Registration:

<http://www.dshs.state.tx.us/WorkArea/DownloadAsset.aspx?id=8589981366>

The capability to fulfill all identified tasks for each MFI unit may be limited regardless of the level of assistance. It is important to manage the expectations as to what can be accomplished with available resources.

ESTIMATED RESOURCES FOR RECOVERY UNIT

General

The recovery should not imperil the responders, disrespect the remains, nor compromise the scene investigation.

The recovery unit incorporates the:

- Locating remains and making death pronouncement
- Documenting identifying features and cause of death conditions
- Retrieving of remains and personal effects
- Transporting to temporary holding morgue, as necessary
- Decontaminating, as necessary
- Transporting to incident morgue

An initial investigative team comprised of the JP (or a designee), a Law enforcement investigator, a scribe, and a crime scene technician initiates the inquests.

Operational considerations (See Checklist for standard tasks):

Investigative team documents condition of remains and relationship to surroundings	Search team marks locate remains	Recovery team tags and tracks remains, including fragments and personal effects	Handler team removes bodies
<ul style="list-style-type: none"> • Recommended Investigative Team: <ul style="list-style-type: none"> ○ JP (or designated investigator) ○ Law enforcement investigator ○ Scribe ○ Crime scene technician • LE assesses as crime scene and identifies evidence requirements • Scribe logs all information on position, characteristics, personal effects • Crime scene tech photographs position, characteristics, personal effects 	<ul style="list-style-type: none"> • Remains, fragments, and personal effects may first be located with flags, stakes, paint, or other durable marker. • Remains and personal effects should be color coded • Extrication directed to not cause additional trauma to remains • SME on tissue and bone recognition may be required • Debris may have to sifted and relocated • Urban S&R, structural collapse, water rescue SMEs and methods may be required 	<ul style="list-style-type: none"> • Each remain, fragment or personal effect not attached to a body requires separate bag and unique tracking number • Recovery does not attempt to match non-associated remains or effects • Paint, chalk, masking tape or other suitable marker is used to mark location/ • position of remains after removal for further investigative purpose 	<ul style="list-style-type: none"> • Need 4-6 persons to pick up bagged body; remains to be lifted over barriers need additional personnel on other side • Body bags with full zippers, or extra-large envelope style bags may be easier for handler to bag • Containerized remains tagged on body are also marked on bag • For multiple incident sites, an interim collection site may need to be identified • SME for in situ fingerprinting may be required • Final, secure sealing of highly contaminated remains may be required

Recovery Tracking Systems

Field tracking numbers unique to every remain and personal effect found transfer to a number of fatality management forms and tracks chain of custody as all remains and personal effects are moved from the site to the morgue.

(Later, at the morgue and family assistance center additional documentation will be obtained and a separate morgue reference number system may be implemented to cross-reference ante-mortem and post-mortem specimens and records with the remains.)

Operational considerations (See Checklist for standard tasks):

A field tracking system needs to be adopted at onset of incident	Facilitates investigation	Morgue reference numbers
<ul style="list-style-type: none"> • Make as uncomplicated as possible as team may need just-in-time training • Should be consecutive and non-repeating • Should include prefixes that describe description, location recovered, date, and handler • Separate from case number but case number should be incorporated into system • Reliable system should be identified pre-event 	<ul style="list-style-type: none"> • Relates each item back to location marker • Keeps separate MFI cases from standard caseload • Copious data becomes convoluted if not methodically managed • Should allow for cross-sharing across site, morgue, and FAC • Establishes chain of custody 	<ul style="list-style-type: none"> • Morgue typically has separate numbering system to facilitate cross reference ante- and post-mortem records and specimens • Systems can be proprietary or in public domain

Decontamination of Remains

Subject matter experts and public health should be consulted on best methods:

- decomposition is a factor
- DNA integrity of the personal effects must not be compromised
- cross-contamination risk must be mitigated when transporting and storing
- containment may be paramount for safety if agent remains active

Operational considerations (See Checklist for standard tasks):

Containment	Decontamination removes or renders the agent inert	Manage expectations as well as safety
<ul style="list-style-type: none"> • Contaminated remains must be held separately and not commingled with the non-contaminated • Zones may need to be established for the process • Not only remains, but body bags after placement must be decontaminated • Personal effects are decontaminated if possible • Sealed containerization may be solution to mitigate contamination • Transport will need decon before putting back into service 	<ul style="list-style-type: none"> • Decontamination involves scrubbing and cleansing all body orifices completely • Depending on the type of chemical and level of contamination, and if remains are fragmented or have open body orifices, remains may need to be decontaminated a few times before mitigated • Upon decontamination, routine PPE should suffice for most agents • Decon can also involve x-ray for explosive matter • Residual radioactive shrapnel would require removal 	<ul style="list-style-type: none"> • Decontamination of biologic agents does not avail as easy to solutions, which becomes a significant issue not only during recovery but affecting the disposition of the body • It may be difficult to determine the level of PPE required for handling certain situations • It may not be possible to decontaminate the body completely • May require SMEs not readily available • State PH or the CDC may conduct testing

Transportation

Although funeral homes are standard resource for transport, the JPs' policies on routine usage may vary. If funeral home transport is not available or insufficient, IC may be required to allocate response resources:

- Vehicles should be enclosed, not open bed trucks
- EMS transport is not optimal solution due to its duty to transport injured
- Long-lasting stigma attached after usage
- All transportation should use consistent routes and have LE escort
- Transportation procured from private industry should be mitigated for long-lasting stigma perceived by the public
- Large transport trailers generally hold 20-25 bodies which can be increased with racking systems

After the first 24 hours, Texas code requirements tighten for the transportation of bodies and refrigerated transportation.

For public health disasters:

- People may die in quantity within residences
- As transportation assets for *in situ* remains recovery processing become scarce, caretakers may need to be instructed as to how and where to deliver bodies to collection sites

Operational considerations (See Checklist for standard tasks):

Refrigeration may be necessary	Consider transport logistics	Transportation procured through private companies	Transportation from residences and facilities
<ul style="list-style-type: none"> • Per Texas Code, after the first 24 hours temperature transporting bodies must be between 34-40F or bodies properly containerized, or embalmed • Heat and humidity cause decomposition to accelerate; clothing slows it down; submersion slows it down • Refrigerated storage does not stop decomposition, but merely slows it down 	<ul style="list-style-type: none"> • Transport may have multiple stages, i.e., from site to collection site to temporary holding, to decon, to incident morgue • Using refrigerated trucks for storage and transport eliminates unnecessary remains movement • Bodies should be moved as few times as possible to ensure integrity of the remains. • Vehicles must be able to maneuver receiving facility • All transportation requires manifests and escorts 	<ul style="list-style-type: none"> • Removal can be by truck, car or van but should be enclosed and non-permeable surfaces and flooring is preferable • Any identifying logos should be removed • Prepare to purchase private transportation after incident due to stigma attached 	<ul style="list-style-type: none"> • Transportation and storage of fatalities in health settings will need to be coordinated for morgue services • Other initial non-fatal casualties will die over a course and will require transport from sites separate from the incident site • As a result of a pandemic, S&R and transportation may be combined due to limited resources • With severely limited resources, private civilians may have to transport to collection sites

Temporary Morgue Storage

Consider that funeral homes, ME offices, hospitals usually have limited space and must continue to handle non-MFI caseloads. Processing of MFI decedents may be delayed due to space and personnel constraints. A temporary holding morgue may be required:

- Facility can be either permanent structure, refrigerated container or tent
- Refrigerated trailers can perform double duty for both transportation and temporary storage
- Allow for transport access
- Unprocessed and processed remains to be stored separately

Operational considerations (See Checklist for standard tasks):

Manage for delays	Potential facilities	Alternative solutions to consider	Extraordinary alternatives
<ul style="list-style-type: none"> • Depending upon the resources available for morgue services, bodies may have to remain in a temperature controlled holding (temporary morgue) site • Holding site may become long- term 	<ul style="list-style-type: none"> • Suitable facilities should maintain temperature at 34-37 degrees F: <ul style="list-style-type: none"> ○ Cold storage lockers ○ Conex boxes with power ○ Hangers ○ Warehouses ○ Refrigerated rail cars ○ Empty public buildings with industrial cooling capacity ○ MERC systems 	<ul style="list-style-type: none"> • If refrigeration is not available, the proper use of dry ice is an alternative • Embalming or chemical preservation may not be practical • Will religious/cultural rituals be an obstacle 	<ul style="list-style-type: none"> • If no alternative, temporary interment may be only safe option • Site location should be determined in consultation with the appropriate state agencies • All remains will need to be geocoded for disinterment

Alternative Cold Methods

If temporary refrigerated storage is not readily available during an MFI, alternative means must be considered, as necessary.

Operational considerations (See Checklist for standard tasks):

Dry Ice (carbon dioxide [CO2] frozen at 78.5 degree Celsius)	Not recommended: Packing in Ice	Not recommended: Ice-Rinks	Not recommended: Freezing	Temporary interment
<ul style="list-style-type: none"> • Approximately 22 lbs per each set of remains • Applied by building a low wall with it around groups of about 20 remains and then covering with a plastic sheet • Never placed on top of remains, even when wrapped • Requires handling with gloves to avoid "cold burns" • Requires good ventilation as dry ice emits carbon dioxide as it melts • Costly and often difficult to obtain during an emergency 	<ul style="list-style-type: none"> • Large quantities of ice are necessary to preserve a body even for a short period of time • Often used for emergency medical units during a major emergency causing competitive use of same resources • Results in large amounts of run-off water 	<ul style="list-style-type: none"> • A body placed on ice is only partially frozen causing it to stick to the ice making movement of the decedent difficult • Workers having to negotiate ice walkways pose an unacceptable safety risk 	<ul style="list-style-type: none"> • Causes cells to "pop" negating DNA • Freezing causes tissues to dehydrate making visual recognition more challenging and also has a negative impact on the interpretation of injuries • When rapidly frozen, postmortem injuries, including cranial fracture can occur • Freezing and thawing will accelerate decomposition of the remains 	<ul style="list-style-type: none"> • Because the temperature underground is lower than surface temperature, a natural form of refrigeration occurs • Site should be at least 600 feet from a drinking water source and bodies should be double bagged and tagged appropriately • Circumstances may leave no other available option • Meant to be a temporary option – not a mass grave

ESTIMATED RESOURCES FOR MORGUE

General

The morgue operation incorporates:

- Admitting/processing at incident morgue
- Safeguard of remains, personal effects
- Forensic identification, if applicable
- Autopsies conducted, if applicable
- Remains release

The morgue operations can be sited in:

- Medical examiner offices
- Private autopsy services
- Stand-up of incident morgues in vacant buildings or temporary shelters

Pathology

Under most circumstances, autopsy orders to determine cause of death remain at the discretion of the JP:

- Under a public health emergency, autopsies may be banned
- Under catastrophic MFI conditions, conducting autopsies simply may not be financially reasonable or logistically possible
- LE and transportation safety investigations may call for autopsies or additional testing

All attempts are made to identify remains. The victim identification team cross-references the morgue identification process of each remain with ante-mortem data collected.


The level of identification required is related to:

- Condition of remains
- Open or closed populations

Identification should result from scientific findings rather than circumstantial evidence.

There are recognized, standard forms for the collection, collation and matching of ante-mortem and post-mortem records, including computer software systems. VIP or UVIS are two no-cost electronic based options.

