



**ADHS-MASS FATALITY MANAGEMENT PLANNING TOOLKIT  
FOR COUNTY AND TRIBAL PUBLIC HEALTH**

**BUREAU OF PUBLIC HEALTH EMERGENCY PREPAREDNESS  
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## A. INTRODUCTION

Arizona Department of Health Services (ADHS) Mass Fatality Management Planning Toolkit (MFMPT) is a guide to provide a framework to local public health agencies (counties, tribes, and healthcare facilities) in the development of a comprehensive mass fatality response plan for the management of a mass fatality incident (MFI) during large-scale disasters, smaller, more localized incidents as well as long-term events.

## B. PURPOSE

1. Develop a toolkit that includes directions for local public health partners for the development and successful activation, operation and demobilization during and after a mass fatality incident.
2. Propose roles that enhance the ability of local public health agencies to support and coordinate with other lead jurisdictional authorities (e.g., medical examiner, law enforcement, healthcare entities and emergency management).
3. Provide sample forms, checklists, etc. for use by jurisdictional partners in developing plans or standard operating guidelines for the management of MFI.

## C. GOALS

To ensure:

1. Local jurisdictions are involved in discussion with lead response agencies while working on the mass fatality planning
2. Processes are in place identifying the authorities and organizational structure for a jurisdiction to enhance coordination when handling a mass fatality incident.
3. There is a mass fatality plan in place (at the local level) that coordinates the activities of all partners in managing the recovery and identification of human remains
4. Memoranda of understanding (MOU), memoranda of agreement (MOA), mutual aid agreements, contracts and/or letters of agreement with other agencies are in place to support coordinated activities, and with other jurisdictions to share resources, facilities and services needed during MFI (*AZMAC, EMAC etc.*).
5. Threshold for requesting additional resources has been identified; and the agency has identified a “role” that is familiar with request process and pathways.
6. The mass fatality planning accommodates family, cultural and religious consideration and individuals’ preferences for final disposition as communicated by the family members.
7. There are procedures and protocols for family notification in the event that public health has a lead role in the incident.

## **D. SITUATIONS AND ASSUMPTIONS**

1. Mass human fatalities may occur as the result of natural, accidental and manmade catastrophic events, disasters, or public health emergencies.
2. Primary responsibility for the management of MFI is at the local level- County Medical Examiner (ME) is the lead authority that retains custody of decedents who are unidentified or have unknown causes of death.
3. There are four County ME Offices and one contractual ME office in Arizona located in Coconino, Maricopa, Mohave, Pima, and Yavapai counties responsible for managing a MFI statewide.
4. Mass fatality planning should initiate at the local level involving all appropriate partner agencies and organizations to ensure processes are in place should a MFI occur.
5. The key features of a MFI are to recover, track and identify remains; determine cause and manner of death; release remains for final disposition; and to establish a Family Assistance Center (FAC).
6. If the MFI is suspected to be due to Pandemic Influenza or any other infectious disease outbreak, the ADHS and its local public health partners will coordinate with and provide guidance on the communicable disease investigation to the ME(s) office, first responders and law enforcement.
7. Each County in Arizona has developed a county mass fatality management and response plan and has developed applicable standard operating procedures.
8. The ME Office in each county has already established and implemented processes and procedures that would be adaptable for use during a MFI.
9. There will be public concerns on health and safety risks in the aftermath of a mass fatality. Risk communication messaging is carefully crafted, informing and advising the public on how to protect them.
10. Funeral establishments, county vital records and county ME offices are using Electronic Death Registration (EDR) system for reporting human remains- a system that is required to report all death-natural, accidental or manmade in Arizona.

## **E. PLANNING RESPONSIBILITIES**

### **1. RECOMMENDATIONS FOR LOCAL HEALTH DEPARTMENTS (LHD) AND TRIBES**

In Arizona, the county ME has the medico-legal authority for investigation, recovery, and management of human remains. *Arizona Revised Statutes 11-593 through 11-600:* <http://www.azleg.gov/ArizonaRevisedStatutes.asp?Title=11>

Counties that do not have a ME either contract the service or have agreements with another county ME; formal documentation must be available that establishes the services to be rendered and medico-legal jurisdiction. Regardless, the County Public Health should:

- Develop a mass fatality plan in accordance with framework provided by ADHS-MFMPT that coordinates the activities of all jurisdictional partners
- Must work very closely with respective ME Office in planning and response activities related to a MFI
- Activate plans to protect the health and safety of the public after a mass fatality incident.
- Assist tribal governments to develop mass fatality management plans.
- Exercise the mass fatality plans with tribal and other partners; identify strengths and weaknesses and propose recommendations to fill the gaps.
- Coordinate MFI planning and support with neighboring jurisdictions.
- Work with jurisdictional partners and stakeholders to identify multiple sites for temporary storage of human remains- develop MOUs.
- Establish FAC that assists family members and relatives coping with uncertainty, stress and adaptation process.
- Utilize the existing information sharing system (AzHAN, Communicator etc.) and available redundant communication systems to rapidly disseminate and receive health alerts.
- Must keep an updated contact list for all partners and stakeholder for timely and accurate information sharing.
- Work with State Public Information Officer (PIO) for press release, press conferences and media inquiries.

### **2. RECOMMENDATIONS FOR LOCAL MEDICAL EXAMINER OFFICE**

- County ME should work with jurisdictional partners to identify multiple sites for temporary storage of human remains for a MFI and develop MOUs.
- The County ME retains control and authority over fatality management, even when the response is supported by regional, state, or federal assets-*Arizona Revised*

*Statutes 11-593 through 11-600:*

<http://www.azleg.gov/ArizonaRevisedStatutes.asp?Title=11>

- Oversees the entire mortuary affair from recovery of human remains until the decedent is accepted by a Funeral Director.
- Inquire and determine the circumstances, cause, manner and mode of certain deaths
- Specific responsibilities include the following:
  - Identify human remains
  - Provide adequate and decent storage
  - Conduct autopsies
  - Determine the cause and manner of death
  - Secure any evidence pertaining to the death
  - Inventory and protect personal effects found on the deceased
  - Using the ADHS EDR system for reporting human remains
  - Locate and notify the next-of-kin
  - Release remains

### **3. RECOMMENDATIONS FOR HEALTHCARE FACILITIES**

- Develop a mass fatality plan in accordance with framework provided by ADHS-MFMPT that identifies the role of hospitals during a MFI
- Exercise the mass fatality plans with the state and local partners-identify strengths and weaknesses and propose recommendations and action steps to fill the gaps.
- Work with jurisdictional healthcare partners and stakeholders (Local and tribal health department, ME Office, Sheriff's Office etc.) to identify temporary storage of human remains during surge- develop MOUs.
- Work in collaboration with FAC that assists family members and relatives coping with uncertainty and stress.
- Utilize the notification systems and redundant communication systems to rapidly disseminate and receive health alerts.
- Must keep an updated contact list for all partners and stakeholder.
- Work with State and County PIOs for press releases and media inquiries

## F. AUTHORITIES

### 1. FEDERAL

- 1) Aviation Disaster Family Assistance Act of 1996
- 2) Foreign Air Carrier Family Support Act of 1997
- 3) Rail Passenger Disaster Family Assistance Act of 2008
- 4) National Response Framework (NRF), Emergency Support Function 8 (ESF-8)

