



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

PREPAREDNESS

# Fatality Management Plan

Arizona Department of Health Services

October 2022

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## Record of Changes

Date	Change	Page(s)
10/2022	<ul style="list-style-type: none"> <li>● Added link to Critical Incident Stress Briefing</li> </ul>	Pg. 10
09/2022	<ul style="list-style-type: none"> <li>● Formatting updates to meet ADHS brand standards</li> <li>● Added Roles and responsibilities table</li> <li>● Added Plan Development and Maintenance Section</li> <li>● Updated Acronym list</li> </ul>	Entire Document
06/2019	<ul style="list-style-type: none"> <li>● Remove duplicate statements</li> <li>● Refine the Plan: to update ME Office information including adding Pima County ME as the de-facto ME for Santa Cruz and Cochise               <ul style="list-style-type: none"> <li>○ Update Sections II, III, V, links, and all appendices</li> <li>○ Add an acronym/abbreviation list.</li> <li>○ Remove Appendix C &amp; Task Assignment Process</li> </ul> </li> <li>● Add a Record of Change page and a Plan Maintenance Section</li> </ul>	Entire Document
06/2018	<ul style="list-style-type: none"> <li>● Update the plan with the new ADHS Logo</li> <li>● Update to align with DEMA 2018 SERRP, BPHEP &amp; HPP Cooperative Agreement-TP17-1701</li> <li>● Remove 'Mass' from the entire document where appropriate</li> <li>● Update links in the document</li> <li>● Update all appendices</li> </ul>	Entire Document
06/2015	New Plan	Entire Document

## Purpose

The Arizona Department of Health Services (ADHS) Fatality Management Plan (FMP) utilizes the National Incident Management System (NIMS) compliant roles and responsibilities for ADHS and local public health agencies in managing a Mass Fatality Incident (MFI). The FMP is an annex to the [All-Hazard Emergency Response Plan](#) (AHERP). The supplemental resource list is included in **Appendix-A**.

The purpose of the FMP is to develop strategies that enhance the ability of the state and local agencies to work with other jurisdictional authorities (Emergency management, funeral establishments, medical examiners (MEs), and law enforcement) during an MFI. This plan will identify public health roles and responsibilities, actions to be taken during the state response to support impacted jurisdictions, and to develop a coordinated approach for the management of resources while responding to an MFI.

## Scope

ADHS will:

- Provide planning and coordination for public health, healthcare delivery and emergency response systems to minimize or prevent health emergencies from occurring.
- Enhance community resilience to respond to a disaster.
- Support operations of the jurisdictional authorities in carrying out their fatality management responsibilities.
- Identify strategies to prevent risk to the health of the people living in impacted areas:
  - Determine and recommend appropriate measures to prevent human disease.
  - Consult with the Center for Disease Control and Prevention (CDC) if appropriate.
  - Assist in determining appropriate personal protective equipment (PPE) for response personnel.
  - Support operations by providing information about health issues such as immunizations, food safety and water purification, and hygiene.
  - Determine mortuary affairs policy recommendations as they pertain to public health.
  - Coordinate with the affected county and tribal public health departments.
  - Support funeral establishments, local vital records and ME offices in using the Electronic Death Registration (EDR) system for reporting human remains.
  - Assist county vital records to ensure timely recording of death statistics, vital records forms, and availability of death certificates to the family.
  - Separate disaster records from the normal office records when needed.

## Situation Overview

Several disastrous incidents in recent history have demonstrated the need to acknowledge and strengthen jurisdictional fatality management planning and response. In the past two decades, several deadly disasters (e.g., [coronavirus pandemic](#)) with a large number of fatalities occurred across the World, United States, and Arizona examples include:

### Worldwide

- The 2019 novel coronavirus emerged in December 2019 in Wuhan China subsequently spread throughout the world causing a global pandemic led to 681,301,970 cases, and resulted in 6,810,359 fatalities in the world ([as of February 2023](#))
- March 15 2019, one shooter murdered 49 people including women and children, and seriously injured 48 more at two mosques in Christchurch, New Zealand.
- Henan, China experienced record-breaking rainstorms in July 2021 causing devastating floods that claimed 302 lives and affected 13 million people.
- In August 2021, a 7.2 magnitude earthquake hit Haiti resulting in 2,248 deaths and more than 12,200 injuries.
- The super typhoon Rai that hit the Philippines in 2021 amassed 375 deaths.

### United States

- Recent Coronavirus pandemic led to 103,672,529 cases, and resulted in 1,119,762 fatalities in the United States ([as of January 2023](#))
- A deadly mass shooting at Robb Elementary School in Uvalde, Texas, killed 19 students and 2 teachers on May 24th, 2022.
- The Las Vegas shooting on October 1st, 2017 a gunman opened fire on a crowd, leaving 58 people dead and 851 injured.
- Hurricane Irma (September 4th -October 10th, 2017), resulted in 129 fatalities across Florida, Georgia, North Carolina.
- The 2018 PG&E Camp Fire in California claimed 85 lives and burned 19,000 structures.
- Hurricane Katrina, one of the most devastating hurricanes in U.S. history, hit land in 2015 and produced over 1,800 fatalities.
- The September 11, 2001 attacks in New York City, resulted in nearly 3,000 fatalities, making it the most fatal terrorist incident in recorded history.

### Arizona

- Covid-19 Pandemic led to over 33,000 deaths in Arizona ([as of March, 2023](#))
- Yarnell Hill Fire in 2013 resulting in 19 City of Prescott firefighters' deaths.

All these catastrophic events have drawn political and public health attention to the necessity of preparing for incidents that produce an overwhelming number of fatalities.

Arizona and its counties are exposed to many threats, all of which have the potential for disrupting the community infrastructure, causing casualties, damaging or destroying public and private properties resulting in a large number of fatalities. Contingency planning, a thorough knowledge of the organizational requirements, roles and responsibilities and systematic response activities will prove effective and beneficial during a MFI.