Operational considerations (See Checklist for actions to take):

Limited local morgue service availability	Services required	Locations for incident morgue
 <ul style="list-style-type: none"> • TCMEO and other ME offices may be at capacity and/or not accepting • Limited private autopsy services in area • May have to stand-up incident morgue • Providing credentialed personnel and specialized equipment/supplies may be challenge 	<ul style="list-style-type: none"> • Admitting • Screening/Triage • Fingerprinting • Radiology • Dental ID • Pathology • Anthropology • DNA • Records librarians 	<ul style="list-style-type: none"> • Must be secure • Must have adequate infrastructure and impervious flooring • Must be accessible to tractor-trailers, forklifts, hearses, etc. as applicable • Provide for security and storage of personal effects • Have final holding station until release • Storage for common tissue

Documentation

All documents created (including photographs and x-rays), collected or otherwise generated during morgue operations for a MFI, fall under the control of the JP and will become part of the case file. The amount of cross-referencing can be staggering.

Release of Bodies

The MFI operation must coordinate with the JP, the families and the funeral service industry to manage the final disposition of the deceased. Consult with DSHS Vital Records on death registration requirements for burial, cremation, and transit document requirements.

Depending on the capacity of local funeral providers, incident morgues may have to store remains until funeral home directors can accommodate them. Other remains may need the required documentation for burial-transit. Return personal effects according to pre-determined policy.

If massive numbers of fatalities occur, extreme fragmentation and/or contaminated remains, it may be necessary to take unconventional steps such as:

- Issue catastrophic death certificates
- Waive cremation waiting time requirements
- Retain processed remains in final temporary storage or temporary interment
- Impose mandatory cremation
- Restrict embalming
- Facilitate hermetically sealed casketing
- Dispose of common tissue

These decisions are made in collaboration with elected officials and the health authority, after consultation with family members, if possible.

Religious Considerations

The following chart indicates religious considerations of standard death care services:

Religious Practices – Quick Reference Chart				
Religious Group	Autopsy	Burial	Cremation	Embalming
Adventists	YES	YES	YES	YES
Baha'i	YES	YES	NO	NO
Baptist	YES	YES	YES	YES
Buddhist	NO	YES	YES	YES
Catholic	YES	Primary	YES	YES
Church of Christ	YES	YES	YES	YES
Episcopal	YES	Primary	YES	YES
Hindu	NO	Rare	Primary	NO
Holiness	YES	YES	YES	YES
Jain	YES	NO	Primary	NO
Jehovah's Witness	YES	YES	YES	YES
Judaism	NO	Primary	NO	NO
Lutheran	YES	YES	YES	YES
Mennonite/Amish	YES	Primary	NO	YES
Methodist	YES	YES	YES	YES
Mormon	YES	YES	YES	YES
Muslim	NO	Primary	NO	YES
Orthodox	NO	Primary	NO	YES
Pentecostal	YES	YES	YES	YES
Presbyterian	YES	YES	YES	YES
Quaker	YES	YES	YES	YES
Sikh	YES	NO	Primary	NO
Unitarian	YES	YES	YES	YES
Zoroastrian	YES	YES	YES	YES

Releasing a Body to a Foreign Country

The return of a body of a foreign national requires contact with the Secretary of State and the Consulate of the country of the decedent:

- Shipping a body from Texas to Mexico requires a Burial-Transit Permit, a certified copy of the Texas Certificate of Death from DSHS and an Apostille from the Texas Secretary of State's Office
- Shipping a body from Texas to a country other than Mexico, check with the consulate of that country for specific requirements.

Personal Effects

Personal effects are either

- Associated, if they are in direct contact with the remains or associated by name documentation
- Unassociated, if they have no discernible link to a decedent

Associated personal effects are most often the responsibility of the medico-legal jurisdiction that has taken custody of the remains, whereas responsibility for personal effects that are not in direct contact with a victim varies depending on the circumstances associated with the event. Following a criminal incident, LE would be responsible for managing personal effects. Taking custody of personal effects, even if not considered LE evidence, should be done in collaboration with LE. An independent facility and third party management of unassociated personal effects may be considered.

Generally, the process of handling personal effects involves the following:

- Explain the personal effects management process to family members
- Document, inventory and catalogue to a robust chain of custody
- Provides family members with associated and unassociated catalogues and instructions to claim or disassociate items
- Returns associated items per family instructions
- Retains unassociated items and ultimately destroy after notifying families of intentions

Operational considerations (See Checklist for standard tasks):

The return of personal effects is meaningful	Maintain chain of custody records	Return should be timely
<ul style="list-style-type: none"> • Relates to the last items they touched • Identification of unassociated personal effects may be difficult 	<ul style="list-style-type: none"> • Keep detailed records for each time effects bag handled • Distribute catalog for identification 	<ul style="list-style-type: none"> • Items may require additional evidence of entitlement

ESTIMATED RESOURCES FOR FAMILY ASSISTANCE CENTER

General

Quickly after an incident, there arises a duty to address the basic emotional needs of the decedents' families as they seek information, support and re-association with deceased family members by arriving at the site.

The Family Assistance unit incorporates:

- A staffed facility for fatality victim families who gather at site to receive information about the response
- Protection for families from media and curiosity seekers while providing a psychological and spiritual safe haven
- Information exchange concerning victim identification

A private non-profit group should be identified and consulted pre-event for FAC management. The American Red Cross is legislated at the federal level for its FAC management. The staffing of a FAC is best left to credentialed behavioral health professionals, qualified non-profits, and community clergy members.

Ante-mortem Data Collection

Jurisdictions must establish ante-mortem data collection procedures to include the following:

- Process for setting up family interviews
- Documentation—an ante-mortem data acquisition and entry plan

- Determine if interviewers will enter the ante-mortem data into a database or if data entry clerks will transcribe the data from an interview form into a database that will be used for comparisons with post-mortem data

Operational considerations (see checklist for actions to take):

Defining “family”	Temporary Reception Center	Defining a “FAC”
<ul style="list-style-type: none"> • Broadly defined to include individuals that may consider themselves to be part of the victim’s family, even if not a legal familial relationship. • Expect up to 10 people for each decedent • All represent a common need to want to gather near incident to be near loved ones 	<ul style="list-style-type: none"> • A temporary reception center should open immediately following an incident. • Families will gather within minutes to a few hours • This can be set up in a hotel or other neutral site, close but have visual view of the incident site • Staff will communicate that a more permanent FAC is to be set up 	<ul style="list-style-type: none"> • Not to be confused with a FEMA individual assistance center or other disaster services or recovery centers, or victim services • Should be situational, scalable and needs-focused • Collection site for ante-mortem specimens, documentation and personal information

ATTACHMENT 10: RECOVERY UNIT GUIDE

GENERAL

Recovery starts after the search of an area is completed for non-fatal casualties and the site (or zone) has been declared safe for the JP to enter. The authority to move human remains from the site rests with the JP.

Every site is to be treated with the care and attention of a crime scene. If an MFI is due to a suspected crime, evidence collection should be done by law enforcement personnel to ensure that any evidence discovered at the scene will be legally admissible in a court of law. If the incident is an air carrier or an Amtrak accident, the NTSB will be mandated by law to do a safety investigation requiring access and authority over the scene to weigh evidence of safety violations and to determine the cause of the accident. For most transportation accidents, the FBI evidence response teams will provide personnel and management for recovery. Regardless of the nature of the incident, chains of custody for each remain and personal effects should be traceable throughout the recovery efforts.

The circumstances of the incident will dictate the requirements to stabilize the scene. Prior to any MFI site processing, the area must be examined by the fire department or other trained team to determine if hazardous materials or agents are present and if so, act to prevent responder exposure or mitigate the threat with appropriate countermeasures. Concern for public exposure of human remains will also need to be addressed by sourcing appropriate screening methods. Only in emergency circumstances should any human remains be moved without JP approval. Examples would be in cases where movement is required to protect the remains from destruction. Mitigate for undue exposure of remains to the public or media by:

- Using shielding to cover remains
- Enforce no-fly zone over site
- Prohibit family members from attempting to reach bodies

Management

The person designated to supervise obtains necessary supplies and equipment related to recovery unit operations duties by interacting with incident command operations and maintains communication with other divisions/groups. This person will conduct a briefing at the beginning of each shift.

The briefing will include but not be limited to:

- Orientation and/or updates
- Safety procedures
- Necessity for security
- Workflow/procedural issues

Responsibilities include:

- Monitoring staffing, supply and equipment needs
- Inputting electronic data
- Maintaining ample supplies of:
 - Recovery forms
 - Transportation logs

Personnel

Manpower could be a critical issue during recovery. All remains recovery should be conducted by personnel that have been trained on the appropriate personal protective equipment (PPE) and handling measures for recovery of human remains. A safety officer should be on site at all times. If available, forensic anthropologists and others trained in the recognition of human remains should comprise or lead the team.

The scene of recovery should be divided into identifiable sections, *i.e.*, grid, sectors, etc.). Teams may systematically search and mark where bodies, fragments, and personal effects are located with either pin flags, stakes, etc. Each finding will be assigned a unique number and logged. The investigative team will document each set of remains. The body handler team will recover and move the bodies from the site. Expect it to take 4-6 persons for each body lift, more, if barriers have to be crossed. A transportation team will then transport the bodies from the site to a designated temporary or incident morgue facility.

Documentation

The documentation requirements related to fatality management may expand exponentially in a mass fatality incident.

Proper and methodical tracking of remains and the proper identification of remains and personal effects is critical to the death investigation. As the overall response effort and identification process evolves, it may be necessary to review details of where human remains were first located and by whom. Documentation is particularly important if a body must be moved to get another body. All responders should be prepared to take notes for pending investigations.

The JP is responsible for maintaining all records and documentation from the inquest starting with the recovery:

- Notes, photographs, diagrams
- Tracking forms
- Chain of custody

TRACKING SYSTEMS

Initially, each inquest is assigned a case number at the county-level. In addition, field tracking systems may be developed by individual JPs for management of multiple bodies, fragments, and personal effects not attached to a body

The numbering technique should be uncomplicated as possible in order to reduce errors or confusion. Since many from other agencies will be assisting, it will be important to know what tracking system experience they bring with them. The JP should approve the identified numbering system. The JP may already have a tracking system identified to handle the management of standard inquests to less complex MFIs and may elect to enter identified remains in t the county case file management system. Cross reference notes should be made to indicate which case number and morgue reference number (MRN) are associated with the master case number.

Although tracking starts at the point of recovery, it may be better if an official case number is assigned at the location where remains are actually processed rather than at the recovery point, since commingled remains need to be separated and treated as multiple cases, versus one case.

Care must be taken when deciding on the numbering format as these unique HR numbers provide a competent means for relating each HR to its site location. The tracking system should also include a means for distinguishing disaster cases from other caseloads. It should enable the cross sharing of data between several operational units, such as the morgue and the FAC. Each set of remains processed will generate numerous items that need to be tracked by computer such as photographs, personal effects, tissue samples, etc. All post-mortem remains, fragments, and personal effects, plus all ante-mortem specimens and documents collected must have unique numbers that can be cross-referenced.

The following guideline is an **example** that may be employed, in part or in whole, as deemed necessary by the JP.

FIELD TRACKING SYSTEMS EXAMPLE
<ol style="list-style-type: none">1. Use whole numbers. Do not use leading zeros in your numbering system. It may lead to confusion if the tag is turned upside down (e.g., 008 versus 800, 001 versus 100).2. The numbering system should always be consecutive and non-repeating. A simple system is preferred (e.g., Bag 1, Bag 2, Bag 3 etc.).3. Assign a range of non-duplicative numbers to each grid. (e.g., Grid 1 is assigned numbers1-39, Grid 2 40-79 etc.)4. Prefixes MAY be used to clarify where they were found (F-1 for floating remains in the water, S-1 for submerged remains, Grid B-3, etc.). This is particularly important when remains are recovered from multiple sites.

