

PROLOGUE

Mass fatality catastrophes occur infrequently in the US but we must be prepared for them. Not to be prepared is to be derelict in our responsibilities as public servants and as members of a community. History has shown that dealing with the consequences of mass fatality catastrophes requires the dedication of numerous public agencies, private organizations and dedicated people. The County of Ventura is committed to ensuring that in any size disaster, the deceased and the bereaved receive sensitive and dignified treatment, in accordance with the ideals projected in the quotes below.

 "Lessons from other disasters that could have been applied in Haiti were ignored... Dead bodies are not an immediate threat to the health of the living... Some 10,000 bodies had been buried in mass graves in a society that places great store in venerating the dead. That will add to the trauma of the survivors."

The Economist, January 23 – 29, 2010

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

Robert Gerber

- "All persons involved with the bereaved will be mindful of the following recommendations:
 - Provision of honest and accurate information at all times and at every stage
 - Respect for the deceased and the bereaved
 - A sympathetic and caring approach throughout
 - The avoidance of mistaken identification."

Clarke, Lord Justice, (2001)

"The care with which our dead are treated is a mark of how civilized a society we are. Much goes on for understandable reasons behind closed doors. For this reason there is a special responsibility placed on those entrusted with this work and the authorities that supervise it to ensure that the bodies of the dead are treated with the utmost care and respect. That is what bereaved and loved ones are entitled to expect and what society at large demands."

Haddon-Cave, Charles, (2000)

It is not always possible to achieve our goals. A Mass Fatality Catastrophe Plan must take into consideration conditions such as those that arose in the 1918 pandemic influenza outbreak.

"The corpses had backed up at the undertakers', filling every available area of these
establishments and pressing into living quarters; in hospital morgues overflowing into
corridors; in the [Philadelphia] city morgue overflowing into the street. And they backed
up in homes. They lay on porches, in closets, in corners of the floor, on beds."

Barry, JM. (2004)

The Great Influenza: The Epic Story of the Deadliest Plague in History.

- It "may not be ethical, it may not be nice, it may not even be legal, but it might be the only thing you can do."
- "Any community that fails to prepare, with the expectation that the federal government or, for that matter, even the state government will come to their rescue at the final moment will be tragically wrong."

Michael Leavitt, Past-Secretary of Health and Human Services

 "If national preparedness efforts do not acknowledge the need for a different type of non-scene based MFM [Mass Fatality Management] approach, our country will remain unprepared."

Sharon A. R. Stanley (2010)

ACKNOWLEDGEMENTS

The material in this plan does not "recreate the wheel." It draws extensively on work already conducted in numerous jurisdictions. Four crucial sources include:

- State of California Governor's Office of Emergency Services, The California Mass Fatality Management Guide: A Supplement to the State of California Coroners' Mutual Aid Plan (September 2007).
- Santa Clara County Public Health Department and National Association of County and City Health Officials Advanced Practice Center, Managing Mass Fatalities: A Toolkit for Planning (July 2008).
- London Resilience Partnership, London Mass Fatality Incident Plan, London, England, (2006).
- Morgan, O., Tidball-Binz, M. & Van Alphen, D. (2006). Eds. Management Of Dead Bodies After Disasters: A Field Manual For First Responders. Washington, D.C: PAHO.

A full list of sources used in developing this plan is in the bibliography at the end of the plan.

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SECTION ONE: INTRODUCTION

FORWARD

This Mass Fatality Catastrophe Plan (MFCP) addresses the Ventura County Health Care Agency's planned response to a mass fatality catastrophe (MFC) associated with natural disasters, technological incidents, and national security emergencies. The plan does not address normal day-to-day emergencies or the well established and routine procedures used in coping with such emergencies. Instead, the operational concepts reflected in this plan focus on potential large-scale disasters that can generate unique situations requiring unusual emergency responses. Many of the responses may require their own administrative, planning, operations, logistics and financial structures and resources.

This plan is a preparedness document—designed to be read, understood, and exercised prior to an emergency. It is designed to include the MFCP as part of the Ventura County Multihazard Functional Plan, California Standardized Emergency Management System (SEMS) and National Incident Management System (NIMS).

ASSUMPTIONS

- The ultimate purpose in a mass fatality catastrophe response is to recover, identify and
 effect final disposition of human remains in a timely, safe, and respectful manner while
 accommodating religious, cultural and societal expectations. Balancing these goals is
 challenging and will require support and leadership from all levels of government as well as
 the community itself.
- The Medical Examiner (ME) is the legal authority to conduct victim identification (or augment the lead investigative agencies to complete victim identification), determine the cause and manner of death, and manage death certification. The ME is also responsible for other medico-legal activities, such as notification of next of kin.
- The response to a mass fatality catastrophe event will include many other response organizations. The ME function is one component of the overall response. ME
- The multiple organizations involved with a mass fatality catastrophe will work within the Incident Command System (ICS) and cooperate and collaborate with the ME, the Emergency Operations Center, and the Health Care Agency's Department Operations Center to facilitate effective management of the mass fatality.

- Supporting laws and regulations provide guidance for a mass fatality catastrophe response
 by specifying: the organization responsible for mass fatality catastrophe management,
 response requirements; organizational authority and responsibilities; how to request
 assistance; and how to organize response efforts to ensure coordination and
 reimbursement eligibility.
- Evaluation of a mass fatality catastrophe site may require specialized assistance from local agencies and the state, special chemical, biological, radiological detection equipment, and personnel with personal protective equipment.
- Mass fatality catastrophes create widespread traumatic stress for responders, families that
 are impacted, and the community-at-large. Traumatic stress can lead to physical illness and
 disease, precipitate mental and psychological disorders, and can destroy relationships and
 families. Attending to behavioral health needs of victims' and responders is critical.
- The Ventura County Mental Health, Trauma Response Network and the American Red Cross will manage and coordinate Family Assistance.
- Under certain circumstances (e.g., commercial airline accident or terrorist act) select federal agencies will have critical on-scene responsibilities, thus requiring close and on-going coordination with the ME Office, local and state agencies.
- In the event of pandemic influenza or similarly contagious disease, external resources will
 not be available and some services will need to be delivered differently to minimize spread
 of the disease. The Ventura County Health Care Agency (VCHCA) will utilize SEMS/NIMS in
 emergency response operations.
- HCA will commit resources to the extent possible before requesting mutual aid assistance.
- Mutual aid assistance will be requested, as needed, through the Ventura County Emergency Operations Center.

VENTURA COUNTY HEALTH CARE AGENCY MASS FATALITY CATASTROPHE PLANNING GOALS

This Mass Fatality Catastrophe Plan has as its first priority to serve the living, both during an immediate disaster and in terms of the long-range recovery of society.

- Facilitate Ventura County's management of a mass fatality catastrophe.
- Provide hospitals with a clear and coordinated process for handling the deceased when decedent operations have exceeded normal capacity.
- Notify and assist families of deceased persons

- Protect families, property, estates --the future
- Identify the deceased
- Maintain evidence trail
- Determine and certify cause of death
- Track patterns for prevention and mitigation
- Properly dispose of remains
- Identify the command and control structure, who is responsible for activating the plan, and criteria for levels of activation.
- Outline a means for obtaining the following support functions with scalability:
 - Supplies and equipment
 - Staffing requirements
 - Facility requirements
- Provide information on infection and other health and safety threats; mass fatality catastrophe information systems, pandemic influenza considerations, security requirements; family, cultural and religious considerations; and staff and volunteer management.
- Identify the stakeholders and organizations responsible for management and coordination of mass fatality catastrophe activities.
- Describe the method with which human remains will be recovered and identified.
- Outline a method for the preserving and storing of human remains on a temporary basis when normal capacity has been exceeded.
- Detail local morgue capacity and operations.
- Delineate a method for assisting families during a mass fatality catastrophe.
- Outline the process for obtaining death certificates and permits for disposition of remains.
- Describe how the plan will be exercised, updated and maintained.

ORGANIZATION OF THE MASS FATALITY CATASTROPHE PLAN (MFCP)

- **Section One: Introduction**. Includes planning assumptions, planning goals, defines a mass fatality catastrophe, presents the mass fatality catastrophe concept of operations, activation and maintenance of the CMFP. Intended audience Executive staff and Department Operations Center (DOC) Command Team.
- **Section Two: Basic Plan.** Overall organizational and operational concepts relative to response and recovery. Intended audience—Department Operations Center (DOC) Command Team.
- Section Three: Standardized Emergency Management System. Describes the basic design
 of the system for managing response to multi-agency and multi-jurisdiction emergencies
 and to facilitate communications and coordination between all levels of the system and
 among all responding agencies.
- Section Four: Organization and Responsibilities. Description of the emergency response organization and emergency action checklists and reference material. Intended audience— DOC staff.
- Section Five: HCA-DOC Functions. Provides a template for the functions of the HCA-DOC during a mass fatality catastrophe. Also provides responsibility checklists for each of the primary HCA-DOC roles.
- Section Six: Field Operation Functions. Provides a template for the functions of field
 operations during a mass fatality catastrophe. Also provides responsibility checklists for
 each of the primary field roles.
- Appendices: Includes various just-in-time training documents. Also includes a restricted-use document - contains the emergency/disaster organization's notification numbers and other essential numbers. Intended audience—DOC staff.

ASSUMPTIONS: PUBLIC HEALTH CATASTROPHIC EMERGENCY

The Ventura County Health Officer is delegated the responsibility for the enforcement of public health laws and must ensure that all emergency operations enacted to mitigate the public health emergencies are compliant with local, state and federal regulations.

The following assumptions are examples of the potential impact of a worst-case scenario pandemic influenza (PI) event. In the event of pandemic influenza or similarly contagious disease:

- External resources will not be available and some services will need to be delivered differently in order to minimize the spread of the disease.
- Susceptibility to pandemic influenza will be universal.
- Case fatality rates could be in the range of 25-35% in addition to the average rate of deaths from other causes.
- Up to 40% of the workforce could be absent from work during peak periods.
- Mutual aid resources from state or federal agencies to support local response efforts may not be available.
- It is estimated that 50% to 75% of deaths will occur outside of a hospital or medical treatment facility.
- The death care industry could expect to handle about six months work within a six to eight week period.
- The time to complete fatality management of a pandemic influenza event may exceed six months to a year.

MASS FATALITY CATASTROPHE DEFINED

Federal Definition

The Stafford Act defines major disasters as any natural catastrophe (including any hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought) or, regardless of cause, any fire, flood, or explosion [that] causes damage of sufficient severity and magnitude to warrant major disaster assistance . . . to supplement the efforts and available resources of States, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering.

The USGS states in "The Shakeout Earthquake Scenario" (Perry, 2008, p. 16) that a disaster becomes a catastrophe when "the regional economy suffers a breakdown in resiliency and sinks into a depression that could last decades [and] ...when social, economic and political systems suffer severe disruption. A central assumption is that even with our best efforts; our communities will not be able to return to social conditions prior to the catastrophe. The change will be "irremediable." In the context of this plan, such a catastrophe would include mass fatalities.

California Definition

A mass fatality becomes a mass fatality catastrophe when, as defined in California, the "loss of life overwhelms the state's mutual aid system and requires extraordinary support from state, federal, and private resources" (State of California Governor's Office of Emergency Services, 2007). A mass fatality catastrophe is likely to trigger disaster declarations at the state and federal level which will mobilize an array of resources to support state and local response and recovery efforts.

Ventura County Definition

It is recognized that there is a wide spectrum of mass fatality incidents ranging from those that local resources to catastrophic events that impact local, state and federal resources. A mass fatality incident may be one of the following:

Multiple Fatality: An incident that results in decedents and/or fragmented remains that can be located, identified, and processed for final disposition by local resources.

Mass Fatality: An incident involving more decedents and/or fragmented remains than can be located, identified, and processed for final disposition by local resources. Mutual Aid resources will need to be requested via the California Emergency Management Agency (Cal EMA) to augment local resources.

Mass Fatality Catastrophe: An incident involving more decedents and/or fragmented remains than can be located, identified, and processed for final disposition by local and state resources and may result in decedents never being identified or claimed. A mass fatality catastrophe will require the participation and coordination of several state agencies, the federal government, and private organizations.

This Plan focuses primarily on the mass fatality catastrophe level that results in an overwhelming loss of life; perhaps in the thousands. Such events do not occur often but when they do, result in major loss of life and disruption of societal function, perhaps for years. A mass fatality catastrophe may quickly overwhelm local agencies personnel and resources including the regional Coroners' Mutual Aid System. In such a case the combined and timely involvement of state, federal, and private resources may be needed. In a worst case, such as a serious pandemic, outside resources may not be available. History has shown that the societal and individually devastating consequences resulting from a mass fatality catastrophe can effectively bring societal functioning to a near standstill and have effects for years, even generations.

A mass fatality catastrophe may include the following:

 Most, or all, everyday community services, resources and functions are sharply and concurrently interrupted.

- Most or all of the community infrastructure is heavily impacted (buildings, roads, water, power), and many of the people who operate these systems are not available.
- Local officials can't fulfill their usual work roles, [extending] into the recovery period.
- Help from nearby communities cannot be provided (Quarantelli, 2000).

Regardless of the size of the mass fatality incident, the ME is the legal authority to conduct victim identification (or augment the lead investigative agencies to complete victim identification), determine the cause and manner of death, and manage death certification. The ME is also responsible for other medico-legal activities, such as notification of next of kin.

A full-scale mass fatality catastrophe response is clearly beyond the norm of our regular experience in responding to critical incidents or emergencies. It is also beyond the realm of our experience in response to local and regional disasters. This plan focuses on what will be referred to as major disasters or catastrophes.

CATASTROPHIC MASS FATALITY CONCEPT OF OPERATIONS

The overall goals of mass fatality catastrophe management are to recover, identify and effect final disposition of human remains in a dignified and respectful manner; preserve the scene and collect evidence (as needed); and provide family assistance to victims' relatives and loved ones.

In a mass fatality catastrophe, a standard process for managing human remains will be used, but the process depends on the magnitude and scope of the event (State of California Governor's Office of Emergency Services, 2007). The process will typically include the following.

Plan Activation

This plan may be activated under two broad scenarios: "Notice" events and "Non-Notice" events. In a pandemic, for example, agencies will have notice that the event may be on its way to leading to mass fatalities. Non-notice events include such natural disasters as earthquakes or human-made disasters such as detonation of a nuclear or radiologic device.

A non-notice natural or human-made disaster resulting in catastrophic mass fatalities will become known to the ME through various communications systems. Law Enforcement and Fire Departments may notify the ME directly when fatalities are on scene. The ME may also be notified by the Ventura County Sheriff's Office of Emergency Services (OES) or the Public Health Emergency Preparedness Office of a mass fatality catastrophe.

In a catastrophic disaster or outbreak, such as a pandemic influenza outbreak, the epidemiologic progression of events may lead up to a decision to invoke this plan.

The Ventura County HCA-DOC and the ME have authority to activate this MFCP. In the event of a worst-case scenario pandemic influenza or infectious disease of similar gravity, the Ventura County Health Officer will consult with the ME regarding activation of the MFCP.