## Overview

- Mass fatalities may occur anywhere in Arizona as the result of natural, accidental or man made catastrophic events, natural disasters, or public health emergencies.
- As per [ARS § 36-325-A](#), within seven calendar days after receiving possession of human remains, a funeral establishment or responsible person who takes possession of the human remains shall submit the death certificate for registration to a local registrar, a deputy local registrar or the state registrar. The funeral establishment or responsible person may submit the death certificate by electronic means in the format prescribed by the state registrar.
- As per [ARS §11-593 C](#), and [ARS § 36-325-C](#)-C Primary responsibility for the investigation, recovery, management of human remains, management of death certification, and notification of next-of-kin or a family member resides within the authority of the county ME office *when death occurring in a suspicious, unusual or non-natural manner*, including death from an occupational accident, infant or child death, Death involving unidentifiable bodies etc.
- As per [ARS § 36-325-I](#) If a person dies on an Indian reservation and a county ME is not available, the tribal law enforcement authority, acting in an official investigative capacity, may complete and sign the medical certification of death in accordance with Arizona Revised Statutes (ARS) § 36-325.
- Arizona maintains [DAVE](#) (Database Application for Vital Events) which is a web-based electronic system that allows Medical Certifiers, Medical Examiners, Tribal Law Enforcement Authority, Hospitals and Funeral Homes to complete the death record process 100% electronically.
- Under a declared emergency, and when local resources have been exhausted or unavailable, Emergency Mutual Aid Compact ([EMAC](#)) will be used to coordinate out-of-state resources through DEMA. EMAC was ratified by the U.S. Congress in 1996. [Please also review ARS § 26-402](#). Arizona Mutual Aid Compact ([AZMAC](#)) is in place to coordinate in-state resources via [DEMA-link to AZMAC Info and Resources](#)



- Assistance from federal, public, and private agencies may be required to support search and recovery, transportation, tracking, removal, processing, identification, PPE selection, and final disposition of victims and remains. The Arizona Department of Emergency and Military Affairs (DEMA) will serve as the mechanism to request, provide, and coordinate state resources. ADHS will support county and tribal agencies through coordinating the resource requests with DEMA.
- The ADHS liaison at the State Emergency Operations Center (SEOC) coordinates with emergency management to define the emergency service functions and details for which assistance is needed. Details may include:
  - Length of time
  - Logistical considerations for staging, reimbursement and liabilities
  - Additional request and support protocols

## Human Remains (Deceased) storage capacity in Arizona

### Funeral Establishments and Crematories

- Funeral Establishments and Crematories play a significant role in management of human remains during MFI. Although ADHS and Arizona counties have a good working relationship with these establishments, these are private entities. During the coronavirus pandemic, ADEM and ADHS worked very closely with the [Board of Funeral Directors and Embalmers](#) and received great insight in funeral and crematory operations. There are 126 Funeral Home establishments and 46 crematories in Arizona with a total storage capacity of 2,308, and 1,269 bodies respectively (April 2020). Please see table below for the breakdown of these establishment and storage capacity by county:

<b>FUNERAL ESTABLISHMENTS AND CREMATORIES; AND THEIR CAPACITY BY COUNTIES IN ARIZONA APRIL 2020</b>				
<b>COUNTY</b>	<b>FUNERAL ESTABLISHMENTS (HOMES)</b>		<b>CREMATORIES</b>	
	<b>#</b>	<b>CAPACITY</b>	<b>#</b>	<b>CAPACITY</b>
· Apache	1	6	1	15
· Cochise	4	29	2	20

<b>FUNERAL ESTABLISHMENTS AND CREMATORIES; AND THEIR CAPACITY BY COUNTIES IN ARIZONA APRIL 2020</b>				
· Coconino	4	54	-	-
· Gila	3	44	2	11
· Graham	3	18	-	-
· Greenlee	-	-	-	-
· La Paz	1	10	1	25
· Maricopa	61	1,685	18	824
· Mohave	6	56	5	81
· Navajo	7	35	1	20
· Pima	14	191	6	128
· Pinal	8	46	2	54
· Santa Cruz	2	5	-	-
· Yavapai	10	109	4	27
· Yuma	2	20	4	63
<b>TOTAL</b>	<b>126</b>	<b>2,308</b>	<b>46</b>	<b>1,269</b>

## Medical Examiners' Offices in Arizona:

There are seven (7) ME Offices in Arizona:

- **Maricopa Medical Examiner Office:** The Maricopa County ME office serves the largest county in the state, and mostly serves its own jurisdiction unless requested by neighboring counties in emergencies (e.g. Yarnell Hill Fire in 2013).
- **Pima County Office of Medical Examiner (PCOME):** Is the *de-facto appointed* ME for Santa Cruz County and Cochise Counties. Additionally, PCOME contracts with seven other smaller counties for investigations, autopsy examinations and certification of deaths: Apache, Gila, Graham, Greenlee, La Paz, Navajo and Yuma.
- **Apache, Graham, Greenlee, La Paz and Navajo Counties (5-Counties):** Contracts with an appointed non-forensic pathologist physician(s), termed an alternate medical

examiner(s) (AME)—ARS §11-591; who triage, investigate and certify deaths in each respective county. However, the AME does not perform autopsy examinations. If the AME deems an autopsy is necessary to certify the cause and manner of death, the decedent may be referred to the PCOME for an examination and death certification.