### 2. STATE

- 1) ARS §-Title 32 (Professions and Occupations), Chapter 12 Funeral Directors and Embalmers), Article 1 (Board of Funeral Directors and Embalmers)  
<http://www.azleg.gov/ArizonaRevisedStatutes.asp?Title=32>
- 2) ARS §-Title 32 (Professions and Occupations), Chapter 20 (Real Estate), Article 6 (Organization and Regulation of Cemeteries)  
<http://www.azleg.gov/ArizonaRevisedStatutes.asp?Title=32>
- 3) ARS §-Title 36 (Public Health & Safety), Chapter 3 (Vital Records and Public Health Statistics), Article 3 (Death Registration and Birth Registration Certificate Requirements) <http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp?Title=36>
- 4) ARS §-Title 36 (Public Health & Safety), Chapter 7- 36-803 thru 36-808 (Disposition of Human Bodies) <http://www.azleg.gov/ArizonaRevisedStatutes.asp?Title=36>
- 5) Arizona State Emergency Response and Recovery Plan (SERRP)
  - ESF #8 – Public Health Appendix
  - Emergency Support Function Incident Annexes
    - Catastrophic Mass Fatalities CAT-1
      - ✚ Mass Fatalities Coordination Appendix CAT-MF-1
      - ✚ Mass Casualties Coordination Appendix CAT-MC-1

### 3. LOCAL

- 1) ARS §-Title 11 (Counties), Chapter 3 (County Officers), Article 12 (County Medical Examiner), <http://www.azleg.gov/arizonarevisedstatutes.asp?title=11>

### 4. HIPAA

The HIPAA Privacy Rule that restricts disclosure of patient information is not suspended during emergency response because of a MFI. However, the Secretary of HHS may waive certain provisions of the Rule under the Project Bioshield Act of 2004 (PL 108-276) and section 1135(b)(7) of the Social Security Act.

Regardless of the activation of an emergency waiver, the HIPAA Privacy Rule permits disclosures for treatment purposes and certain disclosures to disaster relief organizations. For instance, the Privacy Rule allows covered entities to share patient information with the American Red Cross so it can notify family members of the patient's location. See 45 CFR 164.510(b)(4).

US Department of Health and Human Services:

[http://www.hhs.gov/ocr/privacy/hipaa/faq/disclosures\\_in\\_emergency\\_situations/1068.html](http://www.hhs.gov/ocr/privacy/hipaa/faq/disclosures_in_emergency_situations/1068.html)

**NOTE:**

This toolkit is intended to align with the Arizona Division of Emergency and Military Affairs (ADEMA) State Emergency Response and Recovery Plan (SERRP) and associated fatality and catastrophic annexes and the ADHS Mass Fatality Management Plan (MFMP). All planning documents should be in compliance with the National Incident Management System (NIMS).

When developing the section on authorities, please note that nothing in the document should interfere with, or take, the authority of the local ME in carrying out their duties and responsibilities.

## **G. APPENDICES**

TAB A: Planning Considerations and Checklist

TAB B: Family Assistance Center Operations

TAB C: Tracking System Activation

TAB D: Remains Recovery

TAB E: Transporting Human Remains and Holding Morgue Pre-processing

TAB F: Morgue Operations

TAB G: Post-processing Storage of Human Remains

TAB H: Remains Release for Final Disposition

## TAB A: PLANNING CONSIDERATIONS

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MFI is an incident involving more fatalities and body parts than can be managed by available local resources; and may require assistance from neighboring counties, state and/or federal agencies. The purpose for a MFI planning is ensuring all aspects of MFI management are addressed. Below are few recommendations for planning a comprehensive mass fatality response plan:

- The county ME has the medico-legal authority for investigation, recovery, and management of human remains. *Arizona Revised Statutes 11-593 through 11-600*: <http://www.azleg.gov/ArizonaRevisedStatutes.asp?Title=11>
- Including county ME Office in planning and response activities related to a MFI is of paramount importance
- Planning should identify a structure with authorities needed to implement and manage an effective response operation. Using the Incident Command System (ICS) in planning and response efforts will promote a structured response to a MFI.
- Developing scenarios based on historic local data to estimate number of deaths that could occur in a MFI; and using the data to encourage participation in jurisdictional planning process (*For example: Arizona's Yarnell Fire Fatality incident in June 2013*)
- Utilizing the communication plan with identified information sharing processes and protocols; having an updated contact list of all partners, and using existing routine and redundant communication systems (AzHAN, Communicator, and Emergency System for Advance Registration of Volunteer Health Professional (ESAR-VHP)) to communicate with healthcare and business partners throughout MFI.
- Exercising the mass fatality plans with federal, state, and local jurisdictional partners to identify any deficiencies in resources and personnel. Working with partners on how to fill those resource gaps which are so essential to effectively managing a MFI.
- Increasing awareness and providing training to staff and other response partners on mass fatality plan and its management.
- A MFI may quickly overwhelm the resources of counties in Arizona. Funeral Homes (FH) and mortuaries may not have the capacity to process the deceased and human remains in an expected manner and may run out of capacity; therefore, managing a MFI will require the coordination and cooperation of all jurisdictional planning partners.
- Having MOA/MOU where resources will not be able to meet demands: transportation, cold storage for dead bodies, temporary interment and mass graves are few examples.

- Identifying thresholds for requesting additional resources. (Federal resources, Regional Emergency Coordinators, steps to engage and notify EMAC and AZMAC coordinators – through appropriate channels).
  - ✚ Arizona Mutual Aid Compact (AZMAC) is in place to coordinate with-in-state resources via Arizona Department of Emergency and Military Affairs (DEMA). Link to AZ MAC Info/Resources: [http://www.dem.azdema.gov/logistics/docs/mutualaid/Final\\_AZ\\_Mutual\\_Aid\\_Compact.pdf](http://www.dem.azdema.gov/logistics/docs/mutualaid/Final_AZ_Mutual_Aid_Compact.pdf)
  - ✚ Emergency Mutual Aid Compact (EMAC) will be used to coordinate out-of-state resources via DEMA. Link to AZ Mutual Aid Info/Resources. <http://www.dem.azdema.gov/logistics/supply/mutaid.html>  
Please also review ARS 26-402: <http://www.azleg.gov/FormatDocument.asp?inDoc=/ars/26/00402.htm&Title=26&DocType=ARS>
- Coordinating with Hospitals and healthcare facility, providing assistance with mental/behavioral health services, and guidance on how and whom to report a death (call 9-1-1 or a use a dedicated call center).
- Responding to public concerns- in the aftermath of a mass fatality, the public will have multiple concerns. It is essential that accurate scientific-based information be available in a timely manner.
- Respecting cultural and religious beliefs of the deceased and the family members. Also show respect for the beliefs of those at the site of the tragedy.
- Planning a FAC during a MFI that supports the health, medical, and mortuary response activities and meets the emotional, spiritual, and human service needs of the families of the injured and deceased.
- Identifying the real health and safety risks to the public related to the MFI, inform the public, and advise the public on how to protect them.
- Developing protocol on the use of *Personal Protective Equipment (PPE)*; PPE will be required for all personnel handling human remains to enhance the *Universal Precaution* to protect against potential diseases and infections.
- **ATTACHMENTS-1 TAB A** (Checklist below) highlights recommended MFI Management Planning elements to be considered by response agencies.