Multi Agency Coordination Group

When a mass fatality catastrophe occurs that impacts Ventura County, the Ventura County Sheriff's Office of Emergency Services (VCOES) will be notified, the Emergency Operations Center (EOC) will be activated and the ME will be notified. VCOES will request that the ME or designee report to the County EOC to serve as the EOC Medical Examiner Unit Lead and interface with the Health Care Agency's Department Operations Center Medical Examiner Services Director and oversee and coordinate mass fatality catastrophe decedent operations. The VCEOC plays a major role in coordination of local, state and federal resources. If needed, the VCOES will, in coordination with the Public Health Emergency Preparedness Office, consider activation of a Multi Agency Coordination Group for the mass fatality catastrophe.

If activated, the Multi Agency Coordination Group for the mass fatality catastrophe will establish overall direction and priorities for the health, medical and mortuary response across Ventura County. The role of the MAC Group is to provide structure and direction for interorganizational decision making during the mass fatality catastrophe. Specifically, the MAC Group, will:

- Establish policy direction for the countywide health and medical system.
- Determine system-wide medical resource priorities when available resources fall well below expected demand.
- Determine the extent and timing of changes to medical system practices (i.e. standards of care).
- Approve the content of public messaging regarding the health and medical response.
- Coordinate with and brief elected officials and healthcare partners as needed regarding health and medical impacts, status of the response and decisions made by the MAC.

Scene Evaluation and Organization

Scene Evaluation includes evaluation and investigation of the scene, establishing the Incident Command System (ICS) and development of an incident action plan (IAP). The ME will establish an evaluation team to determine:

• Potential or real number and location of remains.

- Condition of the bodies.
- Locations of atypical cases.
- Potential number of remains for autopsy.
- Complicating factors or level of difficulty in recovery—types and numbers of personnel and equipment needed.
- Accessibility of the incident site.
- Possible biological, chemical, physical or radiological hazards.
- Level of personal protective equipment required.

Catastrophic Mass Fatality Investigation, Search and Recovery

Search and recovery must be scalable. In a County-wide mass fatality catastrophe, a typical search and recovery model of a more-or-less limited geographical area does not apply. Victims of a pandemic, for example, may be scattered across the entire county. They

Search and Recovery Unit

Search and recovery is the collection and documentation of post-mortem: 1. Human remains; 2. Property; and, 3. Evidence. Catastrophic search and recovery will be organized to the extent that resources are available into geographical teams. These teams will complete the difficult physical removal, extraction, disentanglement and collection of human remains in whatever condition they may be found and wherever they are located.

- Search and Recovery Unit oversees the search, evaluation, removal, and transfer of human remains from an incident site to the incident morgue. The Search and Recovery Team coordinates human remains transportation needs and requests with Logistics.
 - Photography and Documentation Team is deployed by the Search and Recovery Team to provide written and photographic documentation of remains, property and evidence at the incident site prior to any movement.
 - Property and Evidence Team responds to requests from the Search and Recovery Team to record, collect, package and transfer property, and evidence found at the incident site using standardized 'chain of custody' methods and ensures that documentation is complete.

Holding Morgue

The purpose of the temporary holding morgue is to store remains until they are transported to the incident morgue. As remains are recovered, personnel may automatically perform an external evaluation and preliminary identification. In a geographically widespread mass fatality catastrophe scene, several holding morgues or fatality collection locations may be in use.

Transportation

Transportation includes transportation of human remains, property and evidence to the incident morgue as well as transportation of personnel and equipment to and from the incident site. Transportation also includes transportation of human remains to final disposition location.

Morgue Operations

Determine the cause of death and to identify the victims.

Family Assistance Centers

Family assistance is critical to final disposition decisions. Family assistance will be provided separately, but at the same time, as the processing of human remains. Family assistance will begin with setting up a call center's hotline and one or more centers where families can gather. The call center's hotline will provide information for victim identification and emotional support, and referrals for family members and loved ones. Mattering on the scale and nature of the mass fatality catastrophe, family assistance centers will be opened close to, but out of view of the incident or processing sites for information exchange, emotional support and basic first-aid in the immediate aftermath of a mass fatality catastrophe. The Behavioral Health Department is the lead agency for family assistance operations, under direction of the HCA-DOC.

Care must be taken to attend to religious and cultural needs. Religious traditions may conflict with legal requirements which will be the first priority and may need to be communicated with care to the family of the deceased. Any area provided for family members and friends to view the deceased will be constructed with proper regard for religious symbolism. A decision must be made as to whether to have any such symbols, to have them in positions of equal respect and so forth. Guidance should be sought from Fire and Sheriff clergy experienced in dealing with a wide range of religious beliefs. By default a total absence of such items may be the best initial approach.

Once federal, state and local resources have been coordinated, Family Assistance Centers will be fully operational. Note that if the incident is the result of a commercial airliner crash, the airline is responsible for providing assistance to families (Family Assistance Act, 1996).

Introduction SECTION ONE

In a mass fatality incident the local Vital Records Registrar will add surge capacity to facilitate the registration of deaths and issuance of final disposition permits.

HCA-DOC Medical Examiner Services will coordinate with death care and spiritual care providers to add surge capacity for timely mortuary, crematory and burial services.

Local, state and federal resources assistance will be requested as needed based on the nature and complexity of the incident. Although separate mutual aid agreements are in place, every effort must be made to coordinate requests for resources through the County EOC. Incoming resources will need to be coordinated by the County EOC Logistics Section.

The Advanced Practice Center's Guidelines for Talking with Families is attached as an Appendix.

APPROVAL AND ADOPTION

This MFCP will be reviewed by Ventura County Public Health - Emergency Preparedness Office, and the Ventura County Emergency Planning Council's (EPC) Plan Review Committee. Once the EPC Plan Review Committee determines that the MFCP complies with the tenets of ICS, SEMS, NIMS and the National Response Framework, the MFCP will be presented for acceptance by the EPC. Upon completion of EPC review and written concurrence, the MFCP will be submitted to the Ventura County Board of Supervisors to be officially adopted. The adopted Plan will be an extension of the Ventura County Multihazard Functional Plan.

MAINTENANCE OF MFCP

The MFCP will be reviewed annually to ensure that plan elements are valid and current. The Public Health — Emergency Preparedness Office (EPO) in coordination with the ME is responsible for making revisions to the MFCP to enhance the department's response and recovery operations. In addition, the Manager of Emergency Preparedness Programs in the EPO will prepare, coordinate, publish and distribute any necessary changes to the plan to all holders of the Plan.

SECTION TWO: BASIC MFCP

The purpose of the Mass Fatality Catastrophe Plan (MFCP) is to provide a framework to facilitate an organized and effective response to and recovery from mass fatality catastrophes that treats the dead and their loved ones with dignity and respect.

The National Association of Medical Examiners (NAME) states that a local ME should organize a mass fatality Evaluation Team which should comprise at a "minimum the Medical Examiner, the Operations Director, and the Chief Investigator who proceed together to the disaster site. The safety of the scene must be assessed and clearance issued by the appropriate agency before the evaluation team enters" (National Association of Medical Examiners, 2006). NAME also proposes following operational units that are to be under the direction of the local Medical Examiner:

- The Scene(s): Body and initial evidence recovery; site of a temporary morgue if indicated.
- The Morgue Examination Center: Body identification and processing
- The Family Assistance Center:
- Acquisition of antemortem information
- Care of the families [Note: including safe placement of orphaned children]
- Positive identification notification
- The Long Term Examination Site: Processing biological specimens and evidence not originally accessed at the Scene or Morgue/Examination Center.

The Ventura County ME will, by virtue of the requirements and guidelines outlined above, typically function as Medical Examiner Branch during the operations of the HCA-DOC. The HCA-DOC Medical Examiner Branch Director will identify equipment and personnel assets needed to manage deceased victims and request those assets through the Ventura County HCA-DOC. Resources may include personnel experienced in ICS operations to assist the ME's staff in certain management functions and providing valuable liaison services to Incident Command. Resources may also include specialized assets such as those needed to decontaminate deceased victim if they were exposed to chemical, radiological, or biological agents.

Except in rare circumstances involving military or certain federal employees, the Medical Examiner Branch retains control of, and responsibility for, handling deceased victims. All assets activated to assist with fatality management operate under the direction of the Medical Examiner Branch Director. Once requested assets arrive, the Medical Examiner Branch Director coordinates, integrates, and manages those assets.

SCOPE

This plan is compatible with the State of California Emergency Management Agency's (formerly the California Office of Emergency Services) *Coroners Mutual Aid Plan* (2006), the *California Mass Fatality Management Guide: A Supplement to the State of California Coroners' Mutual Aid Plan* (September 2007), Ventura County Multi-hazard Functional Plan 2006, Ventura County Health Care Agency's Emergency Response Plan and the Emergency Management Assistance Compact. This plan is intended to be utilized within California's Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS).

The lead agency for the MFCP is the Ventura County Health Care Agency and the Medical Examiner's Office.

In summary, the scope for this plan covers mass fatality catastrophes that:

- Are beyond the scope of local communities to manage, that may impact the entire nation, and therefore
- For which outside (mutual aid) resources are restricted, not available and/or seriously delayed.

AUTHORITIES

The ME is the legal authority to conduct victim identification (or assist the lead investigative agencies to complete victim identification), determine the cause and manner of death, and manage death certification for a mass fatality. This plan derives its authority from that legal responsibility and from the related plans with which it is consistent.

- Ventura County Emergency Organization and Functions, Ordinance Number 2538
- California, Health and Safety Codes §102175 §102250, §102850-103490, §103451
- California Code of Regulations Title 22, Division 4.5 §66250 §66260.210 and §66261.1 §66261.126
- California Emergency Services Act §8607; California Disaster Assistance Act, §1591

- California Civil Code Section §1714.5, §1766, §1767, §1799.102
- California Government Code Sections §27491.1- §27491.55
- California Government Code §8550, §8569, §8615-8619, §8632, §8668, §103490, 27490-27512
- California Penal Code Section §830.35(c)
- Code of Federal Regulations (CFR): U.S. Public Law 93-288
- Code of Federal Regulations: Title 45 Section 164.512q: HIPAA Privacy Regulations, Uses and Disclosures About Decedents
- Homeland Security Presidential Directive 5 (HSPD-5), 2003

THREAT SUMMARY FOR VENTURA COUNTY

This Plan does not repeat the hazard information or planning process contained in the County's Multi-Hazard Functional Plan, the Multi-Jurisdictional Hazard Mitigation Plan for Ventura County, California or the Safety Element of the General Plan. For detailed hazard information, refer to those plans.

VCHCA will need to consider the various types of disasters that the County is subject to and how a catastrophic event of any of these hazards may result in mass fatalities. FEMA has categorized catastrophic disaster planning into fifteen scenarios:

- Natural Disasters
 - Earthquakes
 - Hurricanes
- Chemical Attacks
 - Blister
 - Toxic Industrial
 - Nerve Agents
 - Chlorine
- Biological Disease
 - Anthrax
 - Pandemic

- Plague
- Food
- Animal
- Radiological/Nuclear/Explosive Attacks
 - Radiological (RDD)
 - Nuclear
 - Explosive Attacks (IED)
- Cyber Attack

Any of these scenarios could result in a mass fatality catastrophe, but some are more likely than others. The most likely causes of mass fatality events include those that would impact health including some types of radiological, biological or chemical attacks. A worst-case pandemic influenza and/or infectious disease outbreak of similar seriousness seems the most likely cause of a mass fatality catastrophe.

Ventura County is also subject to the following additional hazards that may result in mass fatality catastrophes:

- Wildland Fire
- Flood
- Dam Inundation
- Tsunami
- Civil Unrest
- Landslide

DEFINITIONS

Cal EMA: The California Emergency Management Agency (Cal EMA) is a California cabinet-level agency responsible for overseeing and coordinating emergency preparedness, response, recovery and homeland security activities within the state.

Catastrophic Mass Fatality: An incident involving more decedents and/or fragmented remains than can be located, identified, and processed for final disposition by local, regional, and state resources. A mass fatality catastrophe will require the participation and coordination of several

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state agencies, the federal government, and private organizations. Mutual Aid resources may need to be requested via the California Emergency Management Agency (Cal EMA) to augment local resources.

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

Collective Burial: The term collective burial refers to separate, individually identified burials conducted in rapid succession. While the grave sites may be created through cutting of trenches, burials are individually located and identified. Collective burial sites may be temporary burial sites, with subsequent exhumation for final disposition by families and loved ones after the disaster has subsided. It may also be the case that collective burial sites become permanent cemeteries if some bodies are never claimed.

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

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

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

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

forensic odontologists, dental assistants, x-ray technicians, mental health specialists, computer professionals, administrative support staff, and security and investigative personnel.1

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

Emergency Operations Center (EOC): The physical location at which the coordination of information and resources to support incident management (on-scene operations) activities normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. The EOC operate by major functional disciplines (e.g., fire, law enforcement, medical services), by jurisdiction (e.g., Federal, State, regional, tribal, city, county), or by some combination thereof.

Family: People related by birth, marriage, adoption, domestic partnership both legal and as agreed upon by the partners themselves.

Family Assistance Center: The traditional family assistance center is a secure facility established as a centralized location to provide information about missing persons who may be victims of a disaster; a gathering point where information is exchanged in order to facilitate the body identification process and the reunification of next of kin; a location for the collection of family-member DNA; and where spiritual and emotional support is provided for those awaiting information about their loved ones. This may require a just-in-time training or orientation session to acquaint staff with diverse cultural and religious issues they may confront. Also, given the circumstances, additional support services such as housing information/referral, insurance, mental health counseling, and legal assistance may be provided.

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

Final Disposition: The final resting places of deceased victims of a mass fatality incident. Final disposition decision-making may be extremely complicated in a mass fatality catastrophe. Initially, it is possible that public authorities may have to identify collective burial sites that may or may not become permanent cemeteries. Bodies placed in collective burial sites may later need to be disinterred and relocated when family members are found and want to move

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¹ http://www.dmort9.org

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remains to permanent locations, which may be scattered across the country, or even in other nations.

Health Care Agency Department Operations Center: An Emergency Operations Center (EOC) specific to a single department or agency. The focus of a DOC is on internal agency incident management and response. DOCs are often linked to and, in most cases, are physically represented in a combined agency EOC by authorized agent(s) for the department or agency. In the event of a mass fatality catastrophe, the Health Care Agency (HCA) DOC would be activated to support HCA activities. The HCA-DOC would coordinate and communicate to the County/Operational Area EOC via the Medical/Health Branch.

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

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

Local Emergency: "Local Emergency" means the duly proclaimed existence of conditions of disaster or of extreme peril to the safety of persons and property within the territorial limits of a county or city, caused by such conditions of air pollution, fire, flood, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestation or disease, the Governor's warning of an earthquake or volcanic prediction, or an earthquake, or other conditions, other than conditions resulting from labor controversy, which are or are likely to be beyond the control of the services, personnel, equipment, and facilities of that political subdivision and require the combined forces of other political subdivisions to combat, or with respect to regulated energy utilities, a sudden and severe energy shortage requires extraordinary measures beyond the authority vested in the California Public Utilities Commission (Section8558(c),GC).

Mass Fatality: An incident involving more decedents and/or fragmented remains than can be located, identified, and processed for final disposition by local resources. Mutual Aid resources may need to be requested via the California Emergency Management Agency (Cal EMA) to augment local resources.