- **Gila County:** Contracts with an appointed forensic pathologist ME, who triages, investigates and certifies deaths that fall under the jurisdiction of the ME in Gila County. The Gila County ME performs some autopsy examinations in Payson if the ME deems an autopsy is necessary to certify the cause and manner of death. Additionally, the ME may refer some descendants from Gila County to the PCOME for an examination and death certification as necessary.
- **Yuma County:** Contracts with, and appoints the pathology group at Yuma Regional Medical Center, as the ME for Yuma County. Some descendants (typically suspected homicides) are referred to the PCOME for an examination and death certification at the discretion of the Yuma County ME's Office.
- **Coconino, Mohave, Pinal and Yavapai Medical Examiner Offices** are small ME offices with limited storage capacity serving mostly their own jurisdiction.

### County ME Offices

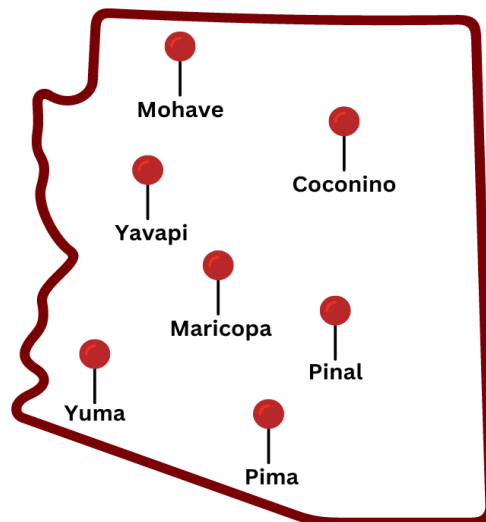


TABLE: MEDICAL EXAMINER'S OFFICES WITH STORAGE CAPACITY IN ARIZONA

**COUNTY MEDICAL EXAMINERS' (ME) OFFICES AND STORAGE CAPACITY**  
for additional information [Appendix B](#))

1. Coconino County ME Office	<b>41</b> (Capacity in the building is 25; two other coolers can hold 8 bodies each (Total Capacity is 41))
2. Maricopa County ME Office	<b>350</b> (Extended Capacity as of Dec., 2020)
3. Mohave County ME Office	<b>24</b>
4. Pima County ME Office	<b>240 + 65</b> (with Semi Cooler and Pull behind cooler) (Purchased two coolers@30 capacity each)
5. Pinal County ME Office	<b>37</b>
6. Yavapai County ME Office	<b>25</b> (it can be extended to 50 bodies)
7. Yuma County ME Office	<b>23</b>
<b>TOTAL</b>	<b>781</b>

## Planning Assumptions

- Each county in Arizona has developed a county fatality management and response plan with applicable SOPs.
- All jurisdictional partners are working in collaboration, and using NIMS guidelines.
- A MFI may quickly overwhelm the resources of counties in Arizona before a coordinated response can begin. Funeral homes and mortuaries may not have the capacity to process human remains in an expected manner and will likely seek assistance at the regional or state level.
- A MFI may present a situation that requires extensive identification issues (E.g. explosion, fire, building collapse or transportation incident, etc.) or a situation where the fatalities continue to escalate over a period of time (E.g. pandemic, biological, chemical, etc.). In such instances, it may take a considerable length of time to recover, identify or determine the cause and manner of death.
- Individuals handling human body parts and cadavers will be at risk of blood borne or body fluid exposure. *PPE will be required for all personnel handling human remains.*
- A state emergency declaration, if enacted during a MFI, may ease fatality management related legal and regulatory requirements.
- There will be public concerns on health and safety risks in the aftermath of a MFI. Risk communication messaging must be carefully crafted, informing and advising the public

on how to protect themselves. It is essential that accurate scientific-based information be available to the public in a timely manner.

- A MFI will place demands (may include religious, cultural, and emotional burdens) on local jurisdictions and the families of victims. As such, behavioral health support services may be needed. Consider using a [Critical Incident Stress Briefing](#).
- Funeral establishments, county vital records, and county ME offices will use the state DAVE system for reporting human remains, a system that is required to report all deaths in Arizona.

## At-Risk Individuals

This plan encompasses coordination and support for at-risk populations, including limited English proficiency (LEP) populations, geographically isolated individuals, access and functional needs (AFN) groups, people with serious mental illness (SMI), and others requiring behavioral healthcare. Response strategies will consider the medical and public health needs of groups such as people with disabilities, pregnant women, children, senior citizens and other sub-groups as dictated by the response.

Planning for at-risk individuals occurs on several levels within Arizona. The U.S. Department of Health and Human Services (HHS) and ADHS use the Communication, Maintaining Health, Independence, Support and Safety and Transportation ([CMIST Framework](#)) to identify and understand at-risk individuals with AFN when planning for, responding to, and recovering from a disaster. The *CMIST Framework* provides a useful and flexible framework for emergency planning and response that emphasizes a person's needs without having to define a specific diagnosis, status or label.

During a disaster, it has been observed that certain at-risk individuals, specifically those with AFN, have required additional response assistance before, during and after an incident. These additional considerations for at-risk individuals with AFN are vital towards inclusive planning for the whole community, and have been mandated for inclusion in federal, state, territorial, tribal, and local public health emergency plans by the Public Health Service (PHS) Act.

During public health emergencies, the Arizona Healthcare Coalitions will be called upon to share information throughout their members to ensure that the needs of at-risk individuals are addressed.

## Concept of Operations

ADHS incorporates elements of the NIMS into its emergency response plans. The Department's incident command structure, the Public Health Incident Management System (PHIMS), is NIMS compliant (Appendix **B**) and provides for the integration of various program activities into a cohesive response for an emergency which can expand or contract to fit the nature of the emergency. State health responders utilize the Health Emergency Operations Center (HEOC), implementing components of PHIMS, in accordance with the ADHS HEOC Standard Operating Procedure (SOP).

ADHS is the lead agency for public health and medical services ([Emergency Support Function-ESF8](#)) in Arizona and will provide coordination and supplemental support (through DEMA) to the local jurisdictions (County and tribal public health, healthcare facilities etc.) as requested during an MFI operation.