5. In the field, all individual remains must be given their own number.
6. If remains are not connected by clothing or tissue, they must get different bags and numbers.

Responder Safety

Typically, contagions and diseases associated with human remains do not pose a risk to someone near the human remains unless they are directly involved in the recovery or other efforts that require the handling of remains, nor do the remains cause significant environmental contamination.

INFECTION CONTROL

Remains handlers will encounter a variety of health hazards when handling, or working around, human remains, including contagious and infectious diseases, such as blood borne viruses or bacterial diseases. PPE should be selected based on the procedure(s) that will be performed, the type of exposure anticipated, the quantity of blood or other potentially infectious materials anticipated to be encountered, and any other safety and health hazards that may pose risk to personnel.

PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR THE SAFE HANDLING OF HUMAN REMAINS

- Hand protection: Latex, nitrile or vinyl gloves should be worn by any personnel handling human remains and the gloves should fit tightly around the wrists to prevent contamination of the hands. Additionally, heavy-duty gloves may need to be worn on top of the barrier protecting gloves to protect the hands from situations where broken glass or sharp edges may be encountered when extricating bodies from the scene.
- Eye and face protection: Should be worn to protect against splashes of bodily fluids and tissues and/or the generation of airborne particles.
- Body protection: Impervious disposable gowns, aprons, jumpsuits, etc. should be worn to prevent contaminants from penetrating to the PPE’s inner surface which would subsequently contaminate the underlying clothing and skin.
- Head protection: Head covers should be worn when contact with large quantities of blood or other potentially infectious materials is anticipated. Additional heavy duty head gear may be needed in situations where rubble and debris may be falling from above.
- Foot protection: Rubber boots or appropriate shoes covers should be worn where there is potential for footwear to become contaminated. Additional heavy duty footwear may be needed if there is potential for exposure to situations where broken glass or sharp edges may be encountered when extricating bodies from the scene.

INFECTION CONTROL MEASURES FOR FIRST RESPONDERS

- All personnel should follow universal precautions for blood and other bodily fluids, as well as body tissues.
- As an infection control measure, all used PPE should be disposed of appropriately following all biohazard guidelines and cross-contamination should be avoided at all times.
- Prompt care should be given to any wounds sustained during work handling human remains, including immediate cleansing with soap and water. It is recommended that workers get vaccinated against hepatitis B and get a tetanus booster, if indicated.
- Human remains pouches will help reduce any risk of infection or exposure and are extremely helpful in the transport of decedents that have been badly damaged.
- If decontamination of remains and/or items from the scene poses additional risk to personnel, seal items in containers or remains in body bags after adequate documentation and forensic analysis has been completed.

REMAINS DECONTAMINATION

Hazmat operations need to be cognizant of the decontamination effects on collecting forensic evidence.

Fully trained and qualified technicians should perform decontamination on remains:

- Regional CBRNE is primary entity
- FBI has hazmat technicians
- DMORT has a WMD team

STANDARD DECONTAMINATION MEASURES FOR REMAINS

- Decontamination of the remains and any items that are recovered with and on the remains (clothing, shoes, etc.) should be done separately
- Typical procedures used on the body, clothing or other items to remove, neutralize or degrade any offending agents or substances and to provide bactericidal action are:
 - Manually washing and rinsing
 - Spraying with a soft spray that minimizes spatter and aerosolization
 - Submersing the body or items in a tank, pot or trench to “soak”
 - However, the spraying method alone does not guarantee that all decontaminants, like remains soiled with greasy or proteinaceous materials will be removed or neutralized. Also, the time required for the soak method to be effective may be prohibitively long. Thus, the best method will likely be one that includes multiple methods used in combination.
 - The outside of containers or body bags will need to be decontaminated by washing or spraying after it having been sealed.
- An unclothed body is easier to decontaminate
- The packaged clothing or items will be easier to process and decontaminate under controlled circumstances

- The clothes or items and the remains may be sent to separate facilities for processing and documentations
- Decontamination procedures need to also include washing and decontamination of all vehicles and any equipment used in the movement and transportation of remains and items recovered from the scene that may have been contaminated. Additionally, procedures should include any storage locations where contaminated remains or items were housed along with any locations where decontamination took place.
- If a MFI involves hazardous materials and/or decontamination, arrangements must be made for the appropriate disposition of any and all hazardous and biological materials used in the response to the incident, for example: used body bags, collected runoff from the decontamination area, used cleaning utensils, etc.

Transportation

The transfer of remains to the morgue should be handled discretely using closed vehicles. Transport of remains must be done in a way that will preserve the remains and not cause additional damage:

- Avoid the type of body bag that zips up the middle, use bags that fully open.
- Body bags generally have a shelf life of 5 years unless stored in air conditioned, dry, environments
- If possible, wrap the cranial area to protect identifying features
- Protect the hands which have the potential to lose epidermis and limit fingerprint ability
- Remains suspected or known to have been contaminated may not be safe for transport

Responders must also consider the process for removing remains from hospitals, homes and public places. The situation may also necessitate establishment of multiple designated body collection points. Under extraordinary circumstances, residents may be required to transport decedents to the collection points themselves.

A JP has no obligation to engage a licensed funeral director to supervise the transfer of a dead body found from the place the body is found to a morgue. The policies of individual JPs will vary. Check with the Texas Funeral Service Commission to verify if the use of a funeral home transport from the site during a mass fatality event does or does not result in a “first call” with its associated obligations on the part of a funeral director. (First call, as defined by *Texas Occupations Code, Chapter 651*, “means the beginning of the relationship and duty of a funeral director to take charge of a dead human body and have the body prepared for burial or disposition by embalming, cremation, or another method”).

- Check for county MOUs established pre-incident with funeral home providers
- Some funeral homes are part of larger network and may be able to mobilize additional transportation on short notice
- Some funeral homes may be better prepared through their own MFI planning

The procuring of refrigerated semi-trailers or railway containers is recommended, with the caveat that the stigma of transporting human bodies could be detrimental to the demobilization of the transport back to private use. The benefit of transport trailers is that they can be used also as temporary morgue storage, if necessary. To mitigate stigma, all names or logos on transport vehicles should be removed or covered. Because smell can pose issues in a trailer, it is recommended that coffee be laid down in the trailer floor crevices. This tends to absorb some of the odors associated with decomposing remains.

- At minimum, trailers should be refrigerated at 33-39 degrees Fahrenheit
- 20-25 remains per trailer and remains be arranged so that an aisle can be maintained through the middle of the trailer
- Racks can be installed to accommodate up to three times as many remains
- Never stack remains

Drivers are briefed that they are to go directly to the incident morgue or other destination without stopping.

- Establish a transportation log at the staging area to document the removal time, vehicle identification and operator information
- Follow the same route to the morgue and protected/escorted by law enforcement
- Be prepared for mechanical problems with trailer refrigerators. Have a mechanic on hand or on standby during the duration of the event

Temporary Storage

Most morgue capacity will be exceeded during a disaster, especially if there are many unidentified bodies or remains recovered in the first hours of the event. If sufficient morgue space is unavailable to hold the remains for processing, a temporary holding morgue will be necessary.

Ideally, human remains are cold-stored between recovery and the morgue examination. Refrigerating human remains significantly slows down tissue degradation. Remains will rapidly decompose in hot, humid Central Texas climate.

FACTORS THAT AFFECT DECOMPOSITION
<ul style="list-style-type: none">• Temperature• Humidity• The surface where a body lies• Burial• Wrapping• Insect and scavenger activity• Indoors vs outdoors• Water

- Fire
- Condition of person prior to death

Temporarily refrigerated storage options include:

- Refrigerated trucks or railroad cars
- Air-conditioned buildings
- Tents that can maintain a temperature of 33-39 degrees Fahrenheit

VIABILITY OF REFRIGERATION

- Will preserve body for 1-3 months
- Units should be maintained at low humidity
- Refrigeration between 33 and 39 degrees Fahrenheit is the best option
- Mold could become a problem making visual identification impossible and interfering with medico-legal processes

Non-refrigerated storage of human remains may be necessary when cold-storage options are unavailable. Dry ice (CO₂) may be suitable for short-term storage. Regular Ice is not recommended.

VIABILITY OF DRY ICE

- Can build low wall of dry ice around groups of about 20 remains and cover with a plastic sheet
- Need about 22 lbs. Of dry ice per remains, per day, depending on outside temperature
- Damages remains if placed on top of remains, even when remains wrapped
- Requires handling with gloves to avoid “cold burns”
- Requires good ventilation because melting ice produces carbon dioxide gas, which is toxic
- Expensive
- May be difficult to obtain during an emergency

NONVIABILITY OF REGULAR ICE

- Difficult to manage due to weight and transport issues
- Large amounts are necessary to preserve remains for even a short time
- Results in large areas of runoff water
- Difficult to resource or obtain during an emergency
- May be a competing resource for use with emergency medical units

In certain situations, chemical preservation or embalming may be considered but are typically not the best option when pathology services are required.

VIABILITY OF PACKING WITH CHEMICALS

- May be used to pack remains for a short period
- Chemicals have strong odor and can be irritating to workers
- Powdered formaldehyde and powdered calcium hydroxide useful for preserving fragmented remains when applied and fragments wrapped in nylon or plastic bags and sealed.

VIABILITY OF EMBALMING

- Common method to preserve a body for more than 72 hours after death
- May interfere with the collection of information vital to forensic investigations
- Not possible when the integrity of remains is compromised such as when decomposed or in fragments
- Requires a licensed professional
- Expensive
- Considerable time involved for each case
- Required for the repatriation of a corpse out of a country

TEMPORARY INTERMENT

Temporary interment will slow down decomposition, although it is not a true form of preservation. It is primarily considered when a great delay in final disposition is anticipated. The decision to conduct temporary interment is made in collaboration with emergency management, elected officials and the community. The officials shall confer with the Texas Department of Health Services, Texas General Land Office and Texas Funeral Services Commission and the Texas State Cemetery on possible interment sites and requirements on what is applicable to the situation.

Because the temperature underground is lower than surface temperature, a natural form of refrigeration occurs. Any site should be constructed to ensure for the future recovery of bodies.

Temporary interment is not synonymous with mass graves. The following should be adhered to:

- Each body should be labeled with a metal or plastic identification tag
- Bodies should also be clearly marked at ground level
- Bodies should be placed in a single layer (not stacked), 5 feet deep, and 1 foot should be left between bodies
- Bodies should be at least 600 feet from drinking water source
- In extreme situations, trench burial can be used for larger numbers

ATTACHMENT 11: MORGUE UNIT GUIDE

GENERAL

It should be noted that the following discussion about morgue operations encompasses every operational aspect in a full-scale disaster. In many localized MFIs, the facilities and services of available ME offices and private pathology services may suffice when used in combination. However, the stand-up of an incident morgue is designed to be flexible and scalable to meet the demands of any incident. Any number of the components discussed below can be included, excluded, or expanded to support the specific needs of the situation. For ease of discussion, the individual sections are referred to as teams although the team may consist of only one person and a single person may serve more than one team function based upon the scale of the operation.