Medicolegal Death Investigation: A medicolegal death investigation will: "Provide answers to questions of what factors served to cause the fatal incident or interfered with survival. Final

conclusions of cause, manner and circumstances of death must rest upon a firm correlative bank of pertinent data, both autopsy and circumstantial derived" (Davis, 1997).

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

Multi Agency Coordination Group: A group of administrators or executives, or their appointed representatives, who are typically authorized to commit agency resources and funds. A MAC Group can provide coordinated decision-making and resource allocation among cooperating agencies, and may establish the priorities among incidents, harmonize agency policies, and provide strategic guidance and direction to support incident management activities. A Multi Agency Coordination Group may be established to assist with the response and recovery to a mass fatality catastrophe.

Multiple Fatality: An incident that results in decedents and/or fragmented remains that can be located, identified, and processed for final disposition by local resources.

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

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

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

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safety, property, and the environment; and reduces adverse psychological consequences and disruptions to the American way of life.

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

Personal Effects (PE): Refers to those items carried by, or being transported with, an individual on a common air, rail, or water carrier. In mass fatality catastrophe thousands of personal effects may be associated with human remains requiring a great deal of coordination to collect.

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

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

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

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

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

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

State of Emergency: "State of Emergency" means the duly proclaimed existence of disaster or extreme peril to the safety of persons and property within the state caused by such conditions

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

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

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

Ventura County Operational Area Emergency Operations Center (EOC): The level of the state emergency services organization, consisting of Ventura County and all political subdivisions. The Ventura County Operational Area EOC coordinates information, resources among the county, cities and special districts within the Operational Area. The Ventura County Operational EOC communicates and coordinates with the California Emergency Management Agency's Southern Region EOC.

SECTION THREE: STANDARDIZED EMERGENCY MANAGEMENT SYSTEM

The Standardized Emergency Management System (SEMS) has been adopted by the County of Ventura for managing response to multi-agency and multi-jurisdiction emergencies and to facilitate communications and coordination between all levels of the system and among all responding agencies. The County of Ventura, Sheriff's Office of Emergency Services has been designated the "lead agency" of the Ventura County Operational Area. Title 19, Public Safety, Division 2, Chapter 1, Standardized Emergency Management System of the California Code of Regulations establishes the standard response structure and basic protocols to be used in emergency response and recovery.

Fully activated, the SEMS consists of five levels: field response, local government, operational areas (countywide), OES Mutual Aid Regions, and state government.

FIELD RESPONSE LEVEL

The field response level is where emergency response personnel and resources, under the command of an appropriate authority, carry out tactical decisions and activities in direct response to an incident or threat. SEMS regulations require the use of the Incident Command System (ICS) at the field response level of an incident. The ICS field functions to be used for emergency management are command, operations, planning/intelligence, logistics, and finance/administration. The ICS structure will be used in HCA's Department Operations Center (DOC), and in the field with mass fatality catastrophe operations.

LOCAL GOVERNMENT LEVEL

Local governments include cities, counties, and special districts. Local governments manage and coordinate the overall emergency response and recovery activities within their jurisdiction. Local governments are required to use SEMS when their emergency operations center is activated or a local emergency is proclaimed in order to be eligible for state funding of response-related personnel costs. Local governmental levels shall provide the following functions: management, operations, planning/intelligence, logistics, and finance/administration. Local jurisdictions are responsible for overall direction of personnel and equipment provided for emergency operations through mutual aid (Government Code Section 8618).

During a mass fatality catastrophe, the County EOC may be activated to support mass fatality catastrophe operations. The Public Health Officer or designee may be requested to report to the County's EOC to fulfill the role of the Medical/Health Branch. The Medical Health Branch will coordinate and communicate with the DOC Manager in HCA-DOC or the Medical Examiner Services Branch in the field if the HCA-DOC is not activated.

OPERATIONAL AREA LEVEL

Under SEMS, the operational area is defined in the California Emergency Services Act as an intermediate level of the state's emergency services organization consisting of a county and all political subdivisions within the county area. Political subdivisions include cities, a County and city, counties, districts, or other local governmental agencies, or public agency as authorized by law. The operational area is responsible for:

- Coordinating information, resources and priorities among local governments within the operational area,
- Coordinating information, resources and priorities between the regional level and the local government level, and
- Using multi-agency or inter-agency coordination to facilitate decisions for overall operational area level emergency response activities.

The County of Ventura, Sheriff's Office of Emergency Services is the lead agency for the Ventura County Operational Area that includes ten incorporated cities and special districts. If the Ventura County Operational Area EOC is activated, the Sheriff of Ventura County will be the Emergency Operations Center (EOC) Director for the Ventura County Operational Area and will have the overall responsibility for coordinating and supporting emergency operations within the county. The Assistant Director of Emergency Services and supporting staff will constitute the Operational Area Emergency Management Staff. The County of Ventura EOC will fulfill the role of Operational Area EOC. Once the Ventura County Operational Area EOC is activated, the Public Health Officer or designee will respond to the County's EOC as the County's Medical/Health Branch Director and will report to the Operations Section Coordinator. If the situation warrants, the HCA Department Operations Center will be activated to support medical/health efforts in the field and the County's EOC.

The Medical/Health Branch position in the County's EOC must ensure communications between Health Care Agency's DOC and the County's EOC. The Medical/Health Branch Director will interface with the HCA-DOC Manager to coordinate and communicate medical/health activities throughout the County. The Medical/Health Branch position will also fulfill the role of Medical Health Operational Area Coordinator (MHOAC) for the County. The MHOAC will submit all medical/health requests for support that cannot be obtained within the county, and other

relevant information, to the Regional Disaster Medical Health Specialist at EMA Mutual Aid Region I.

The County ME serves as the Operational Area Coroner Mutual Aid Coordinator and will submit coroner mutual aid requests for support that cannot be obtained within the county and other relevant information to Region I-A ME Mutual Aid Coordinator.

Regional

Because of its size and geography, the state has been divided into six mutual aid regions. The purpose of a mutual aid region is to provide for the more effective application and coordination of mutual aid and other emergency related activities.

In SEMS, the regional level manages and coordinates information and resources among operational areas within the mutual aid region and also between the operational areas and the state level. The regional level also coordinates overall state agency support for emergency response activities within the region. Ventura County is within Cal EMA Region I and I-A for Law Enforcement and Coroner Mutual Aid. During a mass fatality catastrophe, if local resources are insufficient to meet existing needs, the ME Operational Area Coordinator may request state assistance through the Region I-A ME Mutual Aid Coordinator.

State

The state level of SEMS manages state resources in response to the emergency needs of the other levels and coordinates mutual aid among the mutual aid regions and between the regional level and state level. The state level also serves as the coordination and communication link between the state and the federal disaster response system. The Cal EMA Law Enforcement Branch will coordinate Coroner's Mutual Aid resources and activities between the State Operations Center (SOC) and the southern REOC.

Federal Emergency Management

The Federal Emergency Management Agency (FEMA) serves as the main federal government contact during emergencies, major disasters and national security emergencies. The National Response Framework (NRF) places responsibility for mass fatality catastrophe management under the Federal direction of Emergency Support Function (ESF) #8 — Public Health and Medical Services, coordinated by the U.S. Department of Health and Human Services.

THE NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)

In addition to SEMS, HCA recognizes the NIMS and has incorporated the NIMS concepts into this Plan, training and exercises. The National Incident Management System (NIMS) was mandated by Homeland Security Presidential Directive-5. NIMS provides a consistent,

nationwide approach for Federal, State, local, and tribal governments; the private sector; and non government organizations to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size or complexity. To provide for interoperability and compatibility among Federal, State, local and tribal capabilities, the NIMS includes a core set of concepts, principles, and terminology. HSPD-5 identifies these as the ICS; multi-agency coordination systems; training; identification and management of resources; qualification and certification; and the collection, tracking, and reporting of incident information and incident resources.

Six major components make up this systems approach:

Command and Management

NIMS standard incident command structures are based on three key organizational systems:

- The ICS
- Multi Agency Coordination Systems
- Public Information Systems

Preparedness

Effective incident management begins with a host of preparedness activities conducted on a "steady-state" basis, well in advance of any potential incident. Preparedness involves an integrated combination of planning, training, exercises, personnel qualification and certification standards, equipment acquisition and certification standards, and publication management processes and activities.

Resource Management

The NIMS defines standardized mechanisms and establishes requirements for processes to describe, inventory, mobilize, dispatch, track, and recover resources over the life cycle of an incident.

Communications and Information Management

The NIMS identifies the requirement for a standardized framework for communications, information management (collection, analysis, and dissemination), and information- sharing at all levels of incident management.

Supporting Technologies

Technology and technological systems provide supporting capabilities essential to implementing and continuously refining the NIMS. These include voice and data communications systems, information management systems (i.e., record keeping and resource tracking), and data display systems. Also included are specialized technologies that facilitate ongoing operations and incident management activities in situations that call for unique technology-based capabilities.

Ongoing Management and Maintenance

This component establishes an activity to provide strategic direction for and oversight of the NIMS, supporting both routine review and the continuous refinement of the system and its components over the long term.

NIMS Compliance

The HCA is actively involved with NIMS implementation within its own department by preparing its own plans, policies and procedures according to NIMS and providing appropriate field training for medical/health care staff and volunteers. HCA participates with the Ventura County Operational Area by attending required ICS, SEMS and NIMS training, planning and exercise activities. In addition, HCA follows the NIMS requirements as outlined in the Compliance Matrices issued each year to the Operational Area.

SECTION FOUR: ORGANIZATION AND RESPONSIBILITIES

Ventura County Health Care Agency operates under the Standardized Emergency Management System (SEMS), National Incident Management System (NIMS) and the Incident Command System (ICS). The County of Ventura operates in a coordinated tiered system:

- The Multi-Agency Coordination Group (MAC)
- The County Emergency Operations Center (EOC)
- The Health Care Agency Department Operations Center (DOC)

MULTI AGENCY COORDINATION GROUP - SPECIFIC TO A MASS FATALITY CATASTROPHE

The Emergency Planning Council (EPC) in Ventura County is an advisory body whose mission is to lead a unified effort in improving disaster preparedness, mitigation, response and recovery countywide. These efforts are achieved through a partnership of cooperation and collaboration with all levels of government, non-government and the private sector.

Having a leadership and decision-making structure in place to direct and manage the healthcare system response is one of the most important aspects of managing a mass fatality catastrophe. The EPC could serve as the foundation for a Multi Agency Coordination Group (MAC Group). A MAC Group activated during a mass fatality catastrophe would advise the Ventura County Health Officer regarding policy level decisions, priorities, public messaging and resource allocations. The MAC Group members will be specific to the mass fatality catastrophe and include representatives from the EPC and additional other organizations as needed. Currently the EPC is comprises representatives from:

- Ventura County Board of Supervisors
- Ventura County Sheriff's Department
- Ventura County Sheriff's Office of Emergency Services
- Ventura County Executive Office
- Ventura County Health Care Agency

- Ventura County Fire Department
- Medical Health Services Ventura County Public Health
- Emergency Management City
- Law City Police Department
- Fire City Fire Department
- Mass Care American Red Cross, Ventura County Human Services Agency
- Infrastructure Ventura County Public Works
- Government/Military Naval Base Ventura County
- Non-Government Volunteer Organizations Active in Disasters
- Business Ventura County Economic Development Association
- Schools Colleges Cal State University Channel Islands
- Logistics Ventura County General Services Agency

For a mass fatality catastrophe additional entities might be added such as:

- Hospitals
- Mortuary and Cemetery Businesses
- Emotional and Spiritual Care Providers

The role of the MAC Group is to provide structure and direction for inter-organizational decision making during emergencies. Specifically, the MAC Group, will:

- Evaluate incident situation status reports and organizational resource status reports, as provided by the Ventura County EOC.
- Provide oversight for geographic area allocation of scarce and/or limited resources based on established priorities.
- Enhance local, state and federal disaster assistance efforts.
- Enhance political interfaces.
- Review need for participation of other agencies in the MAC group.

 Provide necessary liaison with out-of-state/region facilities or agencies as appropriate.

Ventura County Operational Area Emergency Management

If the Ventura County Operational Area EOC is activated, the Sheriff of Ventura County functions as EOC Director and the Operational Area Coordinator and has overall responsibility for coordinating and supporting emergency operations within the County. The Operational Area will be the focal point for information transfer and support requests by county departments, and cities within the County. Upon activation of the County's EOC, the Ventura County Health Officer or designee may be requested to report to the County's Emergency Operations Center to fulfill the role of the Medical/Health Branch. If the situation warrants, the Ventura County Health Officer or designee will activate Health Care Agency's Department Operations Center to support his/her efforts in the County's EOC. If the EOC activation is in response to a mass fatality catastrophe, the Medical/Health Branch Director in the County EOC may activate the Medical Examiner Unit and request personnel to staff this function under the Medical/Health Branch to better support the HCA-DOC's Medical Examiner Branch.

The County's EOC's Medical/Health Branch ensures communications between the County's EOC and the Health Care Agency's DOC. The EOC Medical/Health Branch Director will interface with the HCA-DOC Manager to coordinate and communicate medical/health activities throughout the County. The Medical/Health Branch position will also fulfill the role of Medical Health Operational Area Coordinator (MHOAC) for the County. The MHOAC will submit all medical/health requests for support that cannot be obtained within the county, and other relevant information, to the Regional Disaster Medical Health Specialist at OES Mutual Aid Region I.

The County ME serves as the Operational Area Coroner Mutual Aid Coordinator and will submit coroner mutual aid requests for support and relevant information that cannot be obtained within the county to Region I-A ME Mutual Aid Coordinator (the Region I-A Mutual Aid Coordinator is the San Luis Obispo Sheriff-Coroner). The Regional Coroner/ME Mutual Aid Coordinator fulfills the mutual aid request from Coroner/ME resources within the region. Refer to Figure 1. Mass Fatality Catastrophe Response Organization EOC and DOC Operational Structure., for an overview of the coordination and communication links between the HCA-DOC and the County EOC.

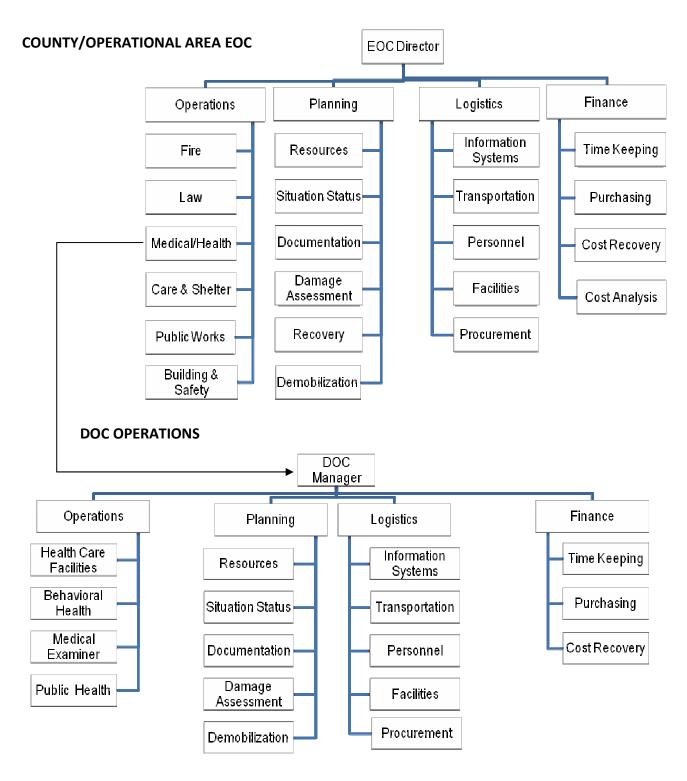


Figure 1. Mass Fatality Catastrophe Response Organization EOC and DOC Operational Structure.