ADHS plays the role of liaison with federal partners, the Regional Emergency Coordinator (REC), States authorities, and affected counties and tribes. ADHS will liaise as Emergency Support Function (ESF) - 8 with DEMA when the SEOC, AZMAC, or EMAC are activated or a federal resource request is initiated.

ADHS will utilize triggers in the *All Hazard Emergency Response Plan* (AHERP) to activate the HEOC, which enables the Department to maintain contact with affected jurisdiction(s), provide situation awareness reports to public health and healthcare partners and coordinate resources through SEOC. Potential activation triggers may include, but are not limited to:

- The activation of the SEOC
- A request from the CDC to assist in any public health incident
- An event involving a CBRNE incident
- An actual or possible disease outbreak that exceeds the ability of local health officials to respond
- An actual or possible public health event outbreak with the potential to affect areas or enter into the local jurisdiction
- An actual or possible environmental health event with the potential to affect areas or enter into the local jurisdiction
- At the discretion of the Director, or any other individual with activation authority
- Any event that requires a coordinated public health response

In the event of a MFI, mutual aid resources and certain federal assets may be needed to support local ME activities and coordinate public and private assistance to grieving families. Coordination

of such requests between local jurisdiction(s) and DEMA will be done by ADHS through the HEOC. For more information please visit [AZ MAC Info and Resources](#).

ADHS Bureau of Public Health Emergency Preparedness (BPHEP), Bureau of Infectious Disease and Services (BIDS), and the Bureau of Vital Records (BVR) will all play a major role during an MFI operation.

In the event of a MFI that is caused by communicable or infectious diseases, such as recent coronavirus pandemic, the Department may have additional responsibilities for decision making, data collection, laboratory services, and healthcare facility readiness. ADHS may also be involved in field operations which may include visitation to morgues or Family Assistance Centers (FAC) to provide expertise and personnel support.

## Organizations and Assignment of Responsibilities

Managing descendants during the COVID-19 pandemic posed unique and significant challenges because of the roles and responsibilities of responsible agencies, although established, but not clearly understood by agencies. The table below highlights the roles and responsibilities of agencies designated as primary, lead and support in the State Emergency Response and Recovery Plan (SERRP).

**Table 2**

Organization	Roles and Responsibilities
<p><b>Arizona Department of Health Services:</b> <i>Primary agency for Public Health and Medical Services</i></p>	<ul style="list-style-type: none"> <li>● Will provide               <ul style="list-style-type: none"> <li>○ support services to the local jurisdictions as requested.</li> <li>○ logistical support for requested resources</li> <li>○ leadership in coordinating and integrating overall state public health efforts.</li> <li>○ public health assistance to the affected area.</li> </ul> </li> <li>● Activate and staff the HEOC.</li> <li>● Request appropriate ESF 8 organizations to activate and deploy health and medical personnel, equipment, and supplies in response to requests for state public health and medical assistance via SEOC.</li> <li>● Coordinate directly with federal health and medical authorities.</li> <li>● Support state, county, local, and tribal organizations in conducting public health disease surveillance.</li> <li>● Supports procuring and administering pharmaceuticals in response to emergency incidents.</li> </ul>

Organization	Roles and Responsibilities
	<ul style="list-style-type: none"> <li>● May also assist affected jurisdiction(s) in the identification of a site and the establishment of FAC.</li> <li>● The Public Information Officer (PIO) may create press releases for the media, conduct press conferences, provide updates, and assist the county PIOs in working with media.</li> <li>● HEOC will support ADHS' Continuity of Operations Plan (COOP) activation if necessary.</li> <li>● ADHS -HEOC in close collaboration with Regional Health Care Coalition and County/Tribal public health may assist healthcare facilities, funeral establishments and county ME offices in obtaining: <ul style="list-style-type: none"> <li>○ Supplies and equipment (PPE, pouches and litters) may be needed for large numbers of descendants.</li> <li>○ Temporary interment or interim storage of human remains until final disposition can be accomplished.</li> <li>○ Storage area (with refrigeration) where remains can be processed for family members.</li> <li>○ A storage area for personal effects- local procedures for inventorying personal effects may be incorporated into federal inventory procedures.</li> </ul> </li> </ul>
<p><b>Arizona Department of Health Services-</b> Bureau of Public Health Emergency Preparedness</p>	<ul style="list-style-type: none"> <li>● Set up the HEOC and support response activities.</li> <li>● Meet daily or as determined by the HEOC Manager for situational awareness.</li> <li>● Serve as ESF-8 representative on SEOC and coordinate resource requests as required between counties, tribes, DEMA and federal partners.</li> <li>● Resource Request will follow local emergency management protocol</li> <li>● Utilize the Arizona Health Alert Network (AzHAN) to communicate with county health officials, hospitals, physicians, laboratory directors, community health centers, childcare centers, schools, health volunteers and other partner agencies.</li> </ul>
<p><b>Arizona Department of Health Services-</b> Bureau of Epidemiology and Disease Control</p>	<ul style="list-style-type: none"> <li>● Provide epidemiological support and coordination between the county, CDC and U.S. Department of Health Services (HHS).</li> <li>● Identify strategies to prevent risk to the health of the people living in impacted areas.</li> </ul>