## ATTACHMENT-1 TAB A: MASS FATALITY INCIDENT (MFI) MANAGEMENT PLANNING CHECKLIST

This checklist will help local public health planning partners to evaluate the readiness in managing a mass Fatality Incident (MFI), and to identify areas where further planning may be needed. Please complete this checklist with the input from local jurisdiction planning partners including at a minimum: Local Health Department, Local Emergency Management, Medical Examiner's Office, Local Business partners, Healthcare facilities, and Regional Healthcare Coalition

### PART A - IDENTIFICATION OF AGENCY (COUNTY, TRIBE, HCF) AND REPRESENTATIVE (POINT OF CONTACT)

County/Tribe/HCF						
Name of Representative						
Title and/or Position				<b>ADDRESS</b>		
Phone Number	<b>WORK</b>		<b>FAX #</b>			
Local Emergency Management Representative						
Office of Medical Examiner Representative						
LHD Representative						

### PART B – PLANNING CHECKLIST

SECTION 1	COORDINATION AND CONTROL			
	ACTIVITIES	YES	NO	RESOURCES/COMMENTS
<b>A</b>	Does your jurisdiction have a Medical Examiner? If yes proceed to C.			SERRP: (State Emergency Response and Recovery Plan) <a href="http://www.dem.azdema.gov/preparedness/planning.html#serrp">http://www.dem.azdema.gov/preparedness/planning.html#serrp</a>
	<i>Local jurisdiction notes/comments?</i>			
<b>B</b>	If a contractual arrangement is in place with an ME's office in another jurisdiction, does the contract include mass fatality incident management?			
	<i>Local jurisdiction notes/comments?</i>			
<b>SECTION 1</b>	<b>COORDINATION AND CONTROL Continued</b>			

ACTIVITIES		YES	NO	RESOURCES/COMMENTS
C	Have you identified your local health authority(ies)?			ADHS Link to LHDs: <a href="http://www.azdhs.gov/diro/liaison/county-health-departments.htm">http://www.azdhs.gov/diro/liaison/county-health-departments.htm</a>
	Local jurisdictions notes/comments			
D	Has your jurisdiction determined who will oversee mass fatality planning and response?			<b>Local ME's Office Links:</b> <b>Coconino County:</b> <a href="http://www.coconino.az.gov/index.aspx?nid=242">http://www.coconino.az.gov/index.aspx?nid=242</a> <b>Maricopa County:</b> <a href="https://www.maricopa.gov/medex/">https://www.maricopa.gov/medex/</a> <b>Mohave County:</b> <a href="http://www.countyoffice.org/az-mohave-county-medical-coroner/">http://www.countyoffice.org/az-mohave-county-medical-coroner/</a> <b>Pima County:</b> <a href="http://webcms.pima.gov/government/medical_examiner/">http://webcms.pima.gov/government/medical_examiner/</a> <b>Yavapai County:</b> <a href="http://www.yavapai.us/me/">http://www.yavapai.us/me/</a>
	Local jurisdictions notes/comments			
E	Has a meeting been held between the emergency management authorities, the local medico-legal authorities and local health authorities to explore issues of coordination and control?			
	Local jurisdictions notes/comments			
<b>SECTION 2</b>		<b>PLAN DEVELOPMENT</b>		
ACTIVITIES		YES	NO	RESOURCES/COMMENTS
F	Have local planning and response partners been identified for all components of mass fatality management? If no, completed section 3			
	Local jurisdictions notes/comments			
G	Have person(s) authorized to implement the plan and the delegation of authority to carry out the plan been determined?			
	Local jurisdictions notes/comments			

<b>H</b>	Have triggers to activating and demobilizing the plan been identified?			
	<i>Local jurisdictions notes/comments</i>			
<b>I</b>	Have roles, responsibilities and resources been identified to conduct disaster mortality surveillance?			ADHS Mortality Surveillance or Electronic Death Registration (EDR) System
	<i>Local jurisdictions notes/comments</i>			
<b>J</b>	Have roles, responsibilities and resources been identified for securing the incidence scene? ( <i>Law enforcement, local ME, ADEM etc.</i> )			
	<i>Local jurisdictions notes/comments</i>			
<b>SECTION 2</b>		<b>PLAN DEVELOPMENT Continued</b>		
<b>ACTIVITIES</b>		<b>YES</b>	<b>NO</b>	<b>RESOURCES/COMMENTS</b>
<b>K</b>	Have roles, responsibilities and resources been identified for the flow of information within incident command and out to the media?			
	<i>Local jurisdictions notes/comments</i>			
<b>L</b>	Have roles, responsibilities and resources been identified to stand up and run a Family Assistance Center (FAC)?			
	<i>Local jurisdictions notes/comments</i>			
<b>M</b>	Has a tracking system been developed for mass fatality management to include the roles, responsibilities and resources for tracking and identifying remains through to the final disposition of remains?			Local ME Plan:
	<i>Local jurisdictions notes/comments</i>			
<b>N</b>	Have roles, responsibilities and resources been identified for search and recovery of remains on scene and the transport of remains from the scene?			
	<i>Local jurisdictions notes/comments</i>			

<b>O</b>	Have roles, responsibilities and resources been identified for the decontamination, when needed, of remains, personnel and transportation assets at the incident scene and/or outside of the incident scene?			
	<i>Local jurisdictions notes/comments</i>			
<b>P</b>	Have roles, responsibilities and resources been identified for the custody of personal property and processing of evidence?			
	<i>Local jurisdictions notes/comments</i>			
<b>Q</b>	Have roles, responsibilities and resources been identified for interim storage of human remains prior to medico-legal authority processing?			
	<i>Local jurisdictions notes/comments</i>			
<b>SECTION 2</b>		<b>PLAN DEVELOPMENT Continued</b>		
<b>ACTIVITIES</b>		<b>YES</b>	<b>NO</b>	<b>RESOURCES/COMMENTS</b>
<b>R</b>	Have roles, responsibilities and resources been identified for the processing of human remains by the local medico-legal authority?			
	<i>Local jurisdictions notes/comments</i>			
<b>S</b>	Have roles, responsibilities and resources been identified for the storage of human remains post-processing by the medico-legal authority?			
	<i>Local jurisdictions notes/comments</i>			
<b>T</b>	Have roles, responsibilities and resources been identified for locating and notifying the next of kin for human remains that have been identified?			
	<i>Local jurisdictions notes/comments</i>			
<b>U</b>	Have roles, responsibilities and resources been identified for the final disposition of human remains?			
	<i>Local jurisdictions notes/comments</i>			

<b>V</b>	Has the plan been reviewed and approved by all jurisdictional planning partners identified within the plan?			
	<i>Local jurisdictions notes/comments</i>			
<b>Sub-Section 2B</b>		<b>PLAN MAINTENANCE</b>		
	<b>ACTIVITIES</b>	<b>YES</b>	<b>NO</b>	<b>RESOURCES/COMMENTS</b>
<b>W</b>	Have training sessions, drills and tabletop exercises been planned and held for all parties involved to learn and discuss all aspects of the plan?			
	<i>Local jurisdictions notes/comments</i>			
<b>X</b>	Has a full scale drill/exercise been developed and conducted to test the plan?			
	<i>Local jurisdictions notes/comments</i>			
<b>Y</b>	Has a revision schedule been set to review and update the plan including current contact information and lessons learned from exercises and drills?			
	<i>Local jurisdictions notes/comments</i>			
<b>SECTION 3</b>		<b>LOCAL MASS FATALITY MANAGEMENT PARTNERS</b>		
<b>LOCAL PARTNERS</b>	<b>CONTACT NAME</b>	<b>TITLE</b>	<b>OFFICE PHONE</b>	<b>EMAIL ADDRESS</b>
Local Health Authority				
Emergency Management				
Medical Examiner's Office				
Local Law Enforcement				
Local Fire Department(s)				
Local Hospital(s)				
Funeral Home Director(s)				
Emergency Medical Services (EMS)				
Epidemiology Office POC				

Public Information Officer(s)				
Mental Health Professional(s)				
Faith-Based Support				
Hazardous Materials Team(s)				
Dispatch/911 Services				
<b>SECTION 4</b>	<b>List of Local Mass Fatality Management Capabilities and Resources</b>			
<b>RESOURCE AND CAPABILITY</b>	<b>TYPE</b>	<b>AMOUNT</b>	<b>STORAGE LOCATION</b>	<b>NOTES</b>
Personal Protective Equipment				
Worker Safety and Comfort Supplies				
Communication Devices				
Written documentation equipment or computer equipment				
Identification and Tracking Supplies				
Storage Supplies for Personal Belongings and Evidence				
Chain of Custody Forms				
Human Remains Pouches and Plastic Sheeting				
Cold Storage				
Storage Racks				
Transportation (personnel, equipment, bodies)				
Supplies and Equipment Storage				Capacity:
Potential in-the-ground Storage				Capacity:
Biohazard Bags, Boxes and Containers				
Office equipment and supplies				
Staffing Needs				
Equipment for debris removal and disposition				
Photography equipment				
Security personnel and equipment				
Family Assistance Center				
Decontamination supplies and equipment				

# TAB-B: FAMILY ASSISTANCE CENTER (FAC) OPERATIONS

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## SUPPORTING FAMILIES DURING TIMES OF CRISIS

A FAC needs to be planned for and established as soon as possible after a MFI occurs. This enables one spot to coordinate information dissemination to families of possible victims coming to the scene looking for information on identifying family members that may have been involved in the incident.