Ventura County Health Care Agency Department Operations Center

The Public Health Director has primary responsibility for the HCA-DOC. He or she may serve as DOC Manager and/or appoint the DOC lead roles. The DOC Manager is responsible for:

- Support overall Health Care Agency (HCA) operations.
- Organizing, staffing and operating the DOC.
- Communications with the HCA Executive Leadership Team, County EOC and DOC command and general staff.
- Providing status and other reports to the Cal EMA Regional Disaster Medical Health Specialist at the Southern Region EOC.
- Support the Health Care Facilities Branch and providing support to other jurisdictions as required through the Mutual Aid system.
- Assures identification and analysis of potential public health/medical hazards and recommendations for appropriate countermeasures.
- Assures the collection, evaluation and dissemination status reports from the health/medical community and other essential information.
- Assuring safety and security of responders and the public.
- Assures public health/medical information and guidance is provided to the public.

The HCA-DOC is organized around ICS and SEMS functions and is scalable based on the size and scope of the incident. Only those functions that are necessary will be activated. If there is a mass fatality catastrophe, the Medical Examiner Branch in the DOC will be activated to coordinate and support the mass fatality catastrophe command structure in the field. Refer to

Figure 2. Mass Fatality Catastrophe Response Organization for an overview of the mass fatality catastrophe organization in the field and the coordination and communication links to the HCA-DOC. (Only the Operations Section is broken out to show how the Medical Examiner fits in.)

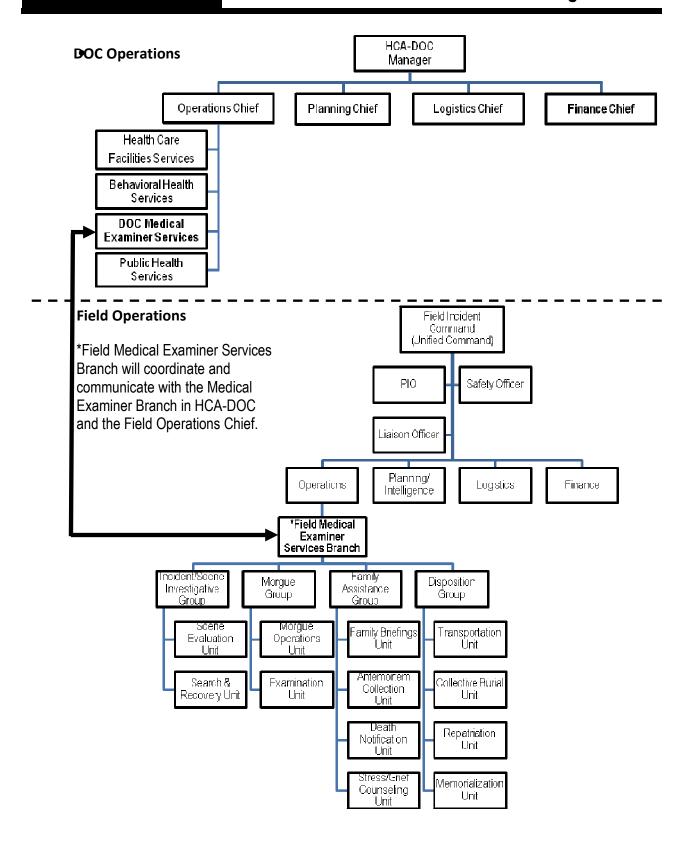


Figure 2. Mass Fatality Catastrophe Response Organization DOC and Field Operational Structure.

The HCA response organization will operate under the Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS) and the following policies during a disaster/emergency as the situation dictates:

- All existing County and departmental operating procedures will be adhered to unless modified by the Board of Supervisors.
- All on-duty personnel are expected to remain on duty until properly relieved of duty. Off-duty personnel will be expected to return to work in accordance with adopted policies.
- While in disaster mode, operational periods will be 12 hours for the duration of the event. Operational periods will normally change at 6 pm and 6 pm and will be event driven.
- If the County EOC is activated for a mass fatality catastrophe, HCA will fulfill the position of the Medical/Health Branch in the Operations Section. If needed, the Medical/Health Branch Director may activate the Medical Examiner Unit to better support mass fatality catastrophe operations. The Medical/Health Branch Director will interface with the HCA-DOC, if activated. If the HCA-DOC is not activated the Medical/Health Branch Director will coordinate with the Medical Examiner Services Branch in the field.
- All medical/health and coroner mutual aid requests will be made through the County EOC.
- If the County EOC is not activated, the ME or designee will operate out of HCA-DOC in the Medical Examiner Branch to manage and coordinate mass fatality catastrophe response activities.
- HCA's emergency response organization will expand to effectively respond to the medical/health needs of the County. Not all sections identified in HCA-DOC may be activated. Only the necessary functions will be activated. The functions that are not activated are the responsibility of the next level up in the organization.

MASS FATALITY CATASTROPHE ACTIVATION

This plan will be activated when an incident occurs in Ventura County that is likely to overwhelm or has overwhelmed existing fatality management resources. Such incidents would involve more decedents and/or fragmented remains than can be located, identified, and processed for final disposition by local, regional, and state resources.

Activation Authority

The following individuals or their designees are authorized to activate HCA's emergency response organization.

- Health Care Agency Director
- Health Care Agency Deputy Director
- Public Health Director
- Health Officer/Medical Director
- Medical Examiner

The Sheriff or designee is authorized to activate HCA's role in the County's EOC through the Medical/Health Branch Director in the Operations Section.

Both HCA and VCOES maintain telephone, cell phone, satellite phone, e-mail radio notification lists to ensure communication capabilities.

When to Activate

This plan may be activated when an incident occurs in Ventura County that is likely to overwhelm existing procedures and resources for managing fatalities. The Plan may also be activated in response to an incident requiring identification and repatriation of Ventura County residents who have died in other states or countries (consider, for example, residents on a foreign tour).

Foreign Mass Fatality Incident

The MFCI Plan may also be activated in response to an incident requiring identification and repatriation of Ventura County residents who have died in other states or countries. An example of such an event might include a group of people from Ventura County who are on a foreign tour.

DEACTIVATION OF THE MASS FATALITY CATASTROPHE PLAN (MFCP)

A mass fatality catastrophe does not end until final disposition of all human remains has been achieved. Disposition Branch operations may continue for months or years, even though most of the operational units may have shut down.

MASS FATALITY CONTINUITY OF OPERATIONS

To ensure the continued performance of minimum essential functions during a wide range of potential emergencies, HCA has identified plans, comprehensive procedures, and provisions for alternative facilities, personnel, resources, interoperable communications, and vital records/databases (County of Ventura, 2008). For purposes of this Plan, the line of succession has been identified for those essential positions mentioned in this Plan.

HCA Mass Fatality Catastrophe Plan Line of Succession

Table 1 identifies the line of succession for essential Mass Fatality Catastrophe Plan functions to ensure continuity of essential mass fatality catastrophe operations.

Table 1. HCA Line of Succession

Essential Function	Key Position/Title	1 st Alternate	2 nd Alternate	3 rd Alternate
Health Care Administration	Agency Director	HCA Deputy Director	HCA Deputy Director	HCA Deputy Director
Public Health Administration	Public Health Director	Healthy Families Team Manager	Healthy Communities Team Manager	EMS Administrator
County Health Officer	Health Officer	Deputy Health Officer/TB Control	Deputy Health Officer Medical Director	Deputy Health Officer undesignated
Medical Examiner	Medical Examiner	Assistant Medical Examiner	Supervising ME- Coroner Investigator	Senior ME-Coroner Investigator

Where to Report in a Catastrophic Mass Fatality Event

 HCA-DOC: 2240 E. Gonzales Road, rooms 250 and 200 and associated offices, Oxnard, CA 93036 HCA Alternate DOC: 2323 Knoll Drive, 4th Floor conference room and associated offices Ventura, CA 93003

MUTUAL AID

The foundation of California's emergency planning and response is a statewide mutual aid system which is designed to ensure resources, facilities and other support is provided to jurisdictions whenever their own resources prove to be inadequate to cope with a given situation(s). The basis for the system is the California Disaster and Civil Defense Master Mutual Aid Agreement, as provided for in the California Emergency Services Act. This Agreement was developed in 1950 and has been adopted by the state, all 58 counties and most incorporated cities in the State of California. The Master Mutual Aid Agreement creates a formal structure wherein each jurisdiction retains control of its own facilities, personnel and resources, but may also receive or render assistance to other jurisdictions within the state. State government is obligated to provide available resources to assist local jurisdictions in emergencies. It is the responsibility of the local jurisdiction to negotiate, coordinate, and prepare mutual aid agreements.

Coroner's Mutual Aid System

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

When a mass fatality catastrophe is beyond the resource capability of the Ventura County ME Office, the ME requests mutual aid from the Region I-A Coroner Mutual Aid Coordinator. The Region I-A Coroner Mutual Aid Coordinator fulfills the mutual aid request from ME resources within the mutual aid region.

If the ME resources within the impacted region are not sufficient, the Region I-A Coroner Mutual Aid Coordinator requests additional mutual aid assistance from the Cal EMA Law Enforcement Branch ME Mutual Aid Coordinator. Other mutual aid regions are called upon by the State Coroner Mutual Aid Coordinator to assist.

When further assistance beyond ME Mutual Aid within California is needed, out-of-state mutual aid is coordinated by the Cal EMA Coroner Mutual Aid Coordinator through the Emergency Management Assistance Compact. The channels for requesting Coroner/M.E.

Mutual Aid and the Catastrophic Mass Fatality Response Coordination Structure are depicted in Figure 3. Mass Fatality Response Coordination and Structure.

The California Dental Identification Team (Cal DIT) is also requested through the CA Mutual Aid Plan process.

Participation of Volunteer and Private Agencies

Volunteer agencies and private agencies may participate in the mutual aid system along with governmental agencies. Volunteer agencies mobilize volunteers and other resources through their own systems. They also may identify resource needs that are not met within their own systems that would be requested through the mutual aid system.

In Ventura County, HCA works closely with VOAD, Volunteer Organizations Active in Disaster and has a Medical Corps volunteer organization to augment medical personnel resources.

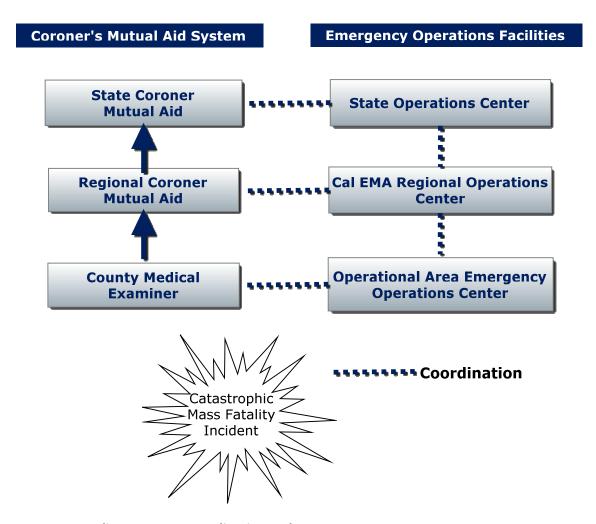


Figure 3. Mass Fatality Response Coordination and Structure

Mutual Aid Policies and Procedures

- Mutual aid resources will be provided and utilized in accordance with the California Master Mutual Aid Agreement.
- During a proclaimed emergency, inter-jurisdictional mutual aid will be coordinated at the county, operational area or mutual aid regional level.
- Because different radio frequencies are in use among most agencies, local agencies should provide incoming mutual aid forces with portable radios having local frequencies. Ventura County has established a twelve-channel disaster radio frequency plan following the precepts of ICS/SEMS. Since only one of the channels is a recognized mutual-aid channel, portable radios or re-programming will be made available to incoming mutual-aid resources.
- The Ventura County ME will make Coroner Mutual Aid requests through the Region I-A Coroner Mutual Aid Coordinator. Requests should specify, at a minimum:
 - Number and type of personnel needed
 - Type and amount of equipment needed
 - Reporting time and location
 - Authority to who forces should report
 - Access routes
 - Estimated duration of operations
 - Risks and hazards
 - Communications

Key Mutual Aid Resources

Outside resources may be available from a variety of agencies and organizations. However in a mass fatality catastrophe, each locality may be forced to rely only on locally available resources. The following represents those that might be available.

Federal

The Federal Emergency Management Agency (FEMA) is responsible for coordination and application of federal agency resources.

Federal resources, including the Disaster Mortuary Operational Response Team (DMORT), may be requested through FEMA by the Cal EMA ME Mutual Aid Coordinator at any time during the

emergency upon the local ME's consultation with the Regional Coroner's Mutual Aid Coordinator and the Cal EMA's Law Enforcement Branch ME Mutual Aid Coordinator (CA Coroner Mutual Aid Plan).

Disaster Mortuary Response Team (DMORT)

DMORT is part of National Disaster Medical Services (NDMS) and is the federal resource most likely to be required in a mass fatality. DMORT works to support local authorities and provide technical assistance, personnel, and temporary portable morgue facilities (as needed). DMORT teams aid in the evaluation of the incident; in the assessment of personnel and equipment needs; in the recovery, identification, and processing of deceased victims; and in setting up, assisting and advising on family assistance best practices.

The teams comprise private citizens with expertise in victim identification and mortuary procedures. When they are activated for a disaster, the teams respond as a federal asset. Under the authority of the local jurisdiction, DMORT does the following:

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

DMORT does not establish command and control over the fatality management operation; the Coroner/ME maintains responsibility to recover remains, as well as determine cause and manner of death and sign all death certificates.

Federal Bureau of Investigation

(FBI) assistance may be requested at any time by the ME or EOC through the nearest FBI field office. The Federal Bureau of Investigation (FBI) is the lead investigating agency for any credible threat or other situation that could potentially threaten the public. It is likely that the FBI will investigate all WMD incidents to determine if a situation involves domestic terrorism. In WMD

incidents, the FBI should obtain as much evidence as possible, including evidence gathered from remains. The ME and the FBI should consider working together, as one agency processes remains for evidence and the other processes the scene for evidence. In certain incidents, the ME and FBI personnel may need to share the same location to perform their tasks. Cooperation between these two agencies will enhance their ability to process remains and gather evidence.

Additional Local, State and Federal Resources

Local Resources: Local Law Enforcement, Fire, Hazmat, Search and Rescue, General Services Agency/Fleet and Facilities, Public Works, Environmental Health, etc.

State Resources: California Emergency Management Agency, Office of Homeland Security, Department of Health Services, Department of Justice (DOJ) Missing/Unidentified Persons Section, DOJ Bureau of Forensic Services Section, DOJ DNA Analysis, Department of Motor Vehicles, National Guard, State Coroners Association, State Sheriff's Association, and CA Funeral Directors Association.