Organization	Roles and Responsibilities
	<ul style="list-style-type: none"> <li>● Coordinate the initiation of appropriate disease control measures at all levels of public health, including local and tribal health departments, schools and healthcare facilities.</li> <li>● Provide incident-specific guidance on appropriate preventive protections for responders engaged in mass fatality operations.</li> <li>● Determine mortuary affairs policy recommendations and coordinate with the affected county and tribal public health department(s).</li> <li>● Support operations by providing information about health issues such as immunizations, food safety, water purification, and hygiene.</li> </ul>
<p><b>Arizona Department of Health Services- Bureau of Vital Records</b></p>	<ul style="list-style-type: none"> <li>● During a mass fatality incident BVR will: <ul style="list-style-type: none"> <li>○ Ensure that funeral establishments and crematories, county vital records, and county ME offices are using the EDR system for registration and issuance of all deaths occurring in Arizona.</li> <li>○ Assist county vital records staff to ensure timely registration of death events and utilization of required jurisdictional forms.</li> <li>○ Assist county vital records with issuance of death certificates to the family.</li> <li>○ Denote disaster records from the normal office records.</li> <li>○ Responsible for the registration and security of Court Orders of Presumptive Death. If a decedent is subsequently identified, an amended death certificate may be issued and all related documents are moved to the identified remains file.</li> <li>○ Assist affected county(s) in the operation of deceased (victim) family reception center(s) during identification and death certification processes.</li> </ul> </li> </ul>

Organization	Roles and Responsibilities
<p><b>Department of Emergency and Military Affairs-</b> Emergency Management <i>(Primary Agency for Communication, Emergency Management, Mass Care, Logistics, Energy, Recovery and External Affairs)</i></p>	<ul style="list-style-type: none"> <li>• Coordinate logistical and fiscal activities supporting priorities</li> <li>• Act as liaison between state agencies.</li> <li>• The state health department will request assistance from state agencies through the SEOC Operations Section.</li> <li>• Coordinate the activation and implementation of state resources.</li> <li>• Assist in the provision of medical supplies and services.</li> <li>• In conjunction with ADHS, they may request activation or deployment of the Metropolitan Medical Response System. <ul style="list-style-type: none"> <li>○ For details, see <a href="#">DEMA's SERRP</a>.</li> </ul> </li> </ul>
<p><b>Arizona Funeral, Cemetery and Cremation Association (AFCCA)</b></p>	<ul style="list-style-type: none"> <li>• The association may help the state outreach to their partners about any training the state may have for a MFI.</li> <li>• Will assess what resources the state may need and facilitate the allocation of such resources.</li> <li>• Will assist in the coordination between the state and the association's distribution list which include but are not limited to: <ul style="list-style-type: none"> <li>○ Funeral homes</li> <li>○ Cemetery</li> <li>○ Crematory</li> </ul> </li> </ul>
<p><b>Local Medical Examiner's Office</b></p>	<ul style="list-style-type: none"> <li>• Will be involved in preparation for a catastrophic incident to be ready to manage additional deaths and injuries.</li> <li>• During an incident in accordance with state law, each county and tribal MEs are responsible for investigation, recovery, and body disposition or release of <i>suspicious deaths</i> within their respective jurisdiction—<a href="#">ARS § 11-593 through § 11-600</a> <ul style="list-style-type: none"> <li>○ For the specific role and responsibility of the ME, please refer to each county ME Office FMP (<a href="#">Appendix B</a>)</li> </ul> </li> </ul>
<p><b>Health Care Coalition</b></p>	<ul style="list-style-type: none"> <li>• Will work with local health departments and relevant jurisdictional authorities to establish effective support for health care system resiliency and medical surge.</li> <li>• May also facilitate information sharing among participating health care organizations and with jurisdictional authorities to promote common situational awareness. <ul style="list-style-type: none"> <li>○ For more detail, please refer to the Arizona Healthcare Coalition (HCC) plans and protocols.</li> </ul> </li> </ul>
<p><b>Healthcare Facilities</b></p>	<ul style="list-style-type: none"> <li>• ADHS will coordinate with respective county health departments on resource needs for the facilities in their jurisdictions.</li> </ul>

Organization	Roles and Responsibilities
<b>County Health Departments</b>	<ul style="list-style-type: none"> <li>● During an incident the ADHS will provide support services to the local jurisdictions as requested, and provide and coordinate health and medical service resources between local, state, and federal agencies.               <ul style="list-style-type: none"> <li>○ For specific roles and responsibility, please refer to each county's FMP.</li> </ul> </li> </ul>

<b>Additional Support Organizations</b>	
<b>Federal</b>	<ul style="list-style-type: none"> <li>● Administration for Strategic Preparedness and Response (ASPR)</li> <li>● Department of Defence (DoD)</li> <li>● Federal Emergency Management Agency (FEMA)</li> <li>● National Disaster Medical System (NDMS)</li> <li>● Disaster Mortuary Response Team (DMORT)</li> </ul>
<b>State</b>	<ul style="list-style-type: none"> <li>● Arizona Commission for The Deaf &amp; Hard-of-Hearing (ACDHH)</li> <li>● Arizona Department of Public Safety (ADPS)</li> <li>● Arizona Department of Transportation (ADOT)</li> <li>● Arizona Healthcare Cost Containment System (AHCCCS)</li> <li>● Arizona Attorney General's Office (AZGA)</li> <li>● Arizona Veterinary Medical Association (AZVMA)</li> <li>● State Board of Funeral Directors and Embalmers</li> </ul>
<b>County</b>	<ul style="list-style-type: none"> <li>● County Emergency Management (CEM)</li> <li>● County' Sheriff's Office</li> </ul>
<b>Non-Governmental Organizations</b>	<ul style="list-style-type: none"> <li>● Arizona Funeral Directors Association</li> <li>● Mental Health Association of Arizona (MHAAZ)</li> <li>● Arizona Voluntary Organizations Active in Disaster (VOAD)</li> <li>● American Red Cross (ARC)</li> <li>● Citizens Corps Program - Medical Reserve (MRC)</li> <li>● Regional Behavioral Health Authorities (RBHA)</li> <li>● Tribal Regional Health Authorities (TRBHA)</li> <li>● Providers subcontracted with RBHA and TRBHA</li> </ul>

## Direction, Control, and Coordination

Fatality Management is defined as the ability to coordinate with other organizations (including law enforcement, healthcare, emergency management, Funeral Establishments, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services to the family members, responders, and survivors of an incident. [CDC-National Standards for State and Local Planning](#)

This requires statewide coordinated planning and response from healthcare, public health, and emergency management as well as funeral/ cremation services, medical examiners/coroners and many other governmental and non-governmental entities. In Arizona, coordination and control of fatality response operations will be enacted in accordance with the SERRP, A.R.S., the Arizona Health Emergency Response Plan (AHERP), and in accordance with the NIMS and NRF requirements.