Management

Administration of the morgue is the responsibility of the JP, who may designate a supervisor. In the case of a transportation accident or a declared federal disaster, that supervisor may be a DMORT member. The person designated to supervise the morgue obtains necessary supplies and equipment related to morgue unit operations duties by interacting with incident command operations and maintains communication with other divisions/groups. This person will conduct a briefing at the beginning of each shift. The briefing will include but not be limited to:

- Orientation and/or updates
- Safety procedures
- Necessity for security and confidentiality of all records and data
- Workflow/procedural issues

Responsibilities include:

- Monitoring staffing, supply and equipment needs
- Inputting electronic data
- Maintaining ample supplies of:
 - Death certificates
 - General morgue forms
 - Disaster victim packets
 - Release forms

PROTOCOLS

All remains entering the morgue for processing should be handled uniformly and remain consistent throughout. Written protocols should be established prior to any remains being sent through the morgue process. All protocols established must be approved for implementation by the JP. Circumstances influencing protocol decisions include but are not limited to:

- Degree of degradation of the remains
- Number of bodies
- Availability of medical equipment and facilities

- Funding constraints
- Time constraints
- Safety issues

Policies should be put in place for personal cell phones with cameras. There should only be one camera in the morgue and it stays with the photographer who is generally a forensic photographer or someone from law enforcement. It is strongly recommended that all cell phones be collected at the entry to the morgue and returned when a person leaves. Strict policies need to be instituted on storing pictures on a computer, USB, or other electronic media.

A significant amount of documentation is produced in the effort of collecting, classifying, describing, and controlling human remains post incident. All documents (including photographs and x-rays), collected or generated during morgue operations fall under the control of the JP, or that official's designee. Records and data must be kept secure and confidential because they are likely protected by the HIPAA and the Texas Medical Privacy Act. Authority over the release of information concerning human remains and morgue operations also falls under the JP.

SAFETY

Safety is the highest priority of any aspect of handling human remains. A safety officer should be identified and appointed to oversee all aspects of the morgue operations. It is imperative that workers wear proper PPE at all times. Pathogens can remain viable after death and workers will come in contact with fluids.

- Personnel must comply with international safety precautions
- Personnel must have completed blood-borne pathogens training prior to assignment of duties in the morgue
- Biohazard waste bags and sharps containers must be available for disposal of all waste generated from remains processing and disposal of used scalpels, syringes, etc.

SECURITY

The function of providing security belongs to LE having jurisdiction where the morgue or temporary morgue is located. Media, family members of the deceased, spontaneous, unsolicited volunteers, and curiosity seekers must be prevented from accessing the morgue.

- Assign a form of badging
- Establish a unique identification system; identification badges can be easily copied directly from the internet

SITE SELECTION

An incident morgue should be sited to be convenient and easily accessible but be removed from public exposure. The type and size of an incident will determine where the morgue should be located. A stand-up morgue comprised of disaster portable morgue units (DPMUs) or multiple tents may be sufficient for some incidents.

For more complex incidents look for the following:

- Abandoned warehouses
- Armories
- Aircraft hangers

Note: Schools, public facilities and hospitals should never be used as morgues.

Space Requirements:

- Be adequately sized to comfortably accommodate the required number of morgue personnel, supplies, and equipment
- Have the infrastructure for communications, lighting, HVAC, restrooms, water, drainage, and other support as dictated by the incident.
- Be accessible to the incident site and FAC, while removed from public view
- Accommodate large box trucks and semi-trucks, forklifts
- Inaccessible by media, spontaneous volunteers and curiosity seekers
- Provide for secured storage for personal effects
- Have non-porous flooring or disposable flooring
- Allow for sufficient office space, storage of records, rest and briefing areas

Morgue components can be built to the extent necessary to meet the challenges of the MFI being managed:

- Autopsy and toxicology requirements
- Confirmatory ID Methods:
 - *Fingerprint – can confirm the identification of those tentatively identified by other presumptive means (visual identification or recognition of associated personal effects)*
 - *Radiology – vital early step can serve as primary means of ID or can support or exclude potential identification through identification of radiopaque evidence.*
 - *Odontology – dental remains may be the only evidence for securing a positive identification of the victim but are fragile and difficult to identify.*
 - *Forensic anthropology – develops a biological profile (sex, age, race, stature, ante-mortem pathological conditions) and identifies anomalies such as surgical hardware; differentiates human from non-human recovery findings*
 - *DNA analysis – JP will need to determine method, limits, and timelines*

Personnel

Many of the SME positions require highly trained and skilled individuals holding unique certification and licensure. Other skill sets necessary to support morgue operations are general in nature. Positions as trackers, scribes, and data entry clerks can be filled by preapproved individuals who receive just-in-time training. Pay attention to the person(s) selected as trackers. This person will accompany the body to every station and will see every aspect of identification to include autopsies.

Subject matter experts must be preapproved by the JP prior to being assigned to the morgue.

A lack of pre-approved SMEs may hasten the necessity for state, and/or federal assistance via TFDA or DMORT. Individuals experienced in funeral businesses are frequently called upon to support morgue operations.

The following types of expertise may be required in a large scale incident:

- Remains handler
- Tracker
- Pathologist
- Forensic anthropologist
- Dentists
- Records librarian
- Radiography technician
- Photographer
- Personal effects technician
- DNA technician
- Fingerprint expert
- Supply clerk
- Safety personnel
- Medical personnel

Morgue Tracking Systems

A morgue reference number (MRN) for tracking documents within the morgue is assigned for each remains received at the morgue. Any system, whether manual or electronic, needs to cross-reference which master case number, recovery remains numbers, and morgue reference numbers are ultimately associated.

The Victim Identification Profile (VIP) is a software program used for mass fatality events when federal government assistance through DMORT is deployed. It collects both post-mortem and victim ante-mortem data and combines with matching capabilities. VIP mirrors the DMORT mass fatality forms used to collect post-mortem and ante-mortem data. Confirming its functionality and system requirements should be done prior to use.

The Unified Victim Identification System (UVIS) is a web-based application created through a Homeland Security grant for the management of fatality management in New York City in the aftermath of 9/11. DHS/FEMA holds unrestricted license, which allows for the sharing of this application with all federal agencies. Local jurisdictions may also request access at no cost through a licensing agreement.

General Sequence of Morgue Stations

SCREENING/TRIAGE TEAM

This function is performed to separate remains, personal effects, evidence and debris delivered from the incident site in the body bag. One of the primary reasons for initial x-ray is to determine if explosives, metal or other foreign objects are in the body. Activities in the admitting unit are:

- Separating diagnostic human tissue from material evidence, debris and personal effects
- Gross examination to detect and separate commingled of remains
- Photographing prior to disturbing clothing, property, foreign objects
- Completing anatomic charting
- Documenting and describing any personal effects or evidence that is removed
- Routing potential evidence to law enforcement using chain of custody forms
- Determining path for examination/identification based on protocol:
- Bagging human tissue/remains having potential for ID based on incident guidelines and probative value (remains with highest likelihood for identification).
- Storing common tissue that does not have potential for ID and unassociated personal effects as determined based on the incident

ADMITTING STATION TEAM

At this station, remains and personal effects are admitted and assigned morgue reference numbers (MRN). A Disaster Victim Package will be initiated at this station. A tracker is assigned to accompany each set of remains until examination/identification is complete and to ensure the security of the case file.

DOCUMENTATION STATION TEAM (REMAINS ADMITTING UNIT)

All remains and personal effects are photographed and documented:

- Photographing prior to disturbing clothing, property, foreign objects
- Sending digital files to Information Resource Center for inclusion in victim identification processes.

INFORMATION RESOURCE CENTER (IRC) TEAM

This is the central repository for collecting, recording, and storing ante-mortem and post-mortem information including:

- Keeping the information systems and records secure
- Matching ante-mortem and post-mortem files
- Receiving electronic ante-mortem data from the Family Assistance Center
- Electronically logging ante-mortem and post-mortem data
- Separating post-mortem and ante-mortem records into four major file categories:
 - Unidentified remains case files
 - Missing person reports case files (ante-mortem data collection interviews)
 - Identified remains case files

- Comparing ante-mortem and post-mortem records
- Developing Identification Summary Report for Identification Team

IDENTIFICATION STATION TEAM (REMAINS PROCESSING UNIT)

This is where finger/foot/palm printing of remains or body parts is performed. All bodies are fingerprinted when the condition of the remains allows. Identification methods will depend on the body condition and the availability of ante-mortem records. Whenever possible, it is advisable to obtain two forms of identification (e.g., fingerprints and dental, etc.). Additional identification methods include:

- Fingerprints
- Distinct physical characteristics
- Serial numbers on installed medical devices
- Visual

Ante-mortem records for fingerprint identification include:

- Automated Fingerprint Identification System (AFIS) that automate the process of arrest and applicant fingerprint card reporting to DPS
- Integrated Automated Fingerprint Identification System (IAFIS) automated fingerprint system maintained by the FBI
- Interpol Database – processing of international fingerprints

COMMON TISSUE STORAGE

Common tissue most frequently results from incidents where severe fragmentation occurs. Examples include small nondescript pieces of bone and tissue that are unclassifiable and unsuitable for deoxyribonucleic acid (DNA) sampling. These fragments are labeled during triage as common tissue, described to the degree possible, photographed, weighed and returned to storage for safekeeping.

Morgue Examination Teams

AUTOPSIES/PATHOLOGY

The JP will make the decision to perform a complete or partial autopsy. Some reasons for complete autopsies include: homicides, terrorism, indeterminate manner of death, flight crews (in which the same pathologist autopsies all members), and unidentified human remains. For large numbers of fatalities, it may not be feasible to consider performing a complete autopsy on all remains. Although the JP may determine which cases require an autopsy, he/she should consider collaborating the intentions with the lead law enforcement agency, TFDA (if applicable), and DSHS, since each of these agencies may have its own specific requirements for identifying autopsies to support the overall investigation. Toxicology tests may also be required for multiple remains to support ongoing investigations.

Identification Teams

Caution must be exercised to ensure identification procedures are based on sound evidence and reliable information rather than circumstantial evidence. It is likely that legal issues of identification associated with MFIs will come under scrutiny and findings may be contested.

RADIOLOGY

Radiographic examinations provide post-mortem radiographs for comparison with ante-mortem clinical radiographs. This station should be established in an area of the morgue that is secluded from other processing stations and have portable lead protective walls. The radiology team leader will monitor radiation safety issues such as shielding, monitor radiation dosage of team members via dosimeters, and assign dosimeters to other morgue personnel, as appropriate. It is used to document metallic foreign bodies, fractures and injury patterns, and additional evidence hidden from sight.

DENTAL IDENTIFICATION

Dental identification includes:

- The dental post-mortem section performs the dental autopsy, including post-mortem dental radiography, photography, and records
- The dental ante-mortem section works closely with the family assistance center to procure dental records
- The comparison section compares ante-mortem and post-mortem dental records for the purpose of identification

DNA IDENTIFICATION

The DNA station is where DNA is retrieved to assist with the identification when other means of identification of remains is inadequate. DNA analysis is expensive. Prior to collecting specimens, DNA collection criteria and guidelines must be developed.

ANTHROPOLOGY

This is where fragmented, incomplete, charred, and commingled remains are examined to determine a biological profile. A standardized forensic anthropology report will be completed including a biological profile of the decedent remains that contains the:

- Sex
- Age at death
- Ancestry
- Forensic stature
- Ante-mortem trauma or pathology
- Anomalies and idiosyncratic variation including surgical hardware and prosthetic devices
- Peri-mortem (around the time of death)

The forensic anthropologist may also assist with:

- Obtaining DNA samples from bone
- Taking radiographs (to ensure proper alignment of specimen)
- Interpreting trauma in consultation with the pathologist

- Obtaining and isolating dental evidence in consultation with the odontologists
- Interpreting and comparing ante-mortem and post-mortem records and radiographs
- Assisting the pathologists and odontologists in establishing identity via ante-mortem/post-mortem radiographic comparison
- Examining identified remains prior to release to confirm that the biological evidence used for identification matches the biological parameters of the remains

Release of Human Remains for Final Disposition

Remains must be held until the decedent can be released for final disposition. Identified decedents and their personal effects are released to next of kin, or a person authorized by next of kin. Release functions include final identification review and funeral home contact.