Federal Resources: Department of Homeland Security Disaster Medical Assistance Team, and Nuclear Incident Support Teams, Department of Health and Human Services Center for Disease Control and Prevention, Environmental Protection Agency, Department of Transportation, Agency for International Development Office of Foreign Disaster Assistance, Urban Search and Rescue Response System, Department of Veteran Affairs, Department of Justice Office Justice Programs Office of Victim Assistance, Department of Defense, National Transportation Safety Board's Office of Transportation Disaster Assistance, and Interpol.

Not for Profit Resources: American Red Cross, Salvation Army, Volunteer Organizations Active in Disaster, Community Emergency Response Teams, Disaster Assistance Response Teams and the International Critical Incident Stress Foundation.

SECTION FIVE: HCA-DOC OPERATIONS

HCA-DOC COMMAND SECTION

The HCA-DOC Command role is filled by the DOC Manager. This position is established at every HCA-DOC activation to coordinate HCA-DOC operations. The HCA-DOC Manager, Section Coordinators, and others as designated make up the DOC Command Team. The team is responsible for advising the DOC Manager on policy matters. They also assist the HCA-DOC Manager in the development of overall strategy to mitigate the incident, and rules and regulations. The Command Section includes certain staff functions required to support the Command function.

The HCA-DOC roles are described in the HCA-DOC Operations plan and are not duplicated here. The HCA-DOC Checklists for these positions will be followed.

Mass Fatality Joint Information Center (JIC)

In the event of a mass fatality catastrophe, the County will establish a Joint Information Center (JIC) to ensure:

- Accurate and timely information is provided to the public, as well as to government officials and collaborating agencies.
- Information that is released is coordinated across responding agencies.
- Information is verified and approved through the appropriate Chain of Command (e.g., EOC Director, DOC Manager, and Incident Commander).

A JIC operating under the Joint Information System (JIS) enables coordinated:

- Gathering of information and intelligence.
- Development of consistent and coordinated messages.
- Dissemination of messages and information.

The JIC is a temporary organization where public information efforts are coordinated. The JIC is staffed by PIOs from all agencies involved in the emergency response. The JIC allows for the colocation of key PIOs and provides a 'one-stop shop' for the media and public to get all of their

communication needs met. It enhances the likelihood that information released to the public will be accurate and coordinated across responding agencies and jurisdictions.

HCA will assign a PIO to the JIC and will coordinate all JIC activities with the HCA PIO remaining in the DOC.

Please refer to Public Communications in the Appendices of this Plan for specific considerations for a mass fatality catastrophe.

Liaison Officer

Mass fatality catastrophes will require the establishment of the Liaison Officer position on the Command Staff. The Liaison Officer is the contact for the personnel assigned to the incident by assisting or cooperating agencies. The Liaison Officer in HCA-DOC will coordinate and communicate with the Liaison Officer on-scene and the Liaison Officer at the County EOC.

Legal Advisor/Officer

The Legal Advisor/Officer is HCA's Attorney and provides legal advice to the DOC Manager in all legal matters relative to the emergency. The Legal Advisor/Officer in HCA-DOC will coordinate and communicate with the EOC Legal Advisor/Officer.

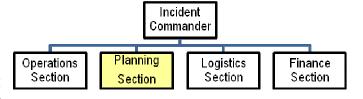
The additional HCA-DOC sections than Operations are briefly described here as background for the operations of the HCA-DOC.

FIELD SECTIONS

The Operations Section is described in more detail in Section Six.

Planning Section

The Planning Section Chief will determine, based on present and projected requirements, the need for establishing specific and/or specialized mass fatality response units. For purposes of this Plan,



all positions will follow the HCA Emergency Response Plan.

HCA-DOC Planning Section staff will support and coordinate with the Field Planning Section, if established. If the Field Planning Section is not established, HCA-DOC Planning Section will support, coordinate and communicate with the Medical Examiner Services Branch in the field to offer planning support to ME operations.

If Family Assistance Center (FAC) and/or Morgue operations are established, HCA-DOC Planning Section will support and coordinate with the FAC and Morgue Planning Sections. If an FAC and/or Morgue Planning Section is not established, HCA-DOC Planning Section will support, coordinate and communicate with the FAC and/or Morgue Officer(s) in Charge to offer planning support to FAC and Morgue operations.

Logistics Section

The HCA-DOC Logistics Section Chief will determine, based on present and projected requirements coming from field

Operations Section Section Section Section Incident Commander

Planning Logistics Finance Section

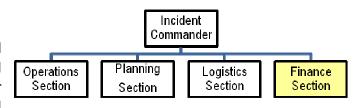
operations, the need to acquire additional resources in support of mass fatality response plans and operations. For purposes of this Plan, all positions will follow the HCA Emergency Response Plan.

HCA-DOC Logistics Section staff will support and coordinate with the Field Logistics Section, if established. If the Field Logistics Section is not established, HCA-DOC Logistics Section will support, coordinate and communicate with the Medical Examiner Services Branch in the field to offer logistical support to ME operations.

If Family Assistance Center (FAC) or Morgue operations are established, HCA-DOC Logistics Section will support and coordinate with the FAC and/or Morgue Logistics Section. If an FAC and/or Morgue Logistics Section are not established, HCA-DOC Logistics Section will support, coordinate and communicate with the FAC and/or Morgue Officer(s) in Charge to offer logistical support to FAC operations.

Field Finance Section

The Field Finance Section Coordinator will determine, based on present and projected requirements, the need for establishing specific and/or specialized units and track expenses and requests



from the. For purposes of this Plan, all positions will follow the HCA Emergency Response Plan.

HCA-DOC Finance Section staff will support and coordinate with the Field Finance Section, if established. If the Field Finance Section is not established, HCA-DOC Finance Section will support, coordinate and communicate with the Medical Examiner Services Branch in the field to offer financial support to mass fatality response operations.

If Family Assistance Center (FAC) or Morgue operations are established, HCA-DOC Finance Section will support and coordinate with the FAC and/or Morgue Finance Section. If an FAC and/or Morgue Finance Section are not established, HCA-DOC Finance Section will support, coordinate and communicate with the FAC and/or Morgue Officer(s) in Charge to offer financial support to FAC operations.

Medical Examiner

In the County of Ventura the Health Care Agency Medical Examiner (ME) has medical examiner has coroner responsibilities. In most circumstances Medical Examiner staff will be assigned to the HCA-DOC Medical Examiner role to fulfill and/or oversee medical examiner responsibilities.

HCA-DOC Medical Examiner Checklist

Coordinates and communicating with the Cal EMA Regional EOC.
Coordinates with the Field Medical Examiner Branch(es).
Coordinates the removal and disposition of the dead.
Establishes temporary morgue facilities.
Coordinates with local morticians for assistance.
Coordinates with the Procurement and Transportation Units of the Logistics Section to arrange for cold storage locations and transportation for temporary storage for remains.
Coordinates with the Procurement Unit of the Logistics Section for procurement of body bags, tags, gloves, masks, stretchers, and other support items.
Coordinates with Public Works, Law Enforcement and Fire Branches on removal procedures for bodies within unstable or hazardous structures.
Advises all personnel involved in body recovery operations of the specific documentation requirements.
Ensures that assigned personnel and volunteers are monitored for stress, morale, or psychological problems related to body recovery operations.
Arranges for Psychological First Aid for all personnel involved in medical examiner operations through the Personnel Unit of the Logistics Section.
Maintains list of known dead and maintaining a log of body recovery operations.
Notifies next of kin.
Provides data on casualty counts to the Cal EMA Regional EOC.
In a hazardous materials incident, determines if special body-handling procedures will

be required to avoid contamination.
Prepares to relocate morgue facilities if they are in flood-prone or dam inundation areas.
Assists and coordinates the reburial of any coffins that may be washed to the surface of inundated cemeteries.
Maintains contact with established DOCs and dispatch centers to coordinate resources and response personnel.
Issues death certificates.

SECTION SIX: FIELD OPERATIONS

Mass fatality field response functions are broken down into roles and responsibilities. These are organized below as checklists that the person(s) responsible for each role can use to conduct their operational responsibilities.

FIELD INCIDENT COMMAND

Ventura County operates under the Incident Command System during a mass fatality incident. Upon activation of this Mass Fatality Catastrophe Plan an Incident Command structure will be established. Additional agencies activated under this Plan will integrate into this structure as required by the incident. The Medical Examiner and/or HCA will have a representative in the Unified Command. Public safety agencies with jurisdiction will also be represented in the Unified Command. Other agencies may be a part of the Unified Command

Purpose

This section establishes policies and procedures and assigns responsibilities to ensure effective field management of emergency operations under the Standardized Emergency Management System (SEMS) and National Incident Management System (NIMS).

Overview

The Incident Commander is responsible for establishing overall incident priorities and objectives. The Incident Commander's Command Staff comprises a (field) Public Information Officer, Liaison Officer and Safety Officer.

Objectives

The overall objective of emergency management is to ensure the effective management of response forces and resources to prepare for and respond to situations associated with natural disasters, technological incidents and national security emergencies. The Command Section will accomplish the following objectives during a disaster/emergency:

 Overall management and coordination of emergency response and recovery operations, including on-scene incident management as required.

- Coordinate and liaison with appropriate federal, state and other local government agencies, as well as applicable segments of private sector entities and volunteer agencies.
- Establish priorities and resolve any conflicting demands for support.
- Coordinate all media activities and press releases associated with animal protection.
- Disseminate damage information and other essential data.

Figure 4. Mass Fatality Catastrophe Field Operations Organization Chart is a template for how operations may be organized during a mass fatality catastrophe. Unified Command will determine actual structure based on the nature of the incident.

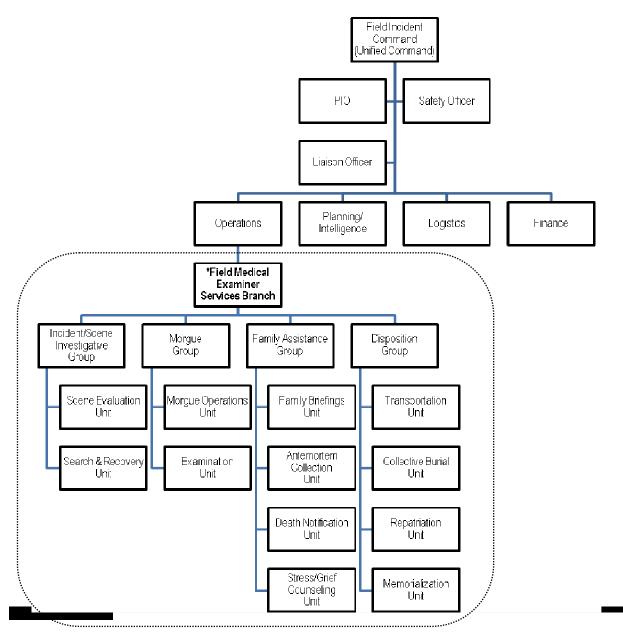


Figure 4. Mass Fatality Catastrophe Field Operations Organization Chart

FIELD COMMAND SECTION

The Field Command role is filled by the Incident Commander. This position is established at every incident activation to coordinate field operations. The Incident Commander, the field Section Coordinators, and others as designated make up the Incident Command Team. The team is responsible for advising the Incident Commander on policy matters. They also assist the Incident Commander in the development of overall strategy and tactics to mitigate the incident and rules, and regulations. The field Command Section includes certain staff functions:

- Public Information Officer
- Liaison Officer
- Legal Officer

The Field Checklists for the above positions will be followed.

Field Public Information Officer

The Field Public Information Officer (PIO) ensures that information support is provided on request; that information released is consistent, accurate and timely and appropriate information is provided to all required agencies and the media.

In mass fatality catastrophe, the County will establish a Joint Information Center (JIC) to ensure:

- Accurate and timely information is provided to the public, as well as to government officials and collaborating agencies.
- Information that is released is coordinated across responding agencies.
- Information is verified and approved through the appropriate Chain of Command (e.g., EOC Director, DOC Manager, and Incident Commander).

A JIC operating under the Joint Information System (JIS) enables coordinated:

- Gathering of information and intelligence.
- Development of consistent and coordinated messages.
- Dissemination of messages and information.

The JIC is a temporary organization where public information efforts are coordinated. The JIC is staffed by PIOs from all agencies involved in the emergency response. The JIC allows for the co-

location of key PIOs and provides a 'one-stop shop' for the media and public to get all of their communication needs met. It enhances the likelihood that information released to the public will be accurate and coordinated across responding agencies and jurisdictions.

HCA will assign a PIO to the JIC and will coordinate all JIC activities with the HCA PIO remaining in the DOC.

Please refer to Public Communications in the Appendices of this Plan for specific considerations for a mass fatality catastrophe.

Liaison Officer

Mass fatality catastrophes will require the establishment of the Liaison Officer position on the Command Staff. The Liaison Officer is the contact for the personnel assigned to the incident by assisting or cooperating agencies. The Liaison Officer in HCA-DOC will coordinate and communicate with the Liaison Officer on-scene and the Liaison Officer at the County EOC.

Legal Advisor/Officer

The Legal Advisor/Officer is HCA's Attorney and provides legal advice to the DOC Manager in all legal matters relative to the emergency. The Legal Advisor/Officer in HCA-DOC will coordinate and communicate with the EOC Legal Advisor/Officer.

Field Operations SECTION SIX

FIELD OPERATIONS IN MASS FATALITY RESPONSE

The Operations Section Coordinator will determine, based on present and projected requirements, the need for specific and/or specialized branches. For this Plan, all positions will follow the standard HCA Emergency Response Plan, and are not discussed further here.

Field Medical Examiner Branch Organization

The Medical Examiner Branch will support the following activities, described in detail below:

- Incident/Scene Group
 - Scene Evaluation
 - Search & Recovery
- Morgue Group
 - Morgue Operations
 - Examination
- Family Assistance Group
 - Family Briefings
 - Antemortem Collection
 - Death Notification
 - Disposition Requests
 - Stress/Grief Counseling
- Disposition Group
 - Transportation
 - Collective Burial
 - Repatriation
 - Memorialization

COMMON FIELD RESPONSIBILITIES CHECKLISTS

The Common Responsibilities Job Checklists pertain to ALL personnel of the Field Medical Examiner's Branch. In addition to instructions listed in their respective Job Responsibilities Checklists, all personnel are also responsible for the following actions.

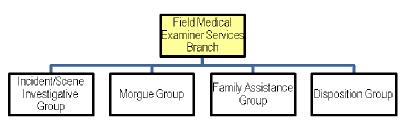
Duties	Upon Activation Checklist
	Receive assignment.
	Position.
	Resource order number and request number.
	Reporting location.
	Reporting time.
	Travel instructions. Any special communications instructions (e.g., travel or not, routes, radio frequencies, press releases).
	Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.
	Upon arrival at assigned site, check-in at the designated check-in location.
	Complete check-in procedures.
	Participate in orientation and training as required.
	Review your Job Responsibilities Checklist.
	Obtain security ID badge.
	Review the personal equipment checklist.
On-site	e Operations Checklist
	Receive briefing from your immediate supervisor.
	Acquire work materials.
	Ensure that you receive any appropriate issue of gear (e.g., radio, cell phone, etc.) pertinent to the position.