Responsibility for immediate response to an incident typically rests with local authorities and first responders, as augmented by inter-jurisdictional mutual aid and, upon request, the respective county and then the State. For more information on EMAC, visit the following websites:

- [DEMA Logistics and Mutual Aid](#).

All requests made by affected jurisdictions will go through the SEOC and be routed to ADHS via ESF8.

## Activation of Fatality Management Plan

- After the initial MFI notification, ADHS may organize a conference call with the appropriate organizations: local health departments, tribal governments and the HCC to discuss the situation and determine the appropriate response actions.
- As the need for and scope of MFI is established, the ADHS Director may recommend activation of the FMP fully or partially.
- The HEOC-SOP 'Activation Triggers' will be utilized to activate the HEOC, fully or partially, in order to maintain contact with affected jurisdiction(s), and provide support and coordination when needed or requested.

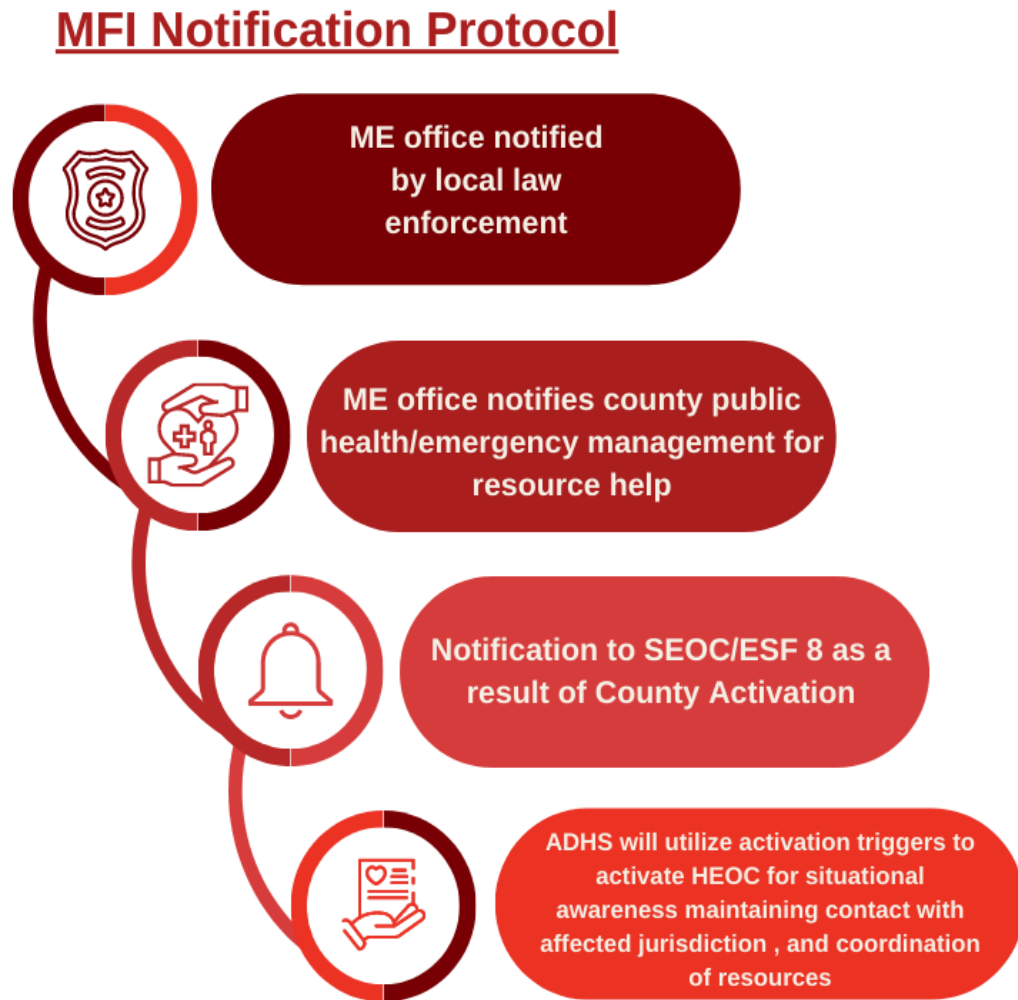
## Volunteer Management

- ADHS maintains an Arizona Emergency System for Advance Registration of Volunteer Health Professional (AZ-ESAR-VHP) database, which includes volunteers profile, credentials and certifications.
- During a declared emergency, AZ-ESAR-VHP may be activated.

- The requesting entity should work with local public health and follow their local plans.

## Mass Fatality Incident Notification Protocol

Figure 2



## Administration, Finance, and Logistics

### Continuity of Operations

ADHS will activate the agency's COOP when needed.

## Expenditures and Record Keeping

During declared emergencies, impacted jurisdiction(s) and other responding agencies are responsible for maintaining records of all expenditures incurred during response operations for possible federal reimbursement.

## Authorities and References

Nothing in this document should interfere with the authority of the local ME in carrying out their duties and responsibilities during a MFI.

### 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. NRF and ESF- 8

### State

1. [ARS §-Title 32](#) (Professions and Occupations), Chapter 12 Funeral Directors and Embalmers), Article 1 (Board of Funeral Directors and Embalmers).
2. [ARS §-Title 32](#) (Professions and Occupations), Chapter 20 (Real Estate), Article 6 (Organization and Regulation of Cemeteries).
3. [ARS §-Title 36](#) (Public Health & Safety), Chapter 3 (Vital Records and Public Health Statistics), Article 3 (Death Registration and Birth Registration Certificate Requirements).
4. [ARS §-Title 36](#) (Public Health & Safety), Chapter 7- 36-803 thru 36-808 (Disposition of Human Bodies).
5. Arizona [DEMA's SERRP](#).