FINAL HOLDING STATION TEAM (REMAINS RELEASE UNIT)

This is the refrigerated area where processed remains are held until release. All human remains (identified, unidentified, and common tissue) will be stored with dignity. The holding areas for processed victims and for common tissue will be separate from remains that have not been processed and from where specimens (e.g., for DNA, histology, and toxicology) are stored while awaiting transfer to the lab for analysis.

FINAL IDENTIFICATION REVIEW

When remains are ready to be released, the Identification Team Leader and forensic specialists involved in the identification will:

- Conduct a final review of the methods of identification
- Physically examine the remains to ensure that the remains match the biological attributes of the deceased (based on the ante-mortem information)
- Ensure that the numbers associated with each remain are accounted for
- Sign and date the form indicating that the remains have been reviewed for final identification and place it in the Disaster Victim Packet.

RELEASE OF CUSTODY

Upon completion of the final identification, human remains and their associated personal effects not deemed evidence will be released according to the standard operating procedure of the JP's office.

- Keep a log of remains/bodies that are cleared for release and those on hold
- Check/assure that remains/bodies are prepared for release as authorized by next of kin
- Complete Release of Human Remains form and Release of Personal Effects form
- Implement chain of custody
- Maintain a Release Log to document the overall release process

RELEASING A BODY TO A FOREIGN COUNTRY

The return of a body of a foreign national requires contact with the U. S. Secretary of State and the Consulate of the country of the decedent:

- Shipping a body from Texas to Mexico requires a Burial-Transit Permit, a certified copy of the Texas Certificate of Death from DSHS and an Apostille from the Texas Secretary of State's Office
- Shipping a body from Texas to a country other than Mexico, check with the consulate of that country for specific requirements.

CONTACT WITH FUNERAL HOME OR CREMATORIUM

Funeral homes and crematoriums will be contacted to coordinate picking up or the shipping of remains. A Burial-Transit Permit is required to ship or transport a body out of the state or to transport a body by common carrier within the state. A Burial-Transit Permit is also required for cremation. The local registrar, the deputy registrar, or some other authorized officer of the district in which the death occurred, or the district in which the body was found issues the Burial-Transit Permit. The local registrar shall not issue a Burial-Transit Permit until the Certificate of Death, completed in so far as possible, has been presented.

The Report of Death does not take the place of the Burial-Transit Permit for cremation. A Burial-Transit Permit must be obtained for cremation. A body may not be cremated until 48 hours after death as indicated on the Certificate of Death unless the certificate indicates the death was due to Asiatic cholera, bubonic plague, typhus fever, or small pox. In a public health disaster, the commissioner of public health may designate other communicable diseases for which cremation within 48 hours of the time of death is authorized. In other instances, the time requirement may also be waived in writing by the JP.

When an inquest is conducted by the JP, authorization for is required in addition to a Burial-Transit Permit. The body may not be cremated until the JP has signed a certificate stating that an autopsy was performed or that no autopsy was necessary.

If the body of the deceased is unidentified, a person may not cremate or direct the cremation of the body per CCP 49.

AFTER-CARE STATION

After-care can include embalming and casketing. Funeral homes may be so overwhelmed that final disposition cannot be carried out within a reasonable timeframe without supplemental support from the morgue unit.

ATTACHMENT 12: VICTIM IDENTIFICATION SERVICES

GENERAL

The primary function of the Victim Identification Services is to collect the necessary ante-mortem information from families and match with the morgue's forensic analyses to support the positive identification of the deceased. The task of identifying MFI victims ranges from relatively simple to highly complex depending on the incident.

The JP, or designee, is responsible for document housekeeping, collecting victim ante-mortem records, and conducting analysis of ante-and post-mortem data to identify remains. Findings must be formally documented in an identification report.

Examples of the information that may be gathered include:

- Physical description of victim
- Description of clothing and jewelry
- Description of unique characteristics (like tattoos, scars, and birthmarks)
- Dental records, medical records, and fingerprint records
- DNA reference samples

Management

The person designated to supervise obtains necessary supplies and equipment related to morgue operations duties by interacting with incident command operations and maintains communication with other divisions/groups. This person will conduct a briefing prior to the commencement of morgue operations and at the beginning of each shift.

Because of the complexity and sensitivity in collecting ante-mortem information from grieving family members, interviewers should be personnel specially trained in dealing with grieving individuals (e.g., funeral directors, Health and Human Services, Law Enforcement Victim Services or specially trained American Red Cross personnel).

Guidelines:

Orient/brief Ante-mortem Data Collection Team on the information they need to collect from families (forms, procedures, etc.) and their role as a representative of the jurisdiction.

- Schedule interviews with families.
- Allow 2 hours for each interview with a 30 minute period between interviews.
- Maintain logs of the files, of all incoming data/samples, and of all forwarding data/samples.
- Have translators for victim records in foreign languages.
- Identify an address for receipt of all ante-mortem records (e.g., the JP's Office).

<ul style="list-style-type: none"> • Maintain chain-of-custody of records via sign-in and out logs. • Determine whether data will be documented on paper and then entered into database or entered directly • Ensure all procedures are approved by the JP.
Demonstrating sensitivity at the FAC
<ul style="list-style-type: none"> • Conduct interviews in rooms that are private and quiet. • Be prepared for some family members to not want to provide ante-mortem information or supply DNA for kinship matches because they view doing so as a sign that they have given up hope. • Be respectful toward the family's religious or spiritual beliefs, including practices and rituals, daily prayer times, important dates, beliefs about autopsy, and other information that may be relevant to the rescue, recovery and disposition of their loved ones. • Anticipate needing to answer questions about family concerns on issues regarding family lineage.
Make contact with families on record requirements
<ul style="list-style-type: none"> • Reassure families that all information will remain confidential. • Dissuade families from acquiring or carrying the victim's medical or dental records to the FAC. • Ask family members to sign release forms to allow for the release of the missing person's dental and medical records. • If telephone contact is made before a family arrives at the FAC, follow a scripted checklist to request location and information on the following: <ul style="list-style-type: none"> ○ Physician ○ Dentist ○ Hospital ○ Fingerprints ○ Photographs ○ Military service records ○ Essential vital statistics • Inform families when ante-mortem data and samples have been received. • Follow-up on requests that have not been received.
Make contact with medical practitioners
<ul style="list-style-type: none"> • Call dentist and physician offices to request <i>original</i> dental records, x-rays, and medical records. • Follow-up call by sending an authorization fax that includes the HIPAA exemption for the request, to verify and confirm the request for the victim's medical/dental record and request timely delivery of records.
Collect ante-mortem data using JP approved forms.
<ul style="list-style-type: none"> • Consider using the DMORT questionnaire, <u>the VIP Personal Information Questionnaire</u>, a universal questionnaire designed to expedite ante-mortem data collection. • Add local jurisdiction death certificate information to the questionnaire so that

<p>families do not have to provide this in another interview at the funeral home.</p> <ul style="list-style-type: none"> • Ensure proper formatting of first and last names and correct spelling of similar sounding names. • Be prepared to add changing and new information to each person's file as it is collected from family members, friends, dentists and doctors after the initial interview.
<p>Arrange for collection of DNA samples.</p> <ul style="list-style-type: none"> • Establish DNA collection procedures to ensure proper collection procedures, prevent cross-contamination, and ensure the best possible specimens are collected for subsequent laboratory testing. • Answer family members' questions regarding collection of DNA samples. Explain the differences between Forensic DNA and Kinship DNA analysis. • Maintain an open, honest and sensitive approach to questions surrounding lineage when requesting samples for Kinship DNA analysis. • If buccal swabs are used, assist family members in collecting the samples. • If blood samples are used, arrange for family members to meet with staff who will be collecting blood samples. Allow families to go to their family physician to collect their blood sample, if they prefer to do so. • If family members do not visit the FAC, interviews can be conducted over the telephone following the same procedures. • For families that do not come to the FAC, DNA samples can be arranged through the JP and local law enforcement agencies. Send letters and consent forms to families that do not visit the FAC. If necessary, make arrangements to collect samples from anywhere in the world. When families are sending DNA samples, it is important that they are aware of complex mailing procedures for specimens and that not all companies provide this service. • Arrange for collection samples to be sent to the DNA laboratory that the JP Office has approved at the end of each day. • Get daily status reports from the DNA lab.
<p>Record Accounting</p> <ul style="list-style-type: none"> • Monitor the status of incoming dental records, x-rays, and medical records to insure that all records are original and have been received. • Once the form for ante-mortem data collection has been completed and copied/printed at the FAC, direct it to the Morgue for review and analysis. • Maintain chain of custody of records via sign-in and sign-out logs. • Keep copies of forms at the FAC for reference. When the FAC is closed, the forms will be maintained by the JP Office until destroyed when authorized.

ATTACHMENT 13: FAMILY ASSISTANCE CENTER UNIT GUIDANCE

GENERAL

Timeline

The establishment of a facility to address the needs of the fatality victims' families is necessary. In this attachment family is broadly defined to include those not related through marriage or kinship but may have emotional ties to the deceased. Families, friends and significant others will be anxious for information and many will travel to the site. When it is apparent that there will be a significant number of families potentially arriving at the scene to be closer to their loved ones, a site for a Family Assistance Center (FAC) should be procured. A call center or 1-800 number is also essential to immediately direct inquiries to accurate information and instructions.

Meanwhile, a temporary reception center should be set-up immediately following a MFI to provide family members with the information and immediate attention that they may need. A limited number of staff and services should be allocated to the reception center since the primary focus of the qualified organizations involved will be on establishing the FAC. Reception center staff must make family members aware that a more permanent location (the FAC) is being created to more effectively meet their needs.

Generally, the need for the FAC will decrease as more of the missing are found and identified. Once most of the victims have been identified and following any community memorial service that may be held, the active FAC may transition to a walk-in center for families with need for information and referral services and/or mental health counseling.

One FAC facility should be available for the duration of the response so that families do not have to be moved. Initially, the FAC typically operates on a 24/7 schedule.

Management

Every jurisdiction will need to determine what agency will manage the Family Assistance Center and will be responsible for staffing and managing support services to the families, including identifying the level of emotional and spiritual care, food services, physical care and first aid, child care, security and other support services the jurisdiction can provide. Management could be provided by the local public health agency, the American Red Cross or another non-profit organization. In major aviation incidents, this role has been assigned to the American Red Cross. An organization that can set-up and staff a call center as appropriate also needs to be identified.

Local crime victims' advocates, mental health and spiritual care workers who work with victims of crime, and/or your local or state office of Crime Victims Assistance are valuable resources.

These individuals have familiarity working with families who have lost a loved one to sudden or traumatic death and the resources available to assist victims of crime. They are valuable partners who bring expertise and resources that may assist in planning and operating your Family Assistance Center.

The JP's oversight may be more limited in scope at the FAC. The JP should collaborate with public information and staff to conduct both media briefings and briefings with family members. The person designated to supervise obtains necessary supplies and equipment related to morgue operations duties by interacting with incident command operations and maintains communication with other divisions/groups. This person will conduct a briefing prior to the commencement of morgue operations and at the beginning of each shift. The briefing will include but not be limited to:

- Orientation and/or updates
- Safety procedures
- Necessity for security and confidentiality of all records and data
- Workflow/procedural issues

Responsibilities include:

- Monitoring staffing, supply and equipment needs
- Inputting electronic data
- Maintaining ample supplies of:
 - General FAC forms
 - Call center forms
 - Victim ID forms

If possible, implement a policy for all FAC staff to wear some type of uniform such as a white shirt and khakis. This will allow families to readily identify FAC staff and also helps with security measures.