Ц	operational period.
	Request additional resources through the appropriate Logistics Section Unit.
	Participate in briefings and meetings as appropriate.
	Carry out assignments as directed.
	Ensure use of all safety practices and procedures.
	Report any signs/symptoms of acute stress reaction, injury, fatigue, or illness in yourself or coworkers to your immediate supervisor.
	Brief your replacement fully on all ongoing operations when relieved at the end of operational periods or rotation out of the mission.
	Provide supervisor with regular status reports as directed.
	☐ Using Unit Log (ICS 214), maintain all required records and documentation to support the After-Action Corrective Action Report and the history of the emergency/disaster. Document:
	☐ Messages received
	☐ Action taken
	☐ Decision justification and documentation
	☐ Requests filled
	☐ Personnel, time on duty and assignments
	☐ Complete forms and reports required of the assigned position and send through the supervisor to the Documentation Unit.
SUPER	VISORS' CHECKLIST
	Supervisors shall maintain accountability for their assigned personnel with regard to exact location(s) and personal safety and welfare at all times, especially when working at the incident site.
	Organize and brief subordinates.
	Know your assigned radio frequency(s) for your area of responsibility and ensure that communication equipment is operating properly.

	Use clear text and ics terminology (no codes) in all radio communications.
	☐ Respond to demobilization orders and brief subordinates regarding demobilization.
DE	MOBILIZATION CHECKLISTS
	emobilization of a mass fatality catastrophe will be a very complex operation due to its scale. emobilization activities will need to be broken out into at least the following categories.
•	Human Remains Recovery Demobilization
•	Personal Effects Recovery Demobilization
•	Family Assistance Center Demobilization
•	Morgue Demobilization
•	Disposition Operations Demobilization
•	Memorialization Demobilization is effectively be the last step in a mass fatality incident)
	☐ Carry out assignments as directed.
	☐ Participate in the incident command system briefings and meetings as requested.
	☐ Return all assigned equipment to appropriate location.
	☐ Clean up your work area before you leave.
	☐ Ensure that all required forms or reports are completed prior to your release and departure.
	☐ Participate in After Action Review and stress management activities.
	☐ Submit comments to your supervisor for discussion and possible inclusion in the After Action Report. Comments should include a review of pertinent position descriptions, operational checklists, and procedures for recommended changes. Also note Section accomplishments and issues.
	☐ Deactivate your position and close out logs when authorized by your supervisor.
	☐ Leave a forwarding phone number where you can be reached.

FIELD MEDICAL SERVICES BRANCH CHECKLIST

The Field Medical Services Branch is a part of the field Incident Command. The Branch Manager



reports directly to the DOC Operations Section Chief. He/she is responsible for the implementation of the portion of the Incident Action Plan appropriate to the Branch—managing personnel, equipment and resources to manage recovery, identification and disposition of mass fatality incident victims. Groups within the Medical Examiner Services Branch may include Human Remains Recovery, Morgue Services, and Family Assistance.

Field Medical Examiner Services Branch Director Checklist

Obtain briefing from Operations Section Chief and Incident Commander/Unified Command in the field.

Determine resources assigned to the Field Medical Examiners Services Branch and activities in the field that the Branch is supporting.
Initially establish or obtain the Incident Action Plan, when available.
Provide input to the Operations Chief for the Incident Action Plan.
Formulate tentative Medical Examiner Services Branch operations with subordinates and provide these to the Operations Chief for consideration at Planning Meeting.
Review operations within the Branch with Incident Field personnel and review the Incident Action Plan.
Participate in discussion of DOC Action Plan alternatives:
☐ Give special attention to operations within Medical Examiner Services Branch.
☐ Make sure that logistics support activities are sufficient to support proposed operations within the Branch.
Review assignments for Divisions/Groups within Branch and modify based on effectiveness of current operations.
Ensure Division/Group Supervisors maintain regular communications with the Medical Examiner Branch in the DOC).

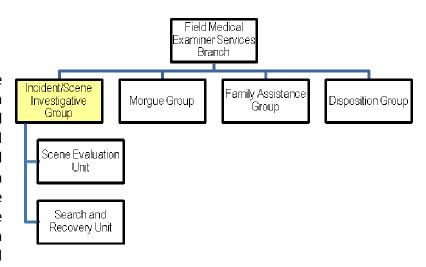
Ш	If modification requires re-assignment or changes in status of resources, provide resource information to the Operations Sections Chief.
	Determine general organizational structure, including identification of other Branches, Divisions, and Groups operating on the incident.
	Request additional personnel to support the Medical Examiner Services Branch in the field to maintain 24-hour operations as required.
	Attend Planning Meetings as requested.
	Perform Branch operational planning.
	Establish Medical Examiner operations for all victims of the mass fatality incident.
	Coordinate with Medical Examiner activities in the DOC.
	Coordinate resources for collection, identification, and disposition of deceased persons and human tissue.
	Ensure that qualified personnel have been identified to staff temporary morgue sites.
	If necessary, identify mass burial sites.
	Review Incident Action Plan with Division Supervisors within the Branch to include:
	☐ Resources assigned to each Division/Group.
	☐ Schedule of activities.
	☐ Coordination of procedures between Divisions/Groups.
	☐ Logistics support requirement.
	Coordinating with field operations assist with developing tactical assignments, as necessary.
	Give specific work tasks to Division/Group Supervisors.
	Update Branch Planning
	Determine effectiveness of current Branch operations.
	Review current Branch operations with Division/Group Supervisors.
	Estimate immediate and long-range Branch resource and logistical requirements.

Compare current capabilities with future requirements.
Within the scope of the current Incident Action Plan, determine modifications to current activities and implement (coordinate with other Branches as appropriate).
In other than emergency situations, if desired action cannot be accomplished within current Incident Action Plan, recommend to Operations Section Chief changes to current or future plans, along with estimates of additional resources required.
Supervise Branch Activities
Maintain communications with Division/Group Supervisors.
Periodically check work progress on tasks assigned to Divisions/Groups. ☐ Receive reports of progress. ☐ Monitor Division/Group activities and determine adequacy of progress.
Coordinate activities of Branch elements. Establish priorities and resolve problems. Ensure that Divisions/Groups are maintaining communications with each other.
Resolve logistical problems reported by subordinates: Monitor radio transmissions and cell phone use to assess communications needs. Ensure staffing resources receive adequate food, liquids, and rehabilitation. Request additional resources through approved ordering channels.
Ensure general welfare and safety of Branch personnel.
Ensure Division/Group check-ins (personnel reporting to incident).
Ensure Division/Group logistical support requests are coordinated within the Branch.
Approve accident and medical reports which originate within the Branch.
Coordinate activities with other Branch Directors.
Ensure Branch fiscal record-keeping.
Document all activity on Unit Log (ICS Form 214).

Ш	Report to Operations Section Chief on Branch Activities
	Attend Operations Briefings.
	Report to Operations Section Chief whenever:
	☐ Inability to fulfill Branch portion of Incident Action Plan.
	☐ Need to modify Incident Action Plan and additional resources are needed.
	☐ Additional resources are needed.
	☐ Surplus resources are available.
	☐ Hazardous situations or significant events (e.g., injury) occur.
	☐ Problems concerning logistics and other operations Branches.
	Attend planning meetings at the request of the Operations Section Chief
	Debrief on shift activities, prior to leaving shift, with Operations Section Chief and Planning Section Chiefor Situation Unit Leader.
	Demobilization
	Ensure development of the Medical Examiner Services Branch Demobilization Plan.
	Ensure that all required forms or reports are completed prior to your release and departure.
	Participate in incident debriefings.
	Be prepared to provide input to the After-Action Report.
	Deactivate the Medical Examiner Services Branch position and close out logs when authorized by the Operations Section Chief or Incident Commander.
	Leave forwarding phone number where you can be reached.

Incident/Scene Investigative Group Checklist

The Incident/Scene Investigative Group Supervisor (Officer in Charge) reports to the Medical Examiner Services Branch and oversees the collection and documentation of postmortem remains, property and evidence at the incident scene. He/she supervises the Scene Evaluation Team and the Search and Recovery Team. This position will



more than likely be in the field and will regularly coordinate and communicate with the Medical Examiner Services Branch in the DOC.

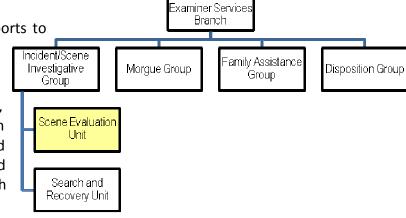
Request and receive briefings from the Medical Examiner Services Branch Director.
First develop and subsequently update the Incident Action Plan to review overall objectives and priorities of the event. On scene you will be responsible for implementing the Incident Action Plan (IAP).
Identify resources assigned to the Group.
Review Division assignment to identify resources specifically assigned to the Group.
Request clarifying information or resolution as needed from Medical Examiner Services Branch Director.
Review Division assignments.
Review general incident activities with subordinates to determine specific tasks or resources.
Assign Evaluation Teams and Search and Recovery Teams.
Implement Incident Action Plan for Group.
Supervise Division operations.
Maintain close communication with Unified Command at the incident site and with the

	Medical Examiner Services Branch Director.
	Assist teams in establishing grid or search patterns as required.
	Ensure all teams are operating in accordance with the Incident Safety Plan.
	Ensure that assigned personnel and equipment get to and from assignments in a timely and orderly manner.
	Monitor Scene Evaluation Teams and Search and Recovery Teams.
	☐ Obtain information concerning progress on assigned tasks from subordinates by:
	☐ Special request.
	☐ Periodic/routine reports.
	☐ Personal observation.
	☐ Take corrective actions as appropriate.
	☐ Ensure the general safety and welfare of Division personnel.
	☐ Maintain communications with subordinates.
	Determine the human remains tracking system that will be initiated from the onset of the incident.
	Request additional resources as needed to support assigned teams.
	Resolve logistics problems within the Group.
	Advise of any surplus of resources.
	Coordinate activities with other Divisions/Groups.
	Respond to information requests from other team elements.
	Maintain a Unit Log (ICS Form-214).
	Report to Medical Examiner Services Branch Director on human remains recovery activities.
	Provide periodic updates to the Medical Examiner Services Branch Director.
	☐ Situation and resource status information.
П	Recommend expedient changes to the Incident Action Plan during the operational

period as necessary.
Inform Medical Examiner Services Branch Director of:
☐ Conditions affecting Group operations.
☐ Hazardous conditions.
☐ Significant events (e.g., injuries).
☐ Problems with Logistics.
☐ Unresolved conflicts with other Divisions/Groups.
Assist in the development of the Incident Action Plan for the next operational period.

Scene Evaluation Team Checklist

The Scene Evaluation Team reports to the Incident/Scene Investigative Group Supervisor and is responsible for evaluating and investigating the scene, developing a field incident action plan for scene operations and determining objectives and strategy in coordination with



Field Medical

Duties

unified command.

Ц	Obtain briefing from the Incident/Scene Investigative Group Supervisor.
	Assess the situation.
	Expand the scene evaluation team as needed to include law enforcement, Hazmat, the FBI, Public Health, Environmental Health, and other agencies based on the nature of the mass fatality catastrophe.
	Evaluate the scene:
	☐ Establish perimeter and grid the location as appropriate.
	☐ Potential or real number and location of remains.
	☐ Condition of the bodies.
	☐ Locations of atypical cases.
	☐ Potential number of remains for autopsy.
	☐ Complicating factors or level of difficulty in recovery—types and numbers of personnel and equipment needed.
	☐ Accessibility of the incident site.
	☐ Possible biological, chemical, physical or radiological hazards.
	☐ Level of personal protective equipment required.
	☐ Ensure that initial pictures of the site are taken.
	Assist with tactical and support resource needs for ME operations.

☐ Assist with establishing immediate priorities and assigning on-scene resources.	
☐ Ensure that adequate safety measures are in place.	
☐ Assist Teams in establishing grid or search patterns as required.	
☐ Ensure all Teams are operating in accordance with the Incident Safety Plan.	
☐ Maintain a Unit Log (ICS Form-214).	

Search and Recovery Team Checklist

The Se	arch and Recovery Team Leader reports directly Field Medical Examiner Services
to the	Incident/Scene Investigative Group Supervisor Comparison
and su	pervises the collection of
human eviden Scene.	remains, property and Incident/Scene Investigative Group Ce from the Incident Group Incident/Scene Morgue Group Group Family Assistance Group Disposition Group
Duties	Scene Evaluation Unit
	Obtain briefing from the Incident/Scene Investigative Group Supervisor.
	Establish procedures consistent with professional protocols and appropriate for the incident.
	Confirm overall security of the area.
	Establish an adequate search pattern.
	Assign Search and Recovery Teams for search and recovery tasks or areas.
	Locate remains, property and items of evidence.
	Once located, collect, package and preserve potential human remains, property and items of evidence.
	Notify and deploy photographers and scribes as required.
	Oversee Search and Recovery Teams search of assigned grid or search patterns.
	Ensure Search and Recovery Teams document, process and recover bodies, fragments and associated evidence.
	Set up temporary holding morgue, as necessary, to store human remains at the incident site.
	Coordinate all transportation needs and requests with the Logistics Section.
	Follow all safety protocols as outlined in the Incident Safety Plan.

Field Operations SECTION SIX

Field Medical **Morgue Group Checklist** xaminer Services Branch The Morgue Group is part of the Medical Examiner (ME) Incident/Scene Family Assistance Morgue Group Disposition Group Investigative Services Branch (if established) Group Group and is in responsible for morgue operations and examinations including body Morgue processing, positive identification, receiving, and Operations Unit release. During a mass fatality catastrophe, the ME will assign a Morgue Operations Officer in

The Morgue Operations Officer in Charge will report to the Medical Examiner's Services Branch or ME and will coordinate and support all morgue operations. Based on the scale of the incident, the Morgue Operations Officer in Charge may establish an incident command system structure to support morgue operations. If a separate ICS Field Medical Services Branch is not established, the Morgue Officer in Charge will coordinate and communicate with the HCA-DOC to obtain necessary support, supplies and equipment related to morgue operations.

Examination Unit

Morgue Operations includes Receiving Station, Screening/Triage Station, Admitting Station, Documentation Station, Print Station, Final Holding, Release or Human Remains, and After-care Station.

Morgue Group Checklist

Charge and an Examination Officer in Charge.

Ц	Request and receive briefings from the Field Medical Examiner Services Branch Director (or the HCA-DOC ME Branch).
	Obtain the Incident Action plan.
	Identify resources assigned to the Group.
	Review Group assignment to identify resources specifically assigned to the Group.
	Request clarifying information or resolution as needed from Field Medical Examiner Services Branch Director.
	Review Group assignments.
	Review general incident activities with subordinates to determine specific tasks or

☐ Assign Station Team Leaders, and Supervisors.
☐ Implement Incident Action Plan.
☐ Based on available resources, establish a morgue flow plan.
☐ Supervise Group operations.
☐ Maintain close communication with Incident/Unified Command at the incident site and with the Medical Examiner Services Branch Director.
☐ Ensure that morgue operations function in accordance with the Safety Plan.
☐ Ensure that assigned personnel and equipment get to and from assignments in a timely and orderly manner.
☐ Report to Medical Examiner Services Branch Director on morgue activities.
☐ Provide periodic updates to the Medical Examiner Services Branch Director.
☐ Situation and resource status information.
☐ Recommend expedient changes to the Incident Action Plan during the operational period as necessary.
☐ Inform Medical Examiner Services Branch Director of:
☐ Conditions affecting Group operations.
☐ Hazardous conditions.
☐ Significant events (e.g., injuries).
☐ Problems with Logistics.
☐ Unresolved conflicts with other Divisions/Groups.