### Local

1. [ARS §-Title 11](#) (Counties), Chapter 3 (County Officers), Article 12 (County ME).

## Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule that restricts disclosure of patient information is not suspended during emergency response because of a MFI. However, the Secretary of the 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 (Public Law).

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 Code of Federal Regulations 164.510\(b\)\(4\) \(Code of Federal Regulations\)](#)).

## Plan Development and Maintenance

ADHS plan review and revision involves three levels

- Level 1 - Cosmetic and cursory internal review
- Level 2 - Operational stakeholder review for content updates
- Level 3 - Complete plan overhaul

In collaboration with internal and external stakeholders, BPHEP takes the lead in reviewing and revising the plan to ensure:

1. The plan will be evaluated through exercises or real-world events regularly. ADHS and stakeholder participation will vary and is dependent on the scope of the exercise or event. The associated corrective actions, lessons-learned, and best practices will be implemented and integrated as appropriate.
2. The maintenance of the plan will include a review by communicating through email, telephone, or in-person meetings with operational stakeholders as dictated by the level of review identified. This will occur at a minimum of every 3 years and in conjunction with exercise or real-world events.
3. Public comment may be obtained for emergency preparedness plans directly through the preparedness website.
4. The revised plan will be posted to the ADHS public-facing website and filed in the agency's secure information sharing portal. In addition, the updated and approved plan will be shared with all operational stakeholders and other partners to promote local and state emergency planning alignment.

## Acronyms

<b>ADHS</b>	Arizona Department of Health Services
<b>ADOT</b>	Arizona Department of Transportation
<b>ADPS</b>	Arizona Department of Public Safety
<b>AHCCCS</b>	Arizona Healthcare Cost Containment System
<b>AHERP</b>	All-Hazards Emergency Response Plan
<b>AME</b>	Alternate Medical Examiner
<b>ARC</b>	American Red Cross
<b>ARS</b>	Arizona Revised Statutes
<b>ASPR</b>	Administration for Strategic Preparedness and Response
<b>AZ-ESAR-VHP</b>	Arizona Emergency System for Advance Registration of Volunteer Health Professionals
<b>AZGA</b>	Arizona Attorney General's Office
<b>AzHAN</b>	Arizona Health Alert Network
<b>AZMAC</b>	Arizona Mutual Aid Compact
<b>AZVMA</b>	Arizona Veterinary Medical Association
<b>BEDC</b>	Bureau of Epidemiology and Disease Control
<b>BPHEP</b>	Bureau of Public Health Emergency Preparedness
<b>BVR</b>	Bureau of Vital Records
<b>CDC</b>	Center for Disease Control and Prevention
<b>CEM</b>	County Emergency Management
<b>COOP</b>	Continuity of Operations Plan
<b>DEMA</b>	Department of Emergency and Military Affairs
<b>DMORT</b>	Disaster Mortality Assistance Team



<b>DoD</b>	Department of Defense
<b>EDR</b>	Electronic Death Registration
<b>EMAC</b>	Emergency Mutual Aid Complex
<b>ESF</b>	Emergency Support Functions
<b>FAC</b>	Family Assistance Center
<b>FEMA</b>	Federal Emergency Management Agency
<b>FMP</b>	Fatality Management Plan
<b>FMPT</b>	Fatality Management Planning Toolkit
<b>HCC</b>	Health Care Coalition
<b>HEOC</b>	Health Emergency Operations Center
<b>HHS</b>	U.S. Department of Health and Human Services
<b>HIPAA</b>	Health Insurance Portability and Accountability Act
<b>ME</b>	Medical Examiner
<b>MFI</b>	Mass Fatality Incident
<b>MHA AZ</b>	Mental Health Association of Arizona
<b>MRC</b>	Citizens Corps Program - Medical Reserve
<b>NDMS</b>	National Disaster Medical System
<b>NIMS</b>	National Incident Management System
<b>NRF</b>	National Response Framework
<b>PCOME</b>	Pima County Office of Medical Examiners
<b>PHIMS</b>	Public Health Incident Management System
<b>PIO</b>	Point of Contact
<b>PPE</b>	Personal Protective Equipment
<b>RBHA</b>	Regional Behavioral Health Authorities

<b>REC</b>	Regional Emergency Coordinator
<b>SEOC</b>	State Emergency Response and Recovery Plan
<b>SERRP</b>	State Emergency Response and Recovery Plan
<b>SOP</b>	Standard Operating Procedure
<b>TRBHA</b>	Tribal Regional Health Authorities
<b>VOAD</b>	Arizona Voluntary Organizations Active in Disaster