SECURITY

Access to the FAC must be controlled so families maintain privacy and are not overwhelmed by the press, the public or visiting officials. Consider a badging system that gives family members and authorized workers easy access to the FAC while effectively keeping others out. (The American Red Cross has a badge system that simplifies the process of signing in and out.) When credentialing families, be careful not to give badges with names clearly visible, the media may use that name and the outcome is generally not desirable. Each individual should be credentialed and registered before allowed admittance to the FAC.

Checkpoints may need to be established at entrances to the FAC and its parking lot. It is recommended that uniformed LE be stationed at the outside entrances to the FAC to check identification. Consideration should also be given to LE in plain clothing patrolling inside the center to ensure that no unauthorized persons have gained entry.

Immediate planning should be made in anticipation for the arrival of dignitaries. If and when dignitaries arrive, arrangements need to be made for families who wish to meet with them. Families should be consulted to determine how they would like this to be handled. Visits by celebrities and officials should be thoroughly considered and any visitor should be briefed before they begin their visit. Ultimately, the FAC is considered a safe haven for families and survivors with the focus on their needs rather than a place where celebrities and officials garner public attention.

SITE SELECTION

The facility location should allow the JP to travel easily between the incident site, morgue and FAC. The FAC should be in proximity to but not within walking distance or sight of the incident scene. The infrastructure of the facilities should be capable of handling the estimated number of arrivals and staff. It will need to be Americans with Disabilities Act (ADA) compliant. The space will need to accommodate many functions and the delivery of services. Any childcare facility within will be subject to state regulations.

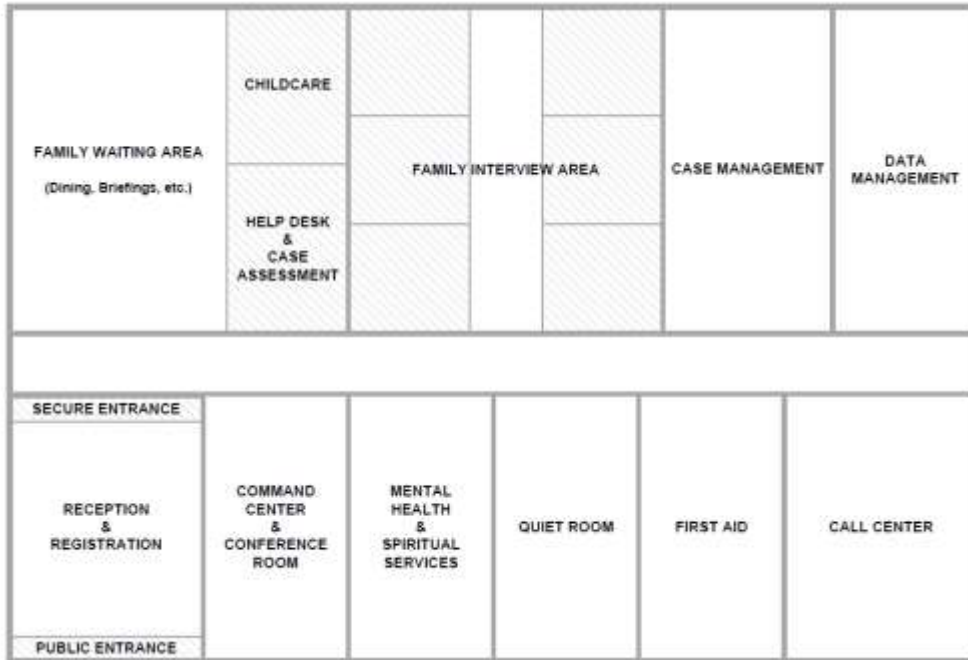
Note: Potential sites should be identified ahead of time and use agreements made with facility management.

Community centers, recreation facilities, conference centers, school or college meeting spaces, and religious institutions can all be used as FACs. Families at previous FACs have indicated a general preference not to use churches or synagogues if other suitable facilities are available. If these are the sites selected, it is preferable to use parts of the facility such as education buildings or family life centers rather than the main worship area. If it can be secured properly, a hotel can usually provide lodging, food, and large meeting rooms for gathering family members in one location.

Once the FAC site selection is made, the FAC Supervisor advises the Logistics Section Chief as to the supplies, equipment, and technical support needed to open and maintain the FAC and will direct the setup of the FAC facility.

Space Requirements:

Sample floor space:



SERVICES

Types of Services Provided:

- Ante-mortem data collection to assist in identifying victims
- Call center/hotline
- Family briefings
- Death notifications
- Spiritual care services
- Mental health services
- Medical/first aid services
- Translation/interpreter services
- Child care services
- Food services
- Phone bank/ computer bank or hook-ups
- Photo/letter boards
- Incident site diagrams/charts
- Memorial tables and services

Outside the Family Support Center, possibly in another location, additional services from many other organizations may be made available if the incident warrants and resources are available.

These could include:

- Benefits counseling and assistance
- Financial assistance and/or planning
- Laundry services
- Legal assistance

- Department of justice office of victims assistance program
- Transportation services

Resource Considerations

The following discussion encompasses the main operational aspects of a full-scale FAC. The concept, however, is designed to be flexible and scalable to meet the demands of each specific incident. Any number of the components discussed below can be included, excluded, or expanded to support the specific needs of the situation and the availability of resources.

RECEPTION AND REGISTRATION AREA

Families entering the FAC should be greeted and directed to the reception and registration desk to check in. It will be the place for initial registration, including documenting their contact information, the name of other family or next of kin contacts, and the name and information about their missing or deceased loved one. Each day when families and friends return to the FAC, the Reception/Registration Team checks their identification. When patrons leave the FAC, they check out and leave their contact information at the Registration Desk so they can be contacted when more information is either needed or available.

Throughout the registration process translation and interpretation services should be on hand to assist with any translation/interpretation needs.

The staff working in the reception and registration area will be interacting with families experiencing high levels of trauma and grief. It is important that staff performing these functions have appropriate training on the needs of, and appropriate responses to, individuals in these conditions. Behavioral health providers should also be on hand during client welcoming and registration to provide services as needed.

If resources allow, there should be hosts available to all families visiting the FAC to provide clients a brief overview of the services provided at the FAC, a tour of the facility, and answer any questions the family may have. The hosts also coordinate all necessary resource and information needs families may have. This may include physical resources (chairs, tables, tissues, etc.) as well as informational resources (time of briefings, contact information for social services, etc.).

During registration, families should be provided with a Family Resource Packet to provide them some key information about the Family Assistance Center. The Family Resource Packet should include information on what services are provided, general rules, information that they will be asked, and answers to frequently asked questions.

The following is an example of what should be included in a Resource Packet:

FAMILY RESOURCE PACKET	
Family Letter	This document is a letter to the families of the victims from the County Judge or Mayor (or his/her designee). This should be written “just in time”.
Important Information for Families	This document outlines some key information about the Family Assistance Center processes that families may need to know.
Services Provided at the Family Assistance Center	This document is meant to outline all services provided at the facility as well as any special considerations with those services, including hours of operations. This document must be continually updated as operations change.
Map of the Family Assistance Center	This will be a map of the actual Family Assistance Center facility.
Web Resources for Finding Your Family Member	This document is meant to provide families with several resources they should consider accessing to help find their missing family member.
Family Interview Information	This document outlines the information that families will be asked to provide during a family interview. Families should be given access to telephones, computers, and other assistance to attempt to find the information necessary to answer interview questions.
How Identification is Made	This document outlines the methods that the JP will use to make a scientific identification of the decedent.
Frequently Asked Questions When your Family Member is Missing	This document may answer many of the questions that families may have for the JP regarding the victim identification process and should be developed with input from the JP office.
Taking Care of Yourself and Your Family	These are resources for family members to help them take care of themselves and their families following an incident. These resources are meant to be supplemented by any other mental health or spiritual care resources available from the behavioral health providers.
Notifying Government and Financial Agencies	This is a guide for families to notify the appropriate agencies once the JP has scientifically identified their family member.
Credit Reporting Agency Notification	This is an example notification letter that families can be filled out and sent to credit reporting agencies to notify them that their family member is deceased.
Contact Information	This document provides contact information of some key resources for families. This document must be updated with current contact information for these agencies and any other necessary resources.

OPERATIONS CENTER AND ADMINISTRATIVE OFFICES

Administrative offices must be available for the various service groups including mental health professionals, clergy, and organizations such as the American Red Cross and Salvation Army. Since these administrative offices will hold files and confidential information generated by the family assistance center, they must be kept secure. A conference room serving as an operations center allows the different service groups and organizations to meet.

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. Activities in this room may require translator services, including sign language interpretation. For more information about such services, contact a local federal agency, university, hospital, or judicial system or court. The Case Assessment Team provides support as needed (*i.e.*, interpreters, translators, referrals to support agencies, resources, etc.).

CALL CENTER/HELP DESK

The Case Assessment Team maintains a Help Desk to answer questions from people calling via telephone or in person. It assists patrons at the FAC in securing such services as: benefits counseling and assistance, financial assistance and planning, laundry services, physical health services, interpreters/translators, and web access. The team also helps FAC patrons in identifying governmental, corporate, and non-profit support services. An additional Call Center can be maintained off-site to handle inquires on missing persons and ante-mortem procedures. A call center script should be developed in advance. Formulating a triage procedure for call scripts will identify those most likely to be valid missing persons. Those calls can be followed up by law enforcement.

DEATH NOTIFICATION ROOMS

To provide privacy, several rooms should be set aside for families to receive the information that their loved ones have been identified. For notifications at the center, if at all possible, have a separate exit out of the room and be able to provide transport, if required. As a general recommendation, if the family is not at the center, they should not be asked to return to the FAC to receive the death notification of their loved ones. Families may feel re-traumatized so it is preferable for death notification teams to be sent to the families' homes. A notification team should include a representative of the JP's office, law enforcement, a member of the clergy or a mental health professional and possibly a medical professional or victim assistance representative.

ANTE-MORTEM COLLECTION ROOMS

Several small rooms should be available to provide a private space where information such as ante-mortem data can be gathered from families and where families can receive counseling. Experienced personnel should be assigned to collect information from families. This information may be gathered by death investigators or funeral directors (however funeral directors must be directed to act as representatives of the JP's office, not death care services). If DNA family reference collection is required, the First Aid Team may also be assigned that responsibility in lieu of a separate DNA Reference Collection Team.

MEDICAL AREA

Family members and friends of the victims may require medical assistance. The First Aid Team provides basic first aid or medical care. An ambulance should be on standby at all times at the FAC to transport patients to area hospitals if necessary. The team also serves as a liaison with medical service providers in the event of a medical emergency. Staff may consist of qualified nurses, EMTs, or Medical Reserve Corps personnel. The team establishes and staffs a First Aid Station at the FAC. In addition, team members are positioned throughout the facility during family briefings and other events when large numbers of families and friends are gathered for activities.

BEHAVIORAL HEALTH SERVICES

This team monitors patrons reaction to information received at family briefings (particularly the number of positive identifications), assists with ante-mortem interviews and death notifications as needed, and attends all special events (i.e. incident site visits) to monitor behavioral health reactions during activities. Private rooms should be provided for counseling. Professionals can recommend and provide handouts for survivors and educational materials on the grief process throughout the FAC.