The length of time the FAC will be needed depends on the length of time necessary to recover and identify the victims of the incident, support the families of the victims and support the response personnel working the incident.

The primary purpose of a FAC is to address questions and concerns of victims' families. However every community is different and the planning process may take different shapes and forms. This toolkit will give you a starting point to begin a dialogue within your organization and with your community and emergency response partners, while serving as a guide to outline the planning steps you should take so that you are better prepared to support victims' families during times of crisis.

## IDENTIFY YOUR PARTNERS

Developing your FAC plan requires multi-disciplinary coordination and engagement from both public and private sector organizations. Historically, the medical examiner (ME) has been assumed to be the lead agency for FAC operations. While the ME needs to be involved in FAC planning and operations, they may not always be appropriately staffed or resourced to serve as the lead agency during the planning phases, or during a response.

Each community will need to identify the appropriate lead agency that works best for them based on the mission of the FAC defined for your community, and the resources available to the organizations involved. This may be a local health department, ME Office, human services agency, local emergency management department, or other community partner.

What is most important is that the lead agency has a clearly defined role during the planning phases, as well as during the response and that they can bring together and facilitate coordination among multiple partners. Regardless of who your community identifies as the lead agency, here are potential partners your team should consider involving in FAC planning:

- Local or state health jurisdiction
- Local medical examiner

- Emergency Management
- American Red Cross (ARC)
- Law enforcement
- Public and private mental health providers
- Hospitals
- Emergency Medical Services (EMS)
- Spiritual care providers
- Crime victim advocates
- Local faith and cultural leaders
- Private sector partners (e.g., to provide, facility, IT, or call center support)

## LOGISTICS

**Staffing and Volunteers:** Advanced planning to identify the core positions that need to be filled, as well as the skills needed to support the operation, is a very important step in FAC operation. Identifying adequate staffing resources will require the participation of many local, state, and potentially federal partners. Examples of agencies that may have staff that could assist in the FAC:

- ME's Office
- Local or state health department
- Local hospitals or other healthcare organizations
- Local or state mental health provider agencies
- Local or state law enforcement and Crime Victim Assistance organizations
- American Red Cross, Salvation Army, or other disaster non-governmental organizations
- Local colleges or universities and school districts (e.g. for crisis counselors)
- Local human service provider agencies

## HEALTH SERVICES

**Medical or First Aid Services:** The availability of medical or first aid services is important to FAC operations. At any time, family members or other FAC visitors or staff may find themselves in need of medical assistance, whether due to injury, reactions to stress, grief or emotional trauma, or as a result of other chronic medical conditions. The FAC should be able to offer basic first aid and a location for individuals to rest and receive basic care.

**Mental Health Services:** From the onset of the FAC operations it is essential to have behavioral health services available for both the families and the responders and staff. This includes both mental health and spiritual care services.

***Mental health services are available to:***

- Assist family members and FAC staff and volunteers in understanding and managing the full range of grief reactions.
- Provide Psychological First Aid, crisis intervention, mediation, and management of “at risk” family members, including child and adolescent counseling.
- Provide referrals, as requested, to mental health professionals and support groups that are in the family member’s local area.

***Spiritual care services are available to:***

- Provide interdenominational/diversified pastoral counseling and spiritual care for people of all faiths who request it.
- Conduct religious services and provide worship opportunities.
- Provide emotional support and crisis intervention and assist mental health staff as needed, including providing Psychological First Aid.

**ATTACHMENTS to TAB B:**

1. Family Assistance Center Operation Checklist

## ATTACHMENT-1 TAB B: FAMILY ASSISTANCE CENTER (FAC) OPERATION CHECKLIST

FAC PLANNING CONSIDERATIONS	YES	NO
1. Have you identified the lead agency to set up and run the Family Assistance Center?		
2. Have you identified any possible Family Assistance Center locations?		
3. Have you discussed the use of these facilities as a Family Assistance Center with the owner of the facility?		
4. Have you defined the role of the Medical Examiner in providing information to families at the Family Assistance Center?		
5. Have you developed a security plan for the Family Assistance Center?		
6. Have you defined the roles and responsibilities of local government, non-governmental organization (e.g. Salvation Army, American Red Cross), and community organizations in the Family Assistance Center?		
7. Have you identified surge personnel to assist with conducting family interviews to collect ante-mortem data?		
8. Have you identified organizations/volunteers to help provide child care services?		
9. Have you identified organizations/volunteers to help provide call center support?		
10. Have you identified groups that could provide IT/communications assistance?		
11. Have you identified groups that could provide supplies and accommodations to the families/friends visiting the Family Assistance Center (Food, hotel rooms, clothing, first aid, etc.)?		
12. Have you identified a team to assess possible Family Assistance Center sites in advance?		
13. Have you identified any agencies/resources that you could access to provide equipment and supplies to a Family Assistance Center?		
14. Have you developed credentialing procedures for the Family Assistance Center?		
15. Have you developed procedures for managing missing person information?		
16. Did you identify who will manage call center?		
17. Have you identified who will manage call center information?		
18. Have you identified a database for managing ante-mortem data collected through family interviews?		
19. Have you identified a team and created procedure to inform families upon a positive identification of a victim by the Medical Examiner?		
20. Have you identified procedures for human remains and personal effects release?		
21. Have you created procedures for handling press inquiries (including counseling families on press inquiries)?		
22. Have you created training procedures for your staff/volunteers (including just in time trainings)?		
23. Do you have a mental health/spiritual care plan for your Family Assistance Center?		

## TAB C: TRACKING SYSTEM ACTIVATION

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- A tracking system must be in place to record all human remains ensuring that decedents can be located and accounted for at any time during every stage of response. Tracking systems can also aid in the process of identifying decedents, notifying the next of kin and returning decedents to their families.
- ADHS Bureau of Vital Records (ADHS-VR) maintains an EDR system which is used by funeral establishments, county vital records (VR) and county ME offices for registration and issuance of all deaths that occur in Arizona. ADHS-VR assists impacted county in the operation of deceased victim family reception center(s) during identification and death certification processes.
- All appropriate staff and personnel in county public health, funeral homes and ME's Office must receive adequate training on how to use the EDR system and need to practice using it in exercises.