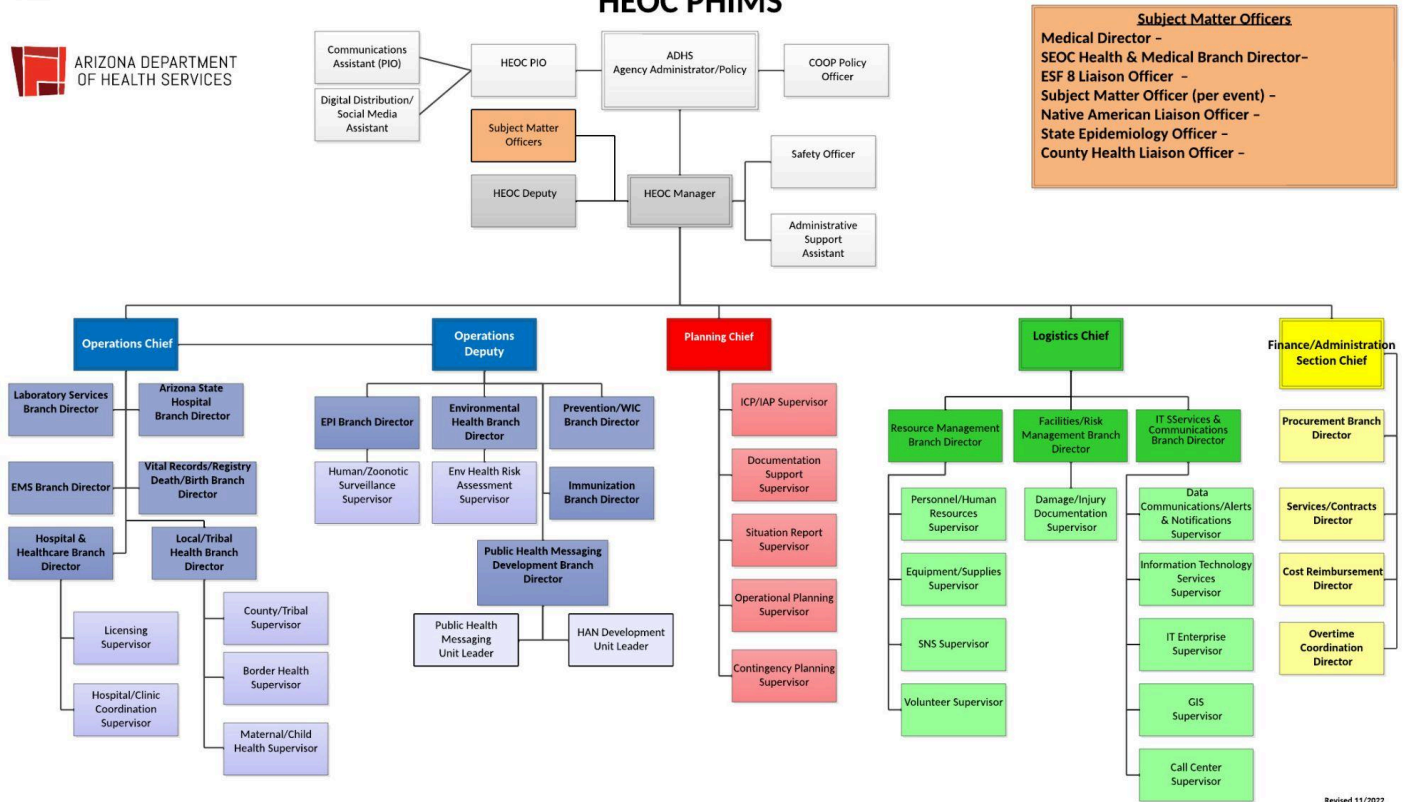
# Appendix A: Arizona Department of Health Services Public Health Incident Management System Template

For a larger view, double-click on the image

AS OF:



## HEOC PHIMS



Revised 11/2022

## Facts



- Arizona has no state ME
- The ME is the person responsible for investigation, recovery, and body disposition or release within their respective jurisdiction.
- There are seven (7) ME Offices in Arizona located in Coconino, Maricopa, Mohave, Pima, Pinal, Yavapai and Yuma counties. PCOME is de-facto appointed ME for the Santa Cruz and Cochise counties. PCOME contracts with seven (7) additional smaller counties for fatality management services.

## ME's are:



- Physicians licensed by Arizona Medical Board
- Trained and experienced in pathology, toxicology, histology, and other medico-legal science
- Forensic pathologist who performs or directs the conduct of death investigations.
- Direct a death investigation, and determine whether an external examination or autopsy is required

## Medical Examiner Generally Investigates Deaths:



- All unnatural and suspicious deaths
- Death of a child
- Death of a prisoner
- Suicide or suspected suicide
- When a person is found dead and the circumstances of death are not known
- When attending physician cannot certify the cause of death

## Appendix B: Medical Examiner Offices and Information

For additional information:

<https://www.azleg.gov/viewdocument/?docName=https://www.azleg.gov/ars/11/00591.htm>

ME Office	Contact Information
<b>Coconino County</b>	<ul style="list-style-type: none"> <li>• Phone: 928-679-8775</li> <li>• Fax: 928-779-7056</li> <li>• Address: 4402 E Huntington Drive Flagstaff, AZ 86004</li> </ul>
<b>Maricopa County</b>	<ul style="list-style-type: none"> <li>• Phone: 602-506-3322</li> <li>• Fax: 602-506-1546</li> <li>• Address: Forensic Science Center 701 W Jefferson Street Phoenix, AZ 85007</li> </ul>
<b>Mohave County</b>	<ul style="list-style-type: none"> <li>• Phone: 928-505-5888</li> <li>• Fax: 928-505-5889</li> <li>• Address: 145 Aviation Drive Lake Havasu, Arizona, 86404</li> </ul>
<b>Pima County</b>	<ul style="list-style-type: none"> <li>• Phone: 520-724-8600</li> <li>• Address: 2825 E District Street, Tucson, Arizona 85714</li> </ul>
<b>Pinal County</b>	<ul style="list-style-type: none"> <li>• Phone: 520-866-7260</li> <li>• Fax: 520-866-7296</li> <li>• Address: 570 W Adamsville Road Florence, AZ 85132</li> </ul>
<b>Yavapai County</b>	<ul style="list-style-type: none"> <li>• Phone: 928-771-3163</li> <li>• Fax: 928-771-3504</li> <li>• Address: 7100-B North County Fair Trail Prescott Valley, AZ 86314</li> </ul>
<b>Yuma County</b>	<ul style="list-style-type: none"> <li>• Phone: 928-771-3136</li> <li>• Fax: 928-771-3504</li> </ul>

	<ul style="list-style-type: none"><li>• Address: 918 Prosser Lane Prescott, Arizona, 86301</li></ul>
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