An appropriate mix of professionals – social workers, marriage, family and child therapists, psychologists, psychiatrists, and grief counselors are either on-call or on-duty at all times. This team assists families in understanding and managing the full range of grief reactions. Consider using the generic title of ‘counselor’ for all behavioral health staff to help lessen the avoidance behavior some people have toward seeking services termed “mental health”.

The Psychological First Aid Field Operations Guide can be downloaded through http://www.nctsn.org/sites/default/files/pfa/english/1-psyfirstaid_final_complete_manual.pdf and offers intervention strategies for family members exposed to disaster or terrorism events.

The team may also provide crisis intervention, mediation, and management of “at risk” families by providing referrals, as necessary, to mental health professionals and support groups located in the family member’s local area.

PHONE/COMPUTER BANKS

These rooms can be used for family members to spend time together and to use provided equipment to contact other relatives and friends.

CHILDCARE

The childcare area is prepared to provide support and activities for children representing a range of ages and is structured and staffed to provide appropriate monitoring and support for children’s needs. Only licensed childcare providers and staff who have passed a criminal background check can be used for these services.

REFLECTION ROOM

Provides an area 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. It is important to be sensitive to the needs of those who do not share a particular faith background. Identify an interfaith organization or board to serve as the clearinghouse for all clergy assigned to provide spiritual care to families.

The Spiritual Services Team provides pastoral counseling and spiritual care for people of all faiths who request it. This team will also provide emotional support/crisis intervention and assist mental health staff as needed. In addition, a representative of the Spiritual Services Team may be present when death notifications are made. Clergy and chaplains assist the Call Center when needed by talking with callers in distress. They arrange and conduct an interfaith memorial service when appropriate. In addition, Spiritual Services Team members attend family briefings and all special events (i.e. visits to the incident site) to monitor family reactions during activities and provide support.

MASS CARE

The Mass Care Team arranges for a dining area where meals may be served or where snacks and drinks are available. Food could be catered, made on the premises, or vouchers may be provided by the hotel restaurant, if the FAC is located in a hotel with dining services. Ensure appropriate foods are available to meet the needs of families.

RELIGIOUS/CULTURAL SENSITIVITY TO DEATH RITUALS AND BELIEFS

The time and process required to complete the mass fatality inquest is often difficult for families to understand and accept.

There will be specific religious and cultural concerns regarding:

- Autopsies
- Handling of the body
- Availability for disposition
- Type of interment
- It is best to consult with experts familiar with the ethnic, cultural and spiritual representative of the population groups known to live, work or travel through the community. The following table is only generally representative:

Affiliation	Autopsy	Burial	Cremation	Embalming	Noted ritual
Baha'i	Permitted, as long as body is treated with respect	Permitted	Not Permitted	Not permitted, unless required by state law	The deceased should be buried within one hour's travel time from the place of death
Buddhist	Not permitted	Permitted	Permitted	Permitted	Burial or cremation may take place a week after person has died. If the deceased is a child, parents usually do not want to visit mortuary, a sibling or close relative would be asked to identify the body.
Orthodox Christians	Not permitted, unless there are compelling reasons	Permitted	Not permitted	Permitted	There are several branches of Orthodox Christianity
Hinduism	Not permitted	Permitted, but rare	Permitted, primary	Permitted	Funeral usually within 24 hours. No concept of a funeral home.
Jain	Permitted	Not	Permitted,	Not permitted	Washing the body is commonplace.

		permitted	primary		
Judaism	Not permitted	Permitted	Not permitted	Not permitted	Funerals take place within 24 hours of death. All blood stained clothing must be buried with the deceased. No removals are to be made from sundown Friday to sundown Saturday, unless death occurs in a public place.
Islam/Muslim	Not permitted	Permitted	Not permitted	Not permitted	Should be buried within 24 hours of death. Body faces Mecca (NE). Washing and shrouding the body is important ritual.
Mormons	Permitted	Permitted	Permitted	Permitted	
Sikh	Permitted	Not permitted	Permitted	Not permitted	Prepare body with yogurt bath.
Zoroastrian	Not Permitted	Not Permitted	Not Permitted	Permitted	Zoroastrians have traditionally prohibited both burial and cremation

A comprehensive knowledge of these practices is prohibitive within a large incident involving a diverse populace. Many of these practices may lead to requests irreconcilable with the demands faced during a mass fatality incident. The JP will need to determine to what extent cultural and religious practices can or cannot be accommodated and communicate this to the families. Strategies for gathering this information are two-fold:

1. Practice sensitivity proactively:
 - Consult with other ME/JPs presiding over courts in populated counties on their experiences on specific requests
 - Identify sources of information: contact leaders of faith communities and representatives of immigrant communities
 - Be receptive to cues from families from call center, ante-mortem interviews, and FAC encounters
2. Communicate respectfully if needs cannot be met:
 - Integrate clergy and cultural leaders into the PIO and FAC functions as consultants for communication strategy
 - Affirm the commitment to treat the decedents with dignity and respect
 - If an autopsy, cremation, or other non-standard process is necessary, explain why to families

INCIDENT SITE VISIT AND MEMORIALS

It may be important to consider a visit by families to the incident site. Historically, families are inclined to gather near the disaster location to perform impromptu ceremonies, which may attract invasive media coverage. Transportation should be provided for the entire group instead of having families travel on their own to the site.

This visit must be coordinated with Incident Command. It should not be scheduled until the site is safe and human remains and clearly distinguishable personal effects are either removed from the site or are not visible from the vantage point of the viewing area. A wide security perimeter,

taking into account air space (above the incident site), and additional security personnel may be required to protect families from the media and on-lookers. Prior to the visit, the families should be briefed about what to expect, how long they will be at the site and what limitations may be in place.

A brief memorial may be held at the site to include a place for families to leave tributes and flowers. The visit should be staffed by crisis intervention specialist, clergy and medical support. Arrangements should be made with the families about the final disposition of any tributes left at the site.

To commemorate the victims, the community will often seek to establish a permanent monument or physical memorial as part of the recovery.

ATTACHMENT 14: SAMPLE COUNTY ANNEX

LOCAL SITUATION AND ASSUMPTIONS

SITUATION

- *[Include information that fine-tunes the general Situation statement in the regional plan. If it is intended that this annex be published as a stand-alone document, all or part of the Situation statement in the regional plan may be duplicated here.]*

ASSUMPTIONS

- *[Include information that fine-tunes the general Assumptions in the regional plan. If it is intended that this annex be published as a stand-alone document, all or part of the Assumptions in the regional plan may be duplicated here.]*

LOCAL CONCEPT OF OPERATIONS

GENERAL

- *[Include information that fine-tunes the general Concept of Operations statement in the regional plan. If it is intended that this annex be published as a stand-alone document, all or part of the Concept of Operations statement in the regional plan may be duplicated here.]*

RELATIONSHIP TO OTHER PLANNING DOCUMENTS

This plan is incorporated as Appendix 2 to Annex H of the _____ County Emergency Management Plan and complements provisions of the plan that provide for overall response and the deployment of resources to a Mass Fatality Incident (MFI).

LOCAL ORGANIZATION

AREAS OF RESPONSIBILITY

- *[Include information about which Justice of the Peace and which law enforcement agencies have jurisdiction in each area of the county. Maps may be used to depict the areas.]*

CONTACT INFORMATION

- *[Include contact information (telephone, e-mail, physical address, etc.) that will be needed to contact each of the JPs and their backup personnel. If this information is included in other Standing Operating Procedures (SOPs), refer to those SOPs rather than repeating the information in this section.]*

LINES OF SUCCESSION

- *[Include information about which officials provide coverage for each of the JPs when the primary JP is unavailable to respond to a MFI.]*

LOCAL RESOURCE ASSESSMENT

Local MFI resources may initially be sourced through:

- response agencies
- registry of qualified volunteers to form ad hoc teams
- ad hoc teams from response agencies
- existing regional response teams
- existing death care service providers
- non-profit organizations
- existing caches held by jurisdictions
- emergency purchases

At the onset, each jurisdiction should have in place a general accounting of its existing capabilities.

Pathology support functions when TCMEO cannot fulfill
Decontamination capabilities
Search and recovery capabilities
Level of PPE available
Mobile tent set-up or medical equipped trailer for morgue use
Decedent transport

Morgue storage capabilities
Forensic specialists for remains identification
Facilities appropriate and available for an incident morgue
Facilities appropriate and available for a Family Assistance Center
Security measures available

ASSIGNMENT OF RESPONSIBILITIES

General

[Modify this section, as needed to reflect local organization and protocols. If a position is not included within the local organizational structure, it may be deleted. If a position is deleted ensure that its essential duties are assigned to another position.]

Mayors and county judges and their designees have responsibility for emergency preparedness and response within the jurisdictions. Under ICS, the incident commander directs the on-scene response by local responders from a command post near the incident site. Responders from other jurisdictions and agencies (including state and federal) that have been called upon to assist when resources are inadequate are integrated into the local ICS. Each responding agency will have specific roles and reporting relationships. The fatality management objectives will be incorporated into the overall incident action plan (IAP).

In addition, many of the CAPCOG local governments will activate an emergency operations center (EOC). The facility can be an ad hoc or mobile site. From this facility, members of various departments or agencies gather to collaborate on guidance and to coordinate internal and external resource support.

LOCAL AGENCY RESPONSE

Local Agency Assigned Tasks
Role of Justice of Peace
<ul style="list-style-type: none"> • Exercises statutory authority to assume custody of the deceased and maintains control over the human remains • Determines cause and manner of death on death certificates • May waive certain death care service requirements • Coordinates MFI priorities with IC • Authorizes removal, storage, investigative processing of remains • Coordinates disposition of the remains and associated personal effects

<ul style="list-style-type: none"> • Formulates investigative approach with law enforcement or other investigators • Coordinates with state and federal agencies providing assistance • Develops/coordinates with PIO on messaging regarding MFI/FAC • Considers activation of FAC in coordination with emergency management and relevant agencies • Coordinates with FAC for ante-mortem documentation • Coordinates briefing information for family members
<p>Role of Emergency Management Director</p>
<ul style="list-style-type: none"> • Has statutory overall authority of incident to: <ul style="list-style-type: none"> ○ declare local emergencies ○ approve mutual aid assistance (MAA) ○ authorize activation of functional and hazard-specific local emergency plans ○ request state aid ○ obligate jurisdictions for expenditures ○ designate EMC to act on his/her behalf • County judge may assume medico-legal authority only in ongoing unavailability of any precinct JPs
<p>Role of Emergency Management Coordinator</p>
<ul style="list-style-type: none"> • Maintains the jurisdiction’s Emergency Operations Center (EOC) in a state of readiness • Maintains coordination with local and state governmental departments and agencies, utilities and industry during any type of emergency • May represent jurisdiction in formalizing requests for mutual aid • May take command and control role in incident command
<p>Role of Incident Commander</p>
<ul style="list-style-type: none"> • Manages incident site(s) by establishing command post • Identifies incident management priorities • Identifies additional plans and annexes to activate • Incorporates mass fatality management into IAPs • Channels requests for resources: equipment, supplies, facilities and personnel to EOC • Manages resource logistics, operations, financials • Establishes PIO, safety officer, and agency liaison positions
<p>Role of Emergency Operations Center</p>
<ul style="list-style-type: none"> • Serves as coordination and support center for the response to • Coordinates resource requests with supporting agencies • Provides centralized communication mode to coordinate multi-agency support and consultation • Implements mutual aid agreements • Coordinates the call-up and assignment of technical personnel to augment

staffing
Role of Fire Personnel
<ul style="list-style-type: none"> • May serve as IC commander and/or first responder, but also may provide support functions: <ul style="list-style-type: none"> ○ establishes site safety requirements ○ deploys for search and recovery ○ conducts hazardous material (HazMat) decontamination
Role of EMS Personnel
<ul style="list-style-type: none"> • May serve as IC commander and/or first responder, but also may provide support functions: <ul style="list-style-type: none"> ○ identified as resource for transport ○ provides search and recovery resources ○ provides medical support to first responders
Role of Law Enforcement Personnel
<ul style="list-style-type: none"> • Retains authority over potential crime site • collects investigative evidence • may take custody and safeguard unassociated personal effects • reports JP collected data to missing persons clearinghouses • Serves as lead crime investigator • Provides support functions: <ul style="list-style-type: none"> • establishes security for site, morgue operations, transportation routes, FAC • collects and preserves certain personal effects as evidence and establishes chain of custody • establishes criminal culpability
Role of Public Health Personnel
<ul style="list-style-type: none"> • Establishes representation at the EOC • Coordinates in making decisions regarding strategies for reallocating medical surge resources to fatality management • Provides guidance on safe handling of human remains and methods for interim storage • Provides public information through coordination with the PIO • May provide staffing for FAC • If infectious disease related: <ul style="list-style-type: none"> ○ provides disease surveillance and guidance and coordinate control measures ○ provides case definition for infectious disease related deaths ○ provides PPE guidance ○ coordinates guidance concerning forensic analysis of biological- contaminated specimens with the CDC