- **Death Tracking in Arizona under normal/routine circumstances (Attachment-1: Death Workflow in Arizona):**

When a death occurs in a hospital:

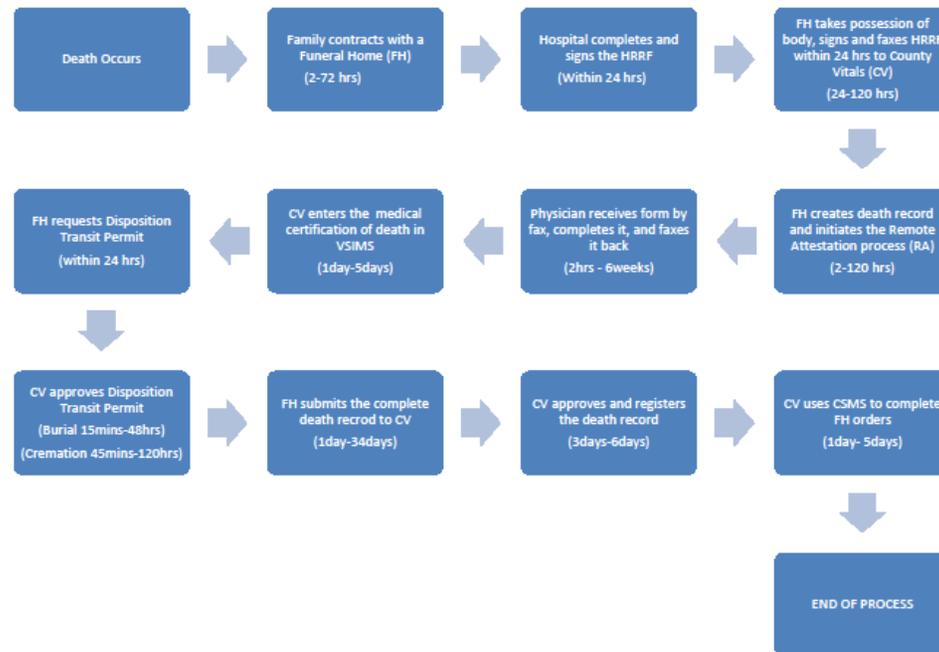
- ✓ Hospital completes a Human Remains Release Form (HRRF) which includes basic demographic information of the deceased and sends with human remains body to funeral home selected by family.
- ✓ Funeral home (FH) takes possession of the body; uses state Death Worksheet to interview family members to get detailed information about the decedent. FH may also coordinate with facility/physician to collect other medical information about decedent.
- ✓ FH will enter the information on the death worksheet into EDR system.
- ✓ FH will fax a Remote Attestation to decedent's physician to get the cause of death
- ✓ FH will fax HRRF to County Vitals. The physician's office faxes the remote attestation back into the EDR system when he/she has completed and signed the remote attestation to certify the cause of death.
- ✓ After the cause of death has been listed on the record, the FH will request a disposition transit permit which allows the FH to oversee the final disposition of the human remains i.e., bury, cremate, entombment, donation, etc.
- ✓ The County Vitals is responsible for entering the receipt date of the HRRF for and checking the HRRF check box in the EDR system. The county enters the cause of death information listed on the remote attestation on the death record in the EDR system.
- ✓ County Vitals reviews and verifies all required fields are complete and accurate. On the request of FH or family members, County Vitals issues death certificate.

- **Death Tracking when ME Office is involved in Death Investigation:**
  - ✓ ME takes possession of the body.
  - ✓ ME's Office will login to EDR system and works with family to get the demographics of the decedent to create a record.
  - ✓ FH contracted to oversee disposition services usually completes the death worksheet, coordinates with the family, facility, or physician to complete the worksheet.
  - ✓ State Bureau of VR or respective County VR can issue certified copies of records once the eligibility requirements have been satisfied.
  
- **Death tracking when EDRS is not accessible:**
  - ✓ During disasters, if electronic access to EDR system is not available, tracking of human remains/decedents can be paper based or computer based. Hospitals, funeral homes and county vitals have access to all paper forms (HRRF, Death Worksheet, and Physician Attestation and Disposition Transit Permit Form).
  - ✓ All forms must be faxed to county with complete and correct information.
  - ✓ County VR staff will enter all forms into EDR system.
  - ✓ County VR issues death certificate.
  
- **Disaster Recovery System (DRS)**
  - ✓ Arizona Department of Administration (ADOA) has been working to develop a mirrored copy of current vital registration system on an alternate site (Tucson Arizona) to have access to births and death registry 24/7 even during disaster situations.
  - ✓ Birth registration has been completed and ADOA Data Center team is working with ADHS IT Services towards adding the EDRS to the disaster recovery site
  
- The County ME's Office may also maintain an internal process for human remains tracking for medico-legal purposes that may be also be used during a MFI response (Attachment-2). However, the additional tracking method(s) must not replace the EDR system. All deaths must be recorded with complete and accurate information into ADHS-EDR system.

**ATTACHMENTS TO TAB C:**

- Attachment-1: Death Workflow in Arizona
- Attachment 2: Decedents Process Tracking Sheet (Internal Process).

## ATTACHMENT-1 TAB C: DEATH WORKFLOW IN ARIZONA



Please double click the image for larger view



## TAB D: REMAINS RECOVERY

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- Responsibility for immediate response to an incident typically rests with local authorities and first responders.
- First responders to the scene of a MFI will usually be fire or law enforcement officials, who will establish a command post, stabilize the impacted area, triage, treat and transport injured victims, and notify the County ME if fatalities are apparent.
- A death scene should always be treated as a crime scene.
- The nature of the disaster site will direct how the County ME coordinates with law enforcement and fire service personnel to locate; document, store, and transport victim remains.
- Upon arrival to a MFI site, the field Incident Command (IC) should conduct an initial scene assessment to prioritize operational response action. This ensures that various operations do not conflict with each other. For example: Hazmat operations should not interfere with the needs of ME to collect evidence. Therefore, it is recommended that the assessment team include at least fire fighter, trained hazmat technician and the County ME.
- Based on the assessment results, determination can be made for the needed resources (number of personnel and equipment) for human remains search and rescue, recovery, and transportation; and the location of morgue if temporary morgue is needed.
- All remains recovery should be conducted by personnel that have been trained on the appropriate personal protective equipment (PPE) and handling measures to safely recover remains from the scene. The ME should determine the proper protocols for the type, amounts and standards of use for all PPE. (Attachment-1: Personal Protective Equipment (PPE) and the Safe Handling of Human Remains).
- All remains recovery personnel need to also be aware of Infection Control Measures and Decontamination procedures that may need to be taken on the recovery scene depending on the circumstances and situation of the MFI. (Attachment-2: Infection Control and the Decontamination of Human Remains).
- All response personnel conducting remains recovery should note that animal remains should not be collected or processed with human remains (HR). Local animal control agencies may need to consult with the County ME for how to process and dispose of animal remains.
- All personnel working on recovery of HR need to document findings on a form similar to the *Recovery Site Report* in Attachment 3. This records detailed information about the recovery may help determine how the incident occurred or what caused the incident.

- Any remains recovered from the scene need to be logged in on a *field log* at the recovery site to keep record of all the remains recovered along with brief information about how the remains were recovered (Attachment-4)
- Human Remains Recovery Teams (HRRT) under the direction of the County ME's Office will transport HR from the site to a designated location. HR should not be removed from the site without permission from the County ME's Office or his/her designated representative.
- The County ME's Office must assume responsibility for the victims and associated personal effects. Any personal effect having potential value as evidence should be collected by law enforcement as part of their investigation.
- The County ME's Office will be responsible for assigning a HR numbering system to track the location where the HR was found. The numbering system must meet your agency's numbering system requirements and should be simple, in order to reduce inaccuracies.
- Remains recovery personnel need to be aware that any dissected (Disjointed or mutilated) human remains need to be treated as individual bodies and documented, collected and processed as they are recovered from the scene. Attempts to match body parts at the scene should not be made.