Requesting Additional Morgue Facilities Checklist

Federal D-MORT has established standards for temporary morgue facilities. If available, a request may be made through EOC for D-MORT resources (Disaster Mortuary Operational Response Team). Overall, exact placement of a disaster morgue within a facility is determined by:

- Electrical source location
- Water source location

- Morgue accessibility by personnel
- Placement of refrigerated trailers
- The morgue flow plan and how it can best be adapted to the facility

•	Securii	y concerns
	fol	dditional morgue facilities are required, request is made to the OA-EOC, the owing requirement are standards establish by the D-MORT system and should be asidered:
		Secured access
		Structure type
		☐ Hard, weather-tight roofed structure
		☐ Separate accessible office space for IRC
		☐ Separate space for administrative needs/personnel
		☐ Non-porous floors, preferably concrete
		☐ Floors capable of being decontaminated (hardwood and tile floors are porous and not usable)
		Size
		☐ Minimal size of 10,000 - 12,000 square feet
		☐ Re-supply and staging area, minimum of 5,000 square feet
		☐ More square footage may be necessary for casket storage or other mission-specific needs
Ac	cessibili	ity
		Tractor trailer accessible
		10-foot by 10-foot door (loading dock access (preferable) or ground level)
		Convenient to scene
		Completely secure (away from families)
		Easy access for vehicles & equipment
Ele	ctrical	

☐ Electrical equipment utilizes standard household current (110-120 volts)

		Power obtained from accessible on site distribution panel (200-amp service)
		Electrical connections to distribution panels made by local licensed electricians
		Two Diesel generators (7K) carried in DPMU cache
		[If the DPMU is called upon] DPMU may need 125K generator and a separate 70K generator for Administrative and IR Sections
Water S	Sup	pply
		Single source of cold water with standard hose bib connection
		Water hoses, hot water heaters, sinks, and connectors
Commu	nio	cations Access
		Existing telephone lines for telephone/fax capabilities
		Expansion of telephone lines may occur as the mission dictates
		Broadband Internet connectivity
		If additional telephone lines are needed, only authorized personnel will complete any expansion and/or connections
Sanitat	ion)/Drainage
		Pre-existing rest rooms within the facility are preferable
		Gray water will be disposed of utilizing existing drainage
		Biological hazardous waste, liquid or dry, produced as a result of morgue operations, will be disposed of according to local/state requirements
Special	Eq	uipment Needs
		A forklift must be provided that is capable of lifting eight thousand pounds, with six-foot forks, or fork extensions and possibly all terrain to safely off-load the DPMU pallets
		A smaller forklift, two to four thousand pound lifting capacity, is needed to move heavy equipment within the morgue during set-up
Miscell	ane	eous Requirements
		Placement of 53' refrigerated trailers for morgue personnel access.
		Number of decedents will dictate the number of refrigerated trailers needed.
		Designate separate refrigerated trailers for processed vs. unprocessed remains.

Field Medical **Morque Operations Unit** kaminer Services Branch Morgue operations should Incident/Scene follow guidelines to assure Family Assistance Morgue Group Investigative Disposition Group Group safety of staff in the appropriate Group handling of human remains. A key function of all Morgue Operations Unit Morgue Operations Unit personnel is to assure no cross-contamination of forensic evidence. Examination Unit **Morgue Operations Unit Checklist** ☐ Supervise Morgue Operations services: ☐ Assign specific work tasks. Obtain information concerning progress on assigned tasks from subordinates by: ☐ Special request. ☐ Periodic/routine reports. ☐ Personal observation. ☐ Take corrective actions as appropriate. ☐ Ensure the general safety and welfare of Group personnel. ☐ Maintain communications with subordinates. ☐ Develop alternatives for morgue operations as required. ☐ Request additional resources as needed to support assigned teams. Resolve logistics problems within the Group. ☐ Advise of any surplus of resources. ☐ Coordinate activities with other Branches/Groups/Units. ☐ Respond to information requests from other team elements. ☐ Maintain a Unit Log (ICS Form-214). Assist in the development of the Incident Action Plan for the next operational period.

Receiving Station Checklist

	ng body bags and property are documented.
	Receive and review Transportation Log and accompanying remains. Ensure that identification forms accompany the body bags.
	Log-in documentation accompanying human remains (date, time, and tag number/numbering from the scene and weights).
	Place in initial holding, a temporary holding morgue or refrigerated vehicle being used for temporary holding.
	Implement chain of custody procedures.
	Reports status to Morgue Operations Officer in Charge.
Radiog	raph Specialist
All body	y bags are radiographed to facilitate safe handling of collected remains.
	Establish procedures/protocols for radiographing body bags.
	Radiograph entire, unopened remains container (do not open bag) and label radiograph with the field number assigned by the Search and Recovery Team.
	Pathologist or anthropologist (with augmentation from other appropriate staff, e.g., bomb technician, law enforcement evidence technician, etc.) reads radiograph.
	Use radiographs to assess the contents of the bag so that more effective sorting can be completed at triage and any associated hazardous materials (knives, guns, bomb parts, etc.) collected with the remains can be safely managed.
Screeni	ng/Triage Station
effects,	ng/triaging is performed per incident-based guidelines to separate remains, personal evidence and debris delivered from the incident site in the body bag. The examination mains will take is also determined.
	Establish procedures/protocols for Screening/Triage Station.
	Open bags delivered from scene.

Ш	tissue from material evidence, debris and personal effects.
	☐ Photograph prior to disturbing clothing, property, foreign objects.
	Personal effects are not removed from human remains if removal will damage or compromise remains.
	Complete anatomic charting.
	If deemed necessary, apply appropriate protection to oral, facial, skeletal or other structures to insure integrity of those structures.
	If remains are determined, at any station, to be unrelated, they will be separated and returned to Screening/Triage for assessment.
	Document and describe any personal effects or evidence that is removed.
	Route potential evidence to law enforcement using chain of custody forms.
	Route unassociated personal effects using chain of custody forms to selected team/private company (most likely a contractor that specializes in the processing of personal effects) selected by the ME.
	Log bag number and other information into Triage Log.
	Evaluate remains.
	Determine path for examination/identification based on protocol:
	☐ Long path—continue through all subsequent stations.
	☐ Short path—Photography, Radiology, Anthropology and DNA Retrieval Stations only.
	Bag human tissue/remains having potential for ID based on incident guidelines and probative value (remains with highest likelihood for identification).
	☐ Attach a Disaster Victim Packet (DVP) with Tracking Form attached on front of packet.
	Note the stations where the specimen should be routed on the DVP Tracking Form.
	Store tissue that does not have potential for ID and unassociated personal effects as determined based on the incident.

Ш	If personal effects or dangerous material items (e.g., bomb fragments) could not be removed without possible damage, notify the ME and leave effects associated with tissue.
	☐ Mark the DVP to alert future stations.
	Screening/Triage scribe signs and dates the DVP.
	Route to Admitting.

Admitting Station

The Admitting Station is where remains and personal effects morgue reference numbers (MRN) are added, Disaster Victim Packets are numbered, and trackers are assigned.

The tracker will accompany the remains—staying with them at all times—until examination/identification is complete, ensure the security of the case file, and ensure that proper documentation is complete, signed, and attached at each station.

Religious and cultural customs concerning the handling of remains will be considered and adhered to if they do not impact the examination of remains. See

will make the final determination on how religious and cultural practices are addressed. ☐ Establish procedures/protocols for Admitting Station. Admit remains with associated personal effects (per protocol). ☐ Enter information in Morgue Admission Log. ☐ Number remains and associated personal effects using a simple ascending numbering system that is referenced with the incident site number. ☐ Each body or fragment thereof is assigned a separate MRN. ☐ If the morgue electronic system is used at this time, the software's morgue reference number can be used for each body or fragment thereof and be cross referenced with the incident site number. If a bar code or radio frequency tagging (RFID) system is used to track bodies and fragments through the morgue stations, a number and bar code will be assigned and the Admitting Station will print corresponding sheets of bar code stickers to be included in the DVP. As the body proceeds through the stations, the tracker will be responsible for attaching a unique bar code to that body and to all x-rays and papers generated through the process. Assign a body tracker (one per body bag with associated personal effects. A tracker: ☐ Remains with assigned case while case is processed at Morgue. ☐ Completes Post-Mortem Data Form which is then compared against Ante-Mortem information. ☐ Transfer DVP with Tracking Form attached on front of packet and chain of custody form to the assigned tracker. ☐ Direct tracker to Documentation Station. **Documentation Station** The Documentation Station is where remains and personal effects are documented. All remains and/or fragments and personal effects are photographed. ☐ Establish procedures/protocols for Documentation Station. ☐ Photograph remains and personal effects following ME Office policy regarding the

APPENDIX 1. RELIGIOUS AND CULTURAL ISSUES JUST-IN-TIME TRAINING for guidance. The PIO

	photography of human remains:
	☐ Photograph prior to disturbing clothing, property, foreign objects,
	☐ Proper documentation in photo, and
	☐ Use of scale in photo, etc.
	For complete bodies, take standard autopsy-type photographs (anatomical position).
	Where possible, take full-face photographs.
	Ensure entire remain is present in the photograph.
	Enter information in Photography Log.
	Personal effects:
	☐ Follow standard operating procedures for handling personal effects.
	☐ Tag and log all effects.
	☐ Document personal effects by completing VIP DMORT Program Clothing Inventory and Jewelry Inventory.
	Ensure that all documentation is complete (hard copies of digital photographs, if possible) and placed in the case file.
	Give DVP with Documentation Station and chain of custody forms completed and Tracking Form checked and signed to the tracker.
	Direct tracker to next station.
	Send digital files to Information Resource Center for inclusion in VIP.
Print S	tation
The Pri	nt Station is where finger/foot/palm printing of remains or body parts is performed.
	Establish procedures/protocols for Print Station.
	Enter information in Print Station Log.
	Print all remains with finger, palm, and/or foot.
	Fingers or hands are removed only at the discretion of the ME Pathologist. If removed,

	processing.
	Complete VIP DMORT Program Fingerprinting and place in the DVP.
	Sign and date Tracking Form.
	Give tracker DVP with completed VIP DMORT Program Fingerprinting and Tracking Form checked and signed.
	Direct tracker to next station.
Final F	Iolding Station (Located at/near Receiving Station)
	Final holding is the refrigerated area where remains that have been processed are held until release. All human remains (identified, unidentified, and common tissue) will be stored with dignity. The holding areas for processed victims and for common tissue will be separate from that for remains that have not been processed and from where specimens (e.g., for DNA, histology, and toxicology) are stored while awaiting transfer to the lab for analysis.
	Establish procedures/protocols for Final Holding Station.
	Tracker returns the remains to the Receiving Area.
	Maintain a Movement Log Sheet that includes:
	☐ Number of body bags comprising the decedent's remains
	☐ Date and time in or out of storage
	☐ Name and signature of tracker
	☐ Name and signature of storage worker releasing or accepting body bag(s)
	☐ If more than one refrigerator is used, record the unit in which decedent's body bag(s) are stored.
	Direct the remains to be transferred to the appropriate, secure, designated "processed" refrigerated area where its return is documented.
	The refrigerated area must be fully staffed with Receivers and Security.
	Maintain chain of custody.
	The tracker takes the DVP to the Information Resource Center for filing.

☐ Hold remains until victim can be released for final disposition.
☐ At direction of ME Office based on the decision of the Medical Examiner Services Branch Director, document and store unidentified body parts as "common tissue." Subsequent disposition will be the responsibility of the ME Office in consultation with victim/family groups and consistent with laws and resources.
☐ Consider having all remains in morgue blessed by clergy every day.
Toxicology, Histology and DNA Specimens
☐ Special storage sites will be designated for DNA, histology and toxicology specimens.
☐ Hold specimens until they are picked-up by authorized person for processing.
Release of Human Remains for Final Disposition Station
Located at/near Receiving Station): This is where identified decedents and their personal effects are released to next of kin or a person authorized by next of kin. Release functions include, preparation, final identification review, and funeral home contact. Preparation of numan remains may include re-association and/or aftercare (embalming and casketing). All numan remains will be prepared with respectful professionalism and transported to authorized funeral home or crematory.
Preparation for Release
☐ Establish procedures/protocols for Release Station.
☐ Prepare remains for release.
☐ If remains are fragmented and the next of kin has requested that they be re-associated:
☐ Re-associate remains of one decedent at a time.
☐ Remove all of a decedent's remains from storage to area designated for reassociation.
Use appropriate documentation (Identification Summary Report, DNA laboratory results, VIP forms, postmortem photographs) to select the appropriate numbered remains for the decedent.
Examine to ensure that the physical characteristics are identical to those on associated documentation.
After review, place all remains associated with the decedent in the appropriate

		Return associated remains to storage or send to embalming (if requested by next of kin and done at the incident morgue).
		If remains are to be released, send to Final Identification Review before release.
Final	Iden	tification Review
	Est	ablish procedures for Final Identification Review.
		nen remains are ready to be released, the Identification Team Leader and forensic ecialists involved in the identification will:
		Conduct a final review of the methods of identification.
		Physically examine the remains to ensure that the remains match the biological attributes of the deceased (based on the antemortem information).
		Ensure that the numbers associated with each remain are accounted for.
		Sign and date the form indicating that the remains have been reviewed for final identification and place it in the DVP.
		next of kin/legal authority authorized after care and it is provided at the incident orgue, route to the After Care Station.
Conta	ct w	ith Funeral Home
	Est	ablish procedures/protocols for contacting funeral homes and crematoriums.
		ison with funeral homes and crematoriums to coordinate pickup or the shipping of nains.
		When ME notifies next of kin, gather the following information:
		☐ Name of funeral home or crematorium.
		☐ Contact person at funeral home.
		☐ Location (city, state, zip code).
		☐ Telephone and fax number.
		If funeral home crematorium is not local, get information on the best airport or train station to which decedent should be shipped.
		Inform the funeral home crematorium of the schedule once the transportation arrangements have been made.

Final Release

Esta	ablish procedures/protocols for Final Release.
Kee	p a log of remains/bodies that are cleared for release and those on hold.
Che	ck/assure that remains/bodies are prepared for release as authorized by next of kin.
Con	nplete Release of Human Remains form and Release of Personal Effects form.
to a	ease human remains and associated personal effects that are not deemed evidence authorized person/funeral home according to the standard operating procedure of ME Office once the final identification review has been completed.
	Separate personal effects from remains, inventory, and get signature of the family's contracted funeral home/authorized person.
	Implement chain of custody.
Mai	intain a Release Log to document the overall release process.
Wh	en decedents are transported from the morgue as part of incident morgue services:
	Obtain the required burial-transit-cremation permit and other documentation required by the receiving funeral home and provide a copy to the IRC.
	Place documentation in envelope that is securely affixed to the head end of the outside container.
	If released with the remains, personal effects will be released on a chain of custody form and the receiving funeral home shall inventory and sign for all items received.
	Hearses and other appropriate vehicles will be used for transport.
	Maintain a log reflecting the date, time, transfer vehicle identification, transfer personnel identification and destination.
	Instruct drivers to travel directly to the destination and directly back to the morgue without any stops except at a designated staging area or to refuel.