Role of Healthcare Providers (i.e., hospitals)
<ul style="list-style-type: none"> • May provide morgue surge capacity • Coordinates hospital MFI plans with IC
Role of Death Care Providers (ME offices; funeral homes; private pathologists; crematoriums)
<ul style="list-style-type: none"> • Provides products and services for fee: <ul style="list-style-type: none"> ○ may provide consultation and expertise ○ may provide pathology services ○ may collect and transport remains ○ provides off-site mortuary services, including autopsies and embalming ○ may provide limited morgue storage ○ may supply protective lined caskets for infectious disease interment ○ provides cremation services ○ develops final interment plans with family members ○ completes and submits death certificates to registrar
Role of CATRAC
<ul style="list-style-type: none"> • Provides liaison with public health agencies and hospitals to expedite requests for assistance and resources <ul style="list-style-type: none"> ○ Coordinates regional MFI plan with hospital MFI plans ○ Works with officials to pre-identify sites for morgue storage • May hold resource caches
Role of Volunteer Organizations
<ul style="list-style-type: none"> • May manage/oversight of FAC <ul style="list-style-type: none"> ○ provides case management ○ provides disaster mental health ○ provides spiritual counsel ○ staffs call center ○ coordinates care of responders • May provide search and rescue assets <ul style="list-style-type: none"> ○ may provide recovery teams or guidance ○ may provide cadaver dogs • Provides professional/licensed pathology and forensic morgue services • Secures translation services
Role of PIO
<ul style="list-style-type: none"> • May function within a joint information center (JIC) with other agencies: <ul style="list-style-type: none"> ○ provides public education during and after to mitigate anxiety, fear or panic ○ coordinates media messaging with family briefings ○ manages media access at all sites ○ coordinates dignitary visits

LOCAL SOURCING

[Revise this section, as needed, to reflect the sources and availability of resources to respond to a MFI at the local level. If a resource is not available locally, designate the category as Mutual Aid (MA) or State Assistance (S). For items to be purchased, enter potential suppliers.]

Legend:

- L—Available locally
- M—May be available via Mutual Aid
- S—Available from the State of Texas
- X – Emergency purchase/Procurement

	RECOVERY UNIT RESOURCES	LOCAL GOVERNMENT				GOVERNMENTAL			ORGANIZATIONS				OTHER		
		JUSTICE OF THE PEACE	LAW ENFORCEMENT	FIRE/RESCUE	EMERGENCY MEDICAL SERVICES	EMERGENCY MANAGEMENT	MEDICAL EXAMINER OFFICES	PUBLIC HEALTH	STATE AGENCIES	TRAUMA REGIONAL ADVISORY COUNCILS	VOLUNTEER ORGANIZATIONS	SCHOOLS, UNIVERSITIES	HOSPITALS	FUNERAL HOMES	PURCHASE/PROCUREMENT
PERSONNEL	Body handlers to recover bodies		L	L,M	L			S						L	
	Medico-legal investigator	L													
	Scribes	L	L												
	Personal effects recovery trackers to ensure chain of custody	L	L,M					S							
	Remains transport drivers												L		
	Hazmat/decon specialists, if required			L,M			L, S								
	Field finger print technician		L, M												
	Forensic Anthropologist						L,M				L				
Cadaver dog team		L,M							L,M						
SEARCH AND RECOVER	Flags/stakes		L												X
	GPS units		L,M												X
	Markers	L	L												X
	Cameras	L	L												X
	Body Bags	L,M				L,M			M			L			
	Bio seal systems	L	L	L				S	M						
	Body/personal effects tags	L	L					S							X
	Personal effects pouches		L					S							X
	Backboards			L, M	L, M										
	Transport vehicles		L		L								L		X
	Sealing tape	L	L					S							X
TRANSPORT/STORAGE	Refrigerated trailers							S	M, S						X
	Body racks							S	M, S						
	MERC systems								M, S						
	Shelter kits					L			M, S						
	Tow vehicles/Prime movers			L, M		L,M		S							X
	Temp morgue storage facilities						M					L	L		
	Generators			L, M				L, S							X
	Dry Ice														X
	Protective Sheeting														X
PPE	PPE: Gloves			L				S				L			X
	PPE: Hardhats			L											X
	PPE: Face masks			L				S				L			X
	PPE: Goggles											L			X
	PPE: Boot covers							S							X
	PPE: Coveralls							S				L			X
DECON	Decon system			L, M				S							
	Chemical detection units			L, M				S							
	Bio Hazard Bags			L, M			L, S	S							X
	Water tanker			L, M				S							
	Decon Tent			L, M					M						
	Cleaning solutions			L,M				S							X
	Impervious floor covering														X
	Waste recapture system			L, M				S							X
	Other														

	<u>MORGUE UNIT RESOURCES</u>	LOCAL GOVERNMENT					GOVERNMENTAL			ORGANIZATIONS			OTHER	
		JUSTICE OF THE PEACE	LAW ENFORCEMENT	FIRE/RESCUE	EMERGENCY MEDICAL SERVICES	EMERGENCY MANAGEMENT	MEDICAL EXAMINER OFFICES	PUBLIC HEALTH	STATE AGENCIES	TRAUMA REGIONAL ADVISORY COUNCILS	VOLUNTEER ORGANIZATIONS	SCHOOLS, UNIVERSITIES	HOSPITALS	FUNERAL HOMES	PURCHASE/PROCUREMENT
PERSONNEL	Admitters	L								L				
	Records manager	L												
	Body escorts	L	L	L										
	Fingerprint technician		L,M											
	DNA specialists						M		S					
	Pathology specialists						M		S					
	Odonatologists									L				
	Other													
ADMIT/PROCESS	Measuring devices													
	Cameras													
	Prep tables					L		S	M					
	Smooth movers							S	M					
	Morgue trays							S						
	DNA analysis		L,M								S			
	X-ray imaging													
	Autopsy equipment							S						
	ID tags							S						X
	Sealing tape	L	L				L,M							X
	Software/forms	L												
	Other													
FACILITIES	Portable morgue units						M	S	M					
	Incident morgue tent					M								
	Incident morgue facility					L	M							X
	Office set-up													X
	Computers													
	Other													
PPE	PPE: Surgical masks							S						X
	PPE: Gloves							S						X
	PPE: N-95 masks							S						X
	PPE: Tyvek suit							S						X
	PPE: Goggles							S						X
	PPE: Shoe covers							S						X
	PPE: Sanitizer							S						X
	Other													
PRESERVE/STORAGE	Cold storage facility							S					L	X
	Common tissue storage													
	Effects storage		L											
	Caskets												L	
	Embalming machine							S					L	
	Embalming fluid							S					L	
	Vaults												L	
	Preserving chemicals													X
	Temporary interment site							S						
	Other													

ATTACHMENT 15: FORMS

GENERAL

The inserted package of forms has been pulled from a number of sources. It is not all-inclusive. Some form content is duplicative in more than one format for best choice consideration. Additional forms may need to be identified and created by the JP Office in anticipation of an event or just in time by the Fatality Management Units in response to a specific need.

DEATH NOTICES

REPORT OF DEATH

NOTIFICATION OF DEATH OF A FOREIGN NATIONAL
FAX

SITE RECOVERY

DISASTER SCENE DEATH INVESTIGATION RECORD

RECOVERY SITE REPORT

RECOVERY SITE FIELD LOG

TRANSPORTATION AND STORAGE MONITORING

TRANSPORTATION LOG

POST-PROCESSING STORAGE LOG

STORAGE TEMPERATURE MONITORING LOG

IDENTIFICATION FORMS

MISSING PERSON IDENTIFICATION FORM

CALL CENTER INTAKE FORM

DECEDENT IDENTIFICATION FORM

PERSONAL EFFECTS FORMS

PERSONAL EFFECTS LOG

CHAIN OF CUSTODY

PERSONAL EFFECTS RELEASE FORM

REMAINS RELEASE FORMS

INITIAL NOTIFICATION PREFERENCE

REMAINS RELEASE AUTHORIZATION (1)

REMAINS RELEASE AUTHORIZATION (2)

RELEASE OF HUMAN REMAINS

REMAINS RELEASED FOR FINAL DISPOSITION LOG

POST-MORTEM RELEASE LOG

FAMILY ASSISTANCE FORMS

FAMILY/FRIEND REGISTRATION FORM

FAMILY/FRIEND DAILY SIGN-IN SHEET

CRISIS CALL CENTER INTAKE FORM

SECONDARY SERVICES REFERRAL FORM

VICTIM ID FORMS

DNA COLLECTION FORMS

DECEASED VICTIM RECORD COVER SHEET

REQUESTED RECORDS LIST

DMORT FORMS

623 – RADIOGRAPHIC FINDINGS

624 – EXTERNAL PREPARATION/EMBALMING CASE
REPORT

625 – EMBALMING CLASSIFICATION OF HUMAN
REMAINS

626 – VICTIM EXTERNAL/AUTOPSY EXAMINATION

627 – ITEMIZED LISTING PERSONAL EFFECTS
DISCOVERED ON VICTIM

628 – RELEASE OF HUMAN REMAINS

629 – CHAIN OF CUSTODY

630 – VICTIM RECORDS/INFORMATION STATUS
REPORT

631 – OFFICIAL NOTIFICATION TO NEXT OF KIN
REGARDING POSITIVE IDENTIFICATION OF VICTIM

632- RELEASE AUTHORIZATION (INCOMPLETE
HUMAN REMAINS)

633 – RELEASE FORM (COMPLETE HUMAN REMAINS)

634 – DECLARATION OF POSITIVE IDENTIFICATION
OF DISASTER VICTIM

635 – TELEPHONE DOCUMENTATION OF
NOTIFICATION OF NEXT OF KIN REGARDING
POSITIVE ID

636 – RELEASE OF PERSONAL EFFECTS

637 – WINID2 MASTER LEGEND

638 – ANTE MORTEM DENTAL RECORD

639 – POST MORTEM DENTAL RECORD

640 – POSITIVE DENTAL ID SUMMARY FORM

VIP FORMS

VIP PERSONAL INFORMATION

VICTIM RECOVERY FORM

TRACKING FORM

FINGERPRINTING

ANTHROPOLOGY

RADIOLOGY

PATHOLOGY