**ATTACHMENTS TO TAB D:**

1. Personal Protective Equipment (PPE) for the Safe Handling of Human Remains
2. Infection Control and Decontamination of Human Remains
3. Recovery Site Report
4. Recovery Site Field Log

## Attachment-1 Tab D: Personal Protective Equipment (PPE) for the Safe Handling of Human Remains:

The First Responders (Law enforcement, fire fighters, and EMS workers etc.) face a variety of health hazards when handling, or working around, human remains, including contagions and infectious diseases, like blood borne viruses or bacterial diseases.

PPE protects workers from death and disabling injuries and illnesses as well as protecting from the specific threats of exposures to certain airborne biological particles, chemical agents, splashes, noise exposures, fall hazards, head hazards, and fires.

Fatalities and injuries among the nation’s workers are substantially reduced with the use of PPE and technologies. It is estimated that 20 million workers use PPE on a regular basis to protect them from job hazards (CDC) <http://www.cdc.gov/niosh/ppe/>

Appropriate PPE requirements must be identified. Anyone allowed access to the incident site should first be provided a safety briefing, and identified PPE requirements should be strictly enforced. All responders must be equipped with appropriate PPE before accessing the MFI site. Responders’ health should be monitored throughout the progression of site management.

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.

PPE standard protocols must include safety measures and gears for *hand protection, eye and face protection, body protection, head protection, foot protection. Respiratory Protection and ear plugs are used* when indicated.

### **SUGGESTIONS FOR THE PPE THAT SHOULD BE WORN FOR SPECIFIC HUMAN REMAINS HANDLING TASKS:**

Task or Activity	Gloves	Eyewear	Mask	Gown or Apron	Head Cover	Shoe Cover
Handling human remains	Yes	No <sup>1</sup>	No <sup>1</sup>	Yes	No <sup>1,2</sup>	No <sup>1,2</sup>
Extricating human remains or personal effects from wreckage *(hard hats may be required)	Yes	No <sup>1</sup>	Yes	Yes	Yes	Yes
Handling clothing and personal effects	Yes	No	No	No <sup>2</sup>	No	No
Pre-internal examination tasks: i.e. X-raying human remains	Yes	No <sup>1</sup>	No <sup>1</sup>	No <sup>2</sup>	No	No
Internal examination (autopsy) related tasks	Yes	Yes	Yes	Yes	Yes	Yes
Post-internal examination tasks, i.e. closing body cavities	Yes	No <sup>1</sup>	No <sup>1</sup>	Yes	No <sup>1,2</sup>	No <sup>1,2</sup>
Cleaning instruments, equipment, tables, etc.	Yes	Yes	Yes	Yes	No	No
Cleaning floor, disposing of trash, etc.	Yes	No <sup>1</sup>	No	No <sup>1,2</sup>	No	No

<sup>1</sup> Unless splashing is likely

<sup>2</sup> Unless soiling is likely

## **Attachment-2 Tab D: Infection Control and the Decontamination of Human Remains:**

### ***Infection Control***

- Individuals handling human body parts and cadavers will be at risk of blood borne or body fluid exposure. Any risks from handling HR can be reduced with barrier protection by wearing the appropriate personal protective equipment (PPE) and practicing basic hygiene.
- All personnel performing functions involving the HR should follow universal precautions for blood and other bodily fluids, as well as body tissues.
- HR pouches will help reduce any risk of infection or contact and are extremely helpful in the transport of decedents that have been badly damaged.
- 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 HR, including immediate cleansing with soap and water. It is recommended that workers get vaccinated against hepatitis B and get a tetanus booster, if indicated.
- There is a small risk for contamination of drinking water if fecal material from human remains enters any local water sources. This can be mitigated with routine disinfection of drinking water to prevent any water borne diseases.
- The smell from decaying HR may be unpleasant, but it is not a health risk in well ventilated areas. Workers are not required to wear masks but it may help if the smell becomes a problem for workers and it may give workers some psychological relief.

### ***Decontamination***

- Decontamination typically involves the routine cleaning and disinfection of instruments, devices, and environmental surfaces to minimize the risk of cross-contamination and exposure to infectious diseases and pathogens. Decontamination procedures range from removal of visible material with soap and water to disinfection and sterilization procedures to remove microscopic organisms and contaminants.
- Incidents requiring decontamination of HR will require specialized resources and personnel. Identifying these logistical requirements is the responsibility of the Assessment Team and subsequent incident site responders.
- Decontamination of remains and items recovered from the scene should only be done after forensic investigation requirements have been met. However, if decontamination of bodies and/or items from the scene poses additional risk to personnel, it may be best to seal items in containers or remains in body bags after adequate documentation and forensic analysis has been completed. The outside of the container or body bag will then need to be decontaminated by washing or spraying after it has been sealed.

- Decontamination of the items that are recovered with HR (clothing, shoes, etc.) should be done separately as it is easier to decontaminate an unclothed body; and personal effects (clothes, shoes, jewelry etc.) may be sent to separate facilities for processing, documentations, and identification purposes.
- Decontamination procedures need to also include washing and decontamination of all vehicles and equipment used in the movement and transportation of remains and items recovered from the scene that may have been contaminated.
- If a MFI involves hazardous materials and/or decontamination, arrangements must be made for the appropriate disposition of all hazardous and biological materials used during the response, for example: used body bags, collected runoff from the decontamination area, used cleaning utensils, etc.
- There is a specialized DMORT team that can be contacted if needed for decontamination. This team is DMORT-WMD/All Hazards and can be requested like any other DMORT team with the approval of the ADHS/SEOC and the governor.
- The Arizona National Guard's 162nd Fatality Search and Rescue Team located in Tucson is another resource that has decontamination training for human remains.

### **Handling and Decontamination of HR of Ebola Patients**

- Guide staff in the safe handling of HR that may contain Ebola virus by properly using PPE and following decontamination measures at every step of the process. CDC Guidance for Safe Handling of Human Remains of Ebola Patients in U. S. Hospitals and Mortuaries are available at: (<http://www.cdc.gov/vhf/ebola/healthcare-us/hospitals/handling-human-remains.html>).
- **Key points of the guidelines are described below:**
  - ✓ Ebola virus can be transmitted in postmortem care settings through unsafe handling of remains.
  - ✓ Ensure that only personnel trained in handling infected HR and wearing recommended PPE touch or move any remains that contain Ebola virus.
  - ✓ Do not wash or clean the body.
  - ✓ Do not embalm the body.
  - ✓ Do not perform an autopsy. If an autopsy is necessary, consult the state health department and CDC regarding necessary precautions.
  - ✓ Do not remove any inserted medical equipment from the body such as intravenous (IV) lines, endotracheal or other tubing, or implanted electronic medical devices.
  - ✓ Cremate the body. If cremation cannot be done because of safety concerns, the body should be buried in a standard metal casket or other comparable burial method.

### ATTACHMENT-3 TAB D: RECOVERY SITE REPORT

<b>Incident Name</b>					<b>Incident Location</b>						
<b>Prepared by (date/time/initials):</b>					<b>Operational period (date/times):</b>						
Field Assigned Body ID Number		<b>Scene Information and Situation:</b>									
<b>Description of Remains</b>	<b>(e.g., whole body, right arm, left foot, common tissue, etc.)</b>										
	<b>sex</b>	<b>Male</b>			<b>Female</b>		<b>Unknown</b>		<b>Condition</b>	<b>No Decomposition</b>	
	<b>Age</b>	<b>Infant</b>	<b>Child</b>	<b>Teen</b>	<b>Adult</b>	<b>Elderly</b>	<b>Unknown</b>	<b>No Decomposition</b>			
	<b>Race</b>	<b>White</b>	<b>Black</b>	<b>Asian</b>	<b>Hispanic/Latino</b>		<b>Unknown</b>	<b>No Decomposition</b>			
<b>Recovery Location Details:</b>	<b>Date &amp; Time Discovered:</b>				<b>Date &amp; Time Discovered:</b>						
	Possible Name(s)										
	Street Address										
	GPS Coordinates										
	Grid #, if any										
Other Details (e.g., name on medications or mail)											
<b>Processing Performed on Recovery Scene</b>	GPS Photo			Yes	No	Non-GPS Photo		Yes	No	Other	
	Verichip Placed			Yes	No	Verichip #					
	Remains Tagged			Yes	No	Pouch Tagged		Yes	No	Tag #:	
	Remains Delivered to Holding Morgue				Yes	No	Transported Straight to Morgue				Yes
<b>Recovery performed by:</b>											
Agency:				Name:				Signature:		Date/Time:	
<b>Documentation and Photography performed by:</b>											
Agency:				Name:				Signature:		Date/Time:	
<b>Transportation to Holding Morgue:</b>											
Agency:				Name:				Signature:		Date/Time:	
<b>Holding Morgue Recipient:</b>											
Agency:				Name:				Signature:		Date/Time:	



## E: TRANSPORTING HUMAN REMAINS AND HOLDING MORGUE PRE-PROCESSING

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- HRRT under the direction of the County ME's Office will transport HR from the site to a designated location.
- Designated holding morgue locations should be in close proximity to the scene and, if possible, to where morgue operations will be because any delays between death and autopsy hinder the ME's investigation processes.
- All storage options should compare the storage requirements against the time it takes to collect biometric data necessary for identification, determination of the cause and circumstances of death, and next of kin notification.
- Considerations should be made for the possible delay in autopsy potentially creating a backup in the holding morgue area. If a large back up is created, alternative longer term storage methods may be required.
- All remains and items recovered at the scene should be transported in a safe and respectful manner between the various response locations.
- The routes between these locations should be made inaccessible to all people and vehicles except those driving transport vehicles and any workers who must supply support services to the vehicles or drivers.
- The Decedent Tracking Sheet, see Attachment 1 to Tab C, should reflect each current and subsequent location the remains are at during any step of the incident.
- Plans for the transport of remains and the various locations of work and storage sites should minimize the amount of times remains are transported and moved.
- To minimize the risk of cross-contamination, any remains that have not been decontaminated should be stored separately from those that have been processed and are awaiting autopsy. These remains should also be kept separate from remains that have been autopsied.
- It is imperative that the holding morgue have adequate storage for all the remains recovered because completion of the Decedent Identification Form in Attachment 1 will still need to take place, even if the decision is made to not autopsy certain remains. o Completing this form will help document and identify all remains associated with the incident and also help address any factors impacting the identification of remains.
- At the holding morgue, each body, prior to autopsy, should go through a thorough external examination to include written and photographic documentation, and the collection and processing of appropriate external specimens and evidence. Completion of the Decedent Identification Form will document findings.

- Please remember that the process of identifying remains and notifying next of kin in a timely manner needs to be balanced with the importance of following all legal procedures for processing and identifying remains when the MFI is due to criminal activity.
- When processing remains, it is important that all personal property and/or evidence found with or on a decedent's body be identified, catalogued, and stored appropriately. If the incident is suspected to be due to criminal activity, all evidence needs to be collected, logged and transferred to the appropriate authority for processing while ensuring that chain of custody is maintained at all times.
- All personal property needs to be catalogued and stored where it can be located so that upon identification and notification of next of kin, the decedent's personal property can be returned to the family, as long as it is not evidence in a crime.

## ATTACHMENT-1 TAB E: DECEDENT IDENTIFICATION FORM

Incident Name	Prepared By (Date/Time/Initials)	Photo Attached				Yes	No
Body ID #	Operational Period (Date/Time)	Fingerprints Attached				Yes	No
<b>Recovery Details</b>							
<b>A. Physician Description</b>							
<b>A.1</b>	General Condition (A)	Complete Body	Incomplete Body Describe			Body Parts (Describe)	
	Mark one (B)	Well Preserved	Decomposed	Mummified	Burned	Skeletonized: Partially Completely	
<b>A.2</b>	Apparent Sex (mark one and describe evidence)	Male	Female	Probably Male	Probably Female	Undetermined	
	Describe evidence (genital, Body hair etc.)						
<b>A.3</b>	Age group (Mark one)	Infant	Child	Teenager	Adult	Elderly	
<b>A.4</b>	Physician description (measure or Mark one)	Height (Crown- heel)		Short	Average	Tall	
		Weight in pounds		Slim	Average	Overweight	
<b>A.5</b>	A) Head Hair	Color	Length	Shape	Baldness	Other	
	B) Facial Hair	None	Mustache	Beard or Goatee	Color	Length	
	C) Body Hair	Describe					
<b>A.6</b>	<b>External Distinguishing Features</b>						
	Ethnic Group/Skin Color				Eye Color		
	Physical (e.g. shape of ears, eyebrows, nose, chin, hands, feet, nails; deformities)						
	Implants (pacemaker, artificial hip, IUD, metal plates or screws, prosthesis etc.)						
	Past injuries/amputations (fractured bone, joint (e.g.; knee), any missing limbs or amputation; include location, side)						
	Dental Condition or Treatments: (missing teeth, gaps, crowns,, fillings, false teeth, etc.) Describe obvious features						
	Other major medical conditions - evidence of operations, diseases, etc.						
	Skin marks (scars, tattoos, piercings, moles, birthmarks, etc.) Describe location and type						
Apparent injuries: include location, side.							
<b>B. Personal Effects</b>							

Incident Name	Prepared By (Date/Time/Initials)	Photo Attached			Yes	No
Body ID #	Operational Period (Date/Time)	Fingerprints Attached			Yes	No
B.1	<b>Clothing</b> (Type of clothes, colors, fabrics, brand names, sizes, repairs) Describe in as much detail as possible all items					
B.2	<b>Footwear</b> (Type, color, brand, size) Describe in as much detail as possible.					
B.3	<b>Eyewear</b> (Glasses (color, shape), contact lenses) Describe in as much detail as possible.					
B.4	<b>Habits</b> (Smoker (cigarettes, cigars, pipes), chewing tobacco, betel nut, alcohol, etc.) Please describe findings, including quantity.					
B.5	<b>Personal Items</b> (Watch, jewelry, wallet, keys, photographs, mobile phone (include number), medication. Cigarettes, etc.) Describe in as much detail as possible.					
B.6	<b>Identity documents:</b> (Identification card, driving license, credit card, video club cards, etc.) Take photocopy, if possible. Describe the information contained on the documents.					
<b>C. Status of the Body</b>						
C.1	Identification verified or confirmed by Name & Date:	<b>Driver's License</b>	<b>State ID</b>	<b>Passport #</b>	<b>Birth Certificate</b>	<b>Other</b>
		<b>State</b>	<b>State</b>	<b>Country</b>	<b>City/State</b>	
		<b>#</b>	<b>#</b>	<b>#</b>	<b>#</b>	
C.2	Disposition of Body					
C.3	Next of Kin	<b>Name</b>		<b>Contact Information</b>	<b>Notified By (Date Time/Initial)</b>	
		<b>Relationship with deceased</b>				

## TAB F: MORGUE OPERATIONS

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- The County ME needs to plan for a surge of cases on top of the usual caseload. This means that additional personnel and resources need to be incorporated into plans. Based on considerations of caseload capacity longer term storage options may need to be utilized.
- Depending on the magnitude of the incident, an off-site morgue may need to be established to process all the remains since the morgue's available space and capacity may be full.
- The off-site morgue locations should be capable of performing all the necessary and critical functions required to process remains and resolve questions of identity, cause and manner of death-thus reducing the need to transfer remains between locations.
- Off-site morgue locations should be carefully chosen to assure that discretion and restricted access can be maintained throughout the entirety of the incident.
- Alternative locations to conduct morgue operations should have:
  - Large open floor space,
  - Electrical power (large generators can supplement this need),
  - Air conditioning
  - Water supply and provisions for staff restrooms, recovery area, etc.
- If the identification of a victim is confirmed or suspected and the next of kin is known, a discussion with the next of kin should take place to go over any cultural, spiritual or religious considerations before an autopsy takes place.<sup>1</sup>
- Consideration should be taken for individuals who have chosen to be organ donors. Before a decision is made to donate a victim's organs or tissues, the appropriate experts need to be consulted to determine if the incident circumstances preclude donation. If not then the necessary measures can be taken for transplantation purposes.
- In the case of a bioterrorism or epidemic mass fatality incident resulting in large numbers of fatalities, it may not be feasible for an autopsy to be performed on all remains; however, experts from the Arizona Department of Health services (ADHS) and its public health partners, including the Centers for Disease Control and Prevention (CDC), need to be consulted before a collective determination can be made as to which remains require an autopsy.

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<sup>1</sup> There are instances when an autopsy should be avoided, unless the autopsy will establish the diagnosis in an index case. For example, in suspected cases of anthrax, **Ebola**, or viral hemorrhagic fever, an autopsy is not recommended but experts at the ADHS and CDC should be consulted before a decision is made as to whether an autopsy should be performed.

## TAB G: POST PROCESSING STORAGE OF HUMAN REMAINS

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After remains have been processed by the County ME's Office and the death certificate has been completed, the remains can be prepared for final disposition. If there is a need to delay the release of a decedent's remains, post processing storage may be required.

- Post processing storage needs to take into account any cultural, spiritual or religious considerations expressed by the decedent's next of kin.
- The refrigeration capacity of most morgues will be exceeded during a disaster, especially if there are many unidentified remains recovered during the first hours of an event.
- Large refrigerated transport containers used by commercial shipping companies can be used to store human remains; however, enough containers are seldom available at the disaster site and only 30 bodies can fit in one container when the remains are lying on the floor with walkway space between.
  - There are lightweight temporary racking systems that can be used to increase each container's capacity by up to 3 times.
  - Stacking of bodies (without racking systems) is not recommended because it demonstrates a lack of respect for individuals and it can make managing the decedents difficult. It can also cause issues with identification since stacking in really cold temperatures can irreversibly distort the faces of the victims that have been stacked together. Stacking can also cause problems with reading the identification tags on the decedents stacked together.
- Decomposition is the disintegration of the body and all its tissues after death occurs, and begins at the moment of death.
  - These processes release gases that are the chief source of the characteristic odor of dead bodies, as well as the cause for the body to swell.
  - Autolysis: self-dissolution by body enzymes released from disintegrating cells.
  - Putrefaction: action of bacteria and other microorganisms.
  - Factors affecting decomposition: temperature, humidity or dryness, the surface where the body lies, burial, wrapping, insect or scavenger activity, indoor versus outdoor, water, fire, condition of the person prior to death.
- Refrigeration does not halt decomposition, it only delays it. However, refrigeration will help to preserve the body for about 1-3 months, depending on humidity levels (low levels are best). Refrigeration of human remains also comes with the potential for mold problems which can hinder visual identification, if not make it impossible, which interferes with the medico-legal authorities processes.
- Freezing is not recommended because it can cause tissues to dehydrate which will change the colors of the tissues, negatively impacting the interpretation of injuries as well as

visual identification attempt. Rapid freezing of bodies as well as handling of bodies that have been frozen can cause post-mortem injury, like cranial fractures, that will negatively influence the investigation and make the medico-legal interpretation of the examination difficult. Additionally, the process of freezing and thawing will accelerate decomposition of the remains.

- Packing in ice is not recommended because it will be difficult to manage the weight of the ice and associated transportation issues due to the amount of ice that would be needed to preserve a body, even for a short time. Additionally, ice is often a priority for emergency medical units making it a difficult resource to obtain during an emergency. Ice also creates large areas of runoff water which may be contaminated.
- Packing in chemicals, such as formaldehyde, is not recommended for storing intact human remains because the chemicals would only preserve a decedent for a short period of time and they have strong odors that could irritate workers. Some chemicals may be useful for preserving fragmented remains but care and safety must be taken when considering using these methods.
- Embalming is the most common method of preserving human remains for longer term storage; however, it is not possible when the integrity of the corpse has been compromised (decomposed or fragmented). Embalming also requires a licensed professional which can be expensive and takes a considerable amount of time for each case.
  - When considering embalming as an option, the risks associated with embalming remains need to be addressed.
- Embalming involves chemicals that can pose a direct risk to workers, an indirect risk with the chemicals react with other chemicals being used, and can retard decomposition processes which may facilitate the elimination of infectious agents.
  - Embalming can cause some agents that were formerly on the inside of the body to resurface on to the exterior of the body or any associated surfaces.
  - Benefits of embalming do include:
    - Refrigeration for up to three weeks is not required for remains that are embalmed,
    - Embalmed remains only need to be stored in a cool area, thus
    - The number of refrigeration units is reduced.
  - Although embalming has some advantages there are some instances when embalming should not be performed. For example, instances where remains contain residual hypochlorite because there is potential for the generation of dangerous gases when mixed with embalming fluid.

- Temporary internment or burial may need to be explored when other storage methods have been exhausted or where longer-term temporary storage is needed. This method is considered a viable option when there will be a great delay in certifying deaths or facilitating final disposition. Underground temperatures are lower than at the surface which provides natural refrigeration. Temporary burial sites should be constructed in a way to help ensure future recovery of the remains that have been buried:
  - o Trench burial should be used for larger numbers of decedent.
    - Burial should be 5 feet deep and at least 600 feet from drinking water sources.
    - Leave 1 foot between bodies.
    - Lay bodies in 1 layer only. Do not stack.
    - Clearly mark each body and mark their positions at ground level.
    - Each body must be labeled with a metal or plastic identification tag.
- All refrigerated storage containers and any interim in-the-ground storage sites used for remains that have yet to be processed need to be kept separate from sites storing remains that have already been autopsied and processing has been completed.
- In order to minimize the distance between scene locations and the amount of times decedents are handled by personnel, the distance between the morgue and any storage locations being utilized needs to be as short as possible.
- There are instances when cremation will be the recommended disposition of remains. For example, the smallpox virus can survive in buried bodies in the lesion so cases involving smallpox virus should be cremated.

**ATTACHMENTS TO TAB G:**

1. Post-Processing Storage Log



## TAB H: REMAINS RELEASE FOR FINAL DISPOSITION

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- In order for identified remains to be released for final disposition, the death certificate has to be filled out completely, including the cause and manner of death and then signed by the appropriate medico-legal authority.
- The Decedent Identification Form should be finalized to reflect how a positive identification was made, when next of kin was notified, when the remains were released for final disposition and/or the long term storage location of the decedent.
- Once remains have been released to the family for final disposition, the families of decedents may be looking for assistance in coordinating arrangements for the final disposition of remains. The FAC should be prepared to provide information to the families.
- Cultural and religious beliefs should also be considered when making preparations for the final disposition of remains because some groups have very strict beliefs for how decedents should be handled for funerals and memorials.
- Once remains have been released for final disposition, the personal property that was recovered with the remains needs to also be released for return to the family.
- If personal property is needed for evidence in a criminal proceeding, information needs to be provided to the family on what will happen with the property and when it will be returned, if at all possible.
- If a positive identification has not been made or next of kin has not been contacted or there is no next of kin, there will be a delay in the final disposition process for these remains.
- Plans need to address how these unidentified remains will be handled once the incident has come to an end.

### ATTACHMENTS TO TAB H:

1. Remains Released for Final Disposition Log