Field Medical **Examination Unit Checklist** aminer Services Branch The Examination Officer in Incident/Scene Family Assistance Charge monitors progress of Morgue Group Disposition Group Investigative Group Group specialists on the Examination Team, channels information to the Morgue Operations Group and the Medical Morgue Operations Unit Examiner Services Branch at the Department Operations Center, and ensures that documentation received is assigned to Examination Unit appropriate specialist.

Examination includes stations for radiology, dental identification, pathology, anthropology/morphology, DNA retrieval, and identification confirmation meetings.

The Examination Team is responsible to maintain strict confidentiality of all documentation.

Duties Checklist

Obtain briefing from the Morgue Group Supervisor.
Request and receive briefings from the Morgue Group Supervisor.
Obtain the Incident Action plan.
Identify resources assigned to the Unit.
Review Group assignment to identify resources specifically assigned to the Group.
Request clarifying information or resolution as needed from Morgue Group Supervisor.
Review Unit assignments.
Prior to the commencement of examination and at the beginning of each shift the Examination Officer in Charge will conduct a briefing. The briefing will include but not be limited to:
☐ Orientation and/or updates.
☐ Safety procedures.
☐ Necessity for security and confidentiality of all records and data.
☐ Workflow/procedural issues.

	Assign Station Team Leaders, and Supervisors.
	Implement Incident Action Plan.
	Supervise Unit operations.
	Ensure that examination operations function in accordance with the Safety Plan.
	Ensure that assigned personnel and equipment get to and from assignments in a timely and orderly manner.
	Oversee and support examination teams:
	☐ Assign specific work tasks.
	☐ Obtain information concerning progress on assigned tasks from subordinates by:
	☐ Special request.
	☐ Periodic/routine reports.
	☐ Personal observation.
	☐ Take corrective actions as appropriate.
	☐ Ensure the general safety and welfare of Group personnel.
	☐ Maintain communications with subordinates.
	Develop alternatives for examination operations as required.
	Request additional resources as needed to support assigned teams.
	Resolve logistics problems within the Group.
	Advise of any surplus of resources.
	Coordinate activities with other Divisions/Groups.
	Respond to information requests from other team elements.
	Maintain a Unit Log (ICS Form-214).
Report	to Morgue Group Supervisor on examination activities.
	Provide periodic updates to the Morgue Group Supervisor.

☐ Recommend expedient changes to the Incident Action Plan during the operational period as necessary.
☐ Inform Morgue Group Supervisor of:
☐ Conditions affecting Group operations.
☐ Hazardous conditions.
☐ Significant events (e.g., injuries).
☐ Problems with Logistics.
☐ Unresolved conflicts with other Divisions/Groups.
Radiology Station
The Radiology Station conducts radiographic examinations to provide postmortem radiographs for comparison with antemortem clinical radiographs and to detect evidence. The radiologist also assists in the interpretation of radiographs.
This station should be established in an area of the morgue that is secluded from other processing stations and have portable lead protective walls. The radiology team leader will monitor radiation safety issues such as shielding; monitor radiation dosage of team members via dosimeters; and assign dosimeters to other morgue personnel, as appropriate, considering ocation and shielding of the x-ray unit.
☐ Establish procedures/protocols for the Radiology Station.
☐ Enter information in Radiology Station Log.
☐ Take full body x-rays, if possible.
☐ Whenever possible, the remains should be positioned so that standard and conventional views are obtained for ease of comparison with antemortem films.
☐ When dealing with fragmented remains, this may require the assistance of an anthropologist or pathologist.
☐ Take complete radiographs of the abdomen and chest region.
☐ Include a clear view of the sinuses in Anterior Position and lateral radiographs.
☐ Take radiographs of the extremities as needed.
☐ Take dental x-rays, if not part of the Dental Station.

☐ Maintain log of all films.
☐ Mark each radiograph with the corresponding morgue reference number.
☐ Review films for adequate exposure and proper labeling.
☐ Conduct additional radiographs as requested by forensic specialists.
☐ Provide a written description of the points of similarity leading to identification to the Identification Team for review.
☐ Call-in bomb technician or other specialist, if needed.
☐ Ensure and document that a qualified forensic specialist has read each radiograph. Complete VIP DMORT Program Radiology form and place in the DVP.
☐ Sign and date Tracking Form.
☐ Give tracker DVP with completed VIP DMORT Program Radiology and Tracking Form checked and signed.
☐ Direct tracker to next station.
☐ Assist other forensic specialists (pathologists, anthropologists, and odontologists) with the comparison of antemortem and postmortem radiographs, as necessary.
Dental Identification Station
Dental identification operations are divided into three sections—the Postmortem Section, Antemortem Section, and the Comparison Section.
Postmortem Section
The Dental Postmortem Section performs the dental autopsy, including postmortem dental radiography and photography, and records the results in WinID or in a standardized format compatible with WinID. Documentation in the postmortem record includes photographs, radiographs, and charting of all dental structures and restorations.
☐ Establish procedures/protocols for Postmortem Section.
☐ Enter information in Dental Station Log.
☐ Clean remains.

Craniofacial Dissection. Any facial or dental dissection required for complete and accurate dental examination must be approved in advance by the ME. No craniofacial dissection will be performed if adequate information can be obtained without dissection.
☐ If removed, the jaw is to be placed in a properly identified container and returned to the remains after processing.
Visual Examination and Charting: Chart all dental structures and restorations. The universal dental numbering system (1-32 with the upper right 3rd molar as #1, upper central incisors as #8 and #9, upper left 3rd molar as #17 and lower right 3rd molar as #32) is usually preferred. The FDI numbering system can also be considered.
☐ Record directly into WinID, if possible. Otherwise record onto standard forms and transfer to appropriate area for data entry.
Radiographic Examination: A complete radiographic survey of the available craniofacial remains should be recorded using digital intraoral sensors. Extra oral radiography may be employed when available and practical if it assists identification.
Dental Models: Impressions for dental models may be made if they will assist in identification of a decedent. Standard dental impression materials should be used following manufacturer instructions.
Add digital radiographic files (e.g., Dexis) and digital photographs of impressions to decedent's WinID file.
Transfer completed Win ID file to Comparison Section.
Sign and date Tracking Form.
Give tracker DVP with Tracking Form checked and signed.
Direct Tracker to next station.

Antemortem Section

The Antemortem Section is responsible for transcribing all available clinical information onto an antemortem record. This section, working closely with the Family Assistance Center, assists with the procurement of the clinical dental record or any other pertinent dental identification information. The CalDIT *Request for Clinical Information Form* can be used to assist law enforcement agencies with obtaining complete dental records. Documentation for the Antemortem Section includes radiographs, written record of treatment, and charting of all dental structures and restorations.

	Establish procedures/protocols for the Antemortem Section.
	Assist in procurement of dental records at the Family Assistance Center, via telephone, or visits to dental offices.
	Transcribe dental information from dental records into standard format using WinID nomenclature.
	Record antemortem dental information into WinID.
	Scan non-digital image information (radiographs and photographs) and enter into WinID graphics file.
	Enter digital image information into WinID graphics file.
Comp	parison Section
purpo	Comparison Section compares antemortem and postmortem dental records for the se of identification. If all dental information is immediately entered into WIN ID correctly ansferred, the comparison can be done digitally.
arra cr	ansierred, the comparison can be done digitally.
	Establish procedures/protocols for the Comparison Section.
	Establish procedures/protocols for the Comparison Section. Dental Comparison team members must be familiar with WinID, including advanced search and comparison functions.

Pathology Station

The Pathology Station is where complete or partial autopsies are performed. The decision to do a complete or partial autopsy resides with the local jurisdiction's ME (responsible for death certification). Some reasons for complete autopsies include: homicides, terrorism, indeterminate manner of death, flight crews (in which the same pathologist autopsies all members), unidentified human remains, and upon federal request.

Establish procedures/protocols for the Pathology Station.
Enter information in Pathology Station Log.
Review radiographs.
Document general physical characteristics.
Document specific scars, tattoos, and other unique identifying features.
Document injuries and trauma.
Document and recover, when appropriate, internally implanted medical devices for identification.
Document and recover evidence, if present.
Collect and label appropriate toxicology and histology samples.
Conduct a complete autopsy, if indicated.
Document findings on the VIP DMORT Program Pathology.
Sign and date Tracking Form.
Give tracker DVP with completed VIP DMORT Program Pathology and Tracking Form checked and signed.
Direct tracker to next station.
Send properly labeled histology and toxicology specimens to the Final Holding Stations for transport to a lab for analysis.

Anthropology/Morphology Station

The Anthropology/Morphology Station provides comprehensive forensic anthropological documentation of human remains. It is where fragmented, incomplete, charred, and commingled remains are examined to determine a biological profile.

Establish procedures/protocols for the Anthropology/Morphology Station.
Log in remains in the Anthropology Station Log.
Complete a standardized forensic anthropology report form.
Evaluate and document the condition of the remains.
Separate obviously commingled remains and return the remains to the admitting section for subsequent processing in the morgue.
If the remains are fragmented, describe the anatomical structure(s) present.
Provide a biological profile of the decedent or remains, including:
□ Sex
☐ Age at death
☐ Ancestry
☐ Forensic stature
☐ Antemortem trauma or pathology
☐ Anomalies and idiosyncratic variation including surgical hardware and prosthetic devices
☐ Perimortem trauma.
Document, remove and save non-human and/or non-biological materials for proper disposal.
Follow Anthropology Specimen Cleaning Protocol if it is needed to remove tissue from bone features used for analysis of age, sex, or pathology to observe subtle features.
Review x-rays.
Review Pathology and Dental forms for consistency (bone, side, biological parameters, etc.).

	☐ If a discrepancy exists, the team consults with other team(s) to reach consensus on assessment.
	If a bone section or other specimen is retained, place it in a properly identified containe and return to the remains after processing.
	Document (VIP/DMORT Anthropology) and place in the case file.
	Sign and date Tracking Form.
	Give tracker DVP with completed VIP/DMORT Anthropology and Tracking Form checked and signed.
	Direct tracker to next station.
Forens	ic Anthropologist Additional Tasks:
	Obtaining DNA samples from bone.
	Taking radiographs (to ensure proper alignment of specimen).
	Interpreting trauma in consultation with the pathologist.
	Obtaining and isolating dental evidence in consultation with the odontologists.
	Interpreting and comparing antemortem and postmortem records and radiographs.
	Assisting the pathologists and odontologists in establishing identity via antemortem-postmortem radiographic comparison.
	Examining identified remains prior to release to confirm that the biological evidence used for identification matches the biological parameters of the remains.

DNA Station

The DNA Station is where DNA is retrieved to assist with identification when other means of identification of remains are inadequate. If a separate DNA station is not set up, DNA retrieval is done at the Pathology Station.

DNA analysis is expensive and its funding must be addressed. FEMA provides funding for the DNA identification effort if the incident meets its criteria for a disaster. However, confirming that funding for DNA analysis has been secured and contracts with appropriate laboratories and analysts are in place is important.

Specimens will be sent to DNA Station last.

Prior to collecting specimens, DNA specimen collection criteria and guidelines must be developed. AFDIL policies and procedures for mass fatality incident DNA collection can serve as a guide.

DNA Station Checklist

Ш	Establish procedures/protocols for the DNA Station.
	Check to see if Victim Tracking Form indicates that the victim has been processed at all stations directed by the Screening Station. If a station has been skipped, return remains and file to that station for processing prior to admitting.
	Admit and enter information in DNA Station Log.
	Pre-label DNA collection tube(s).
	Take DNA sample(s)—whole blood, tissue, bone, teeth, or hair—as directed by protocol.
	Place DNA specimen in specimen tube that has been pre-labeled, by hand. The numbers should appear on the tube itself and on the lid.
	Give the specimen tube to the computer operator to:
	☐ Enter the MRN of the specimen, the type of material, and the exact nature of the specimen.
	☐ Generate two labels:
	☐ The first label is placed on the tube on the opposite side of the hand-written numbers, as close to the lid as possible.
	☐ The second label is placed on the plastic evidence bag.

	☐ Insert the labeled tube into the labeled bag.
	Heat-seal the bag and place it into a cooler or a -20° freezer until it is released to lab for analysis.
	☐ Once a specimen is frozen, it should remain frozen.
	☐ Complete VIP/DMORT Program AFIP/DNA Specimen and place in the DVP.
	Sign and date Tracking Form.
	Give tracker DVP with completed VIP/DMORT Program AFIP/DNA Specimen and Tracking Form checked and signed.
	Direct tracker to Final Holding.
П	Route DNA samples to lab that will analyze the DNA with chain of custody documented.

Identification Station

This is a designated meeting area where possible identifications that have been determined as remains have been examined are reviewed and confirmed. The Identification Team, chaired by a pathologist, consists of representatives from pathology, anthropology, odontology, radiology, prints, DNA, and the ME Office.

Once identity is confirmed by the Identification Team, the information is presented to the ME, who will review and, if approved, issue a death certificate.

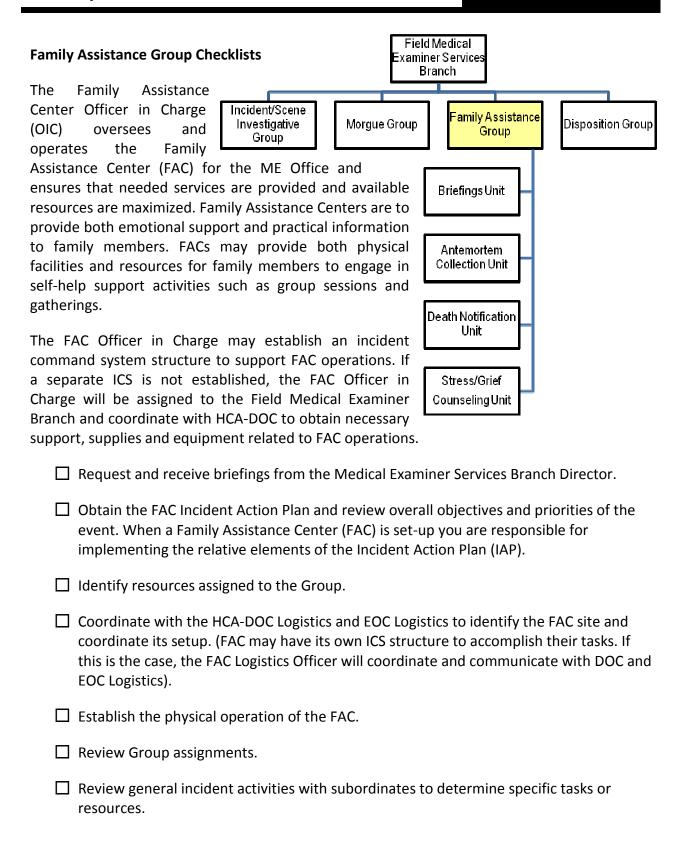
When no human remains are recovered, or scientific efforts for identification prove insufficient, the ME will file a single verified petition with the superior court to judicially establish the fact, time, and place of death for individuals who die in a mass fatality incident. By California law, a hearing will be set no later than 15 days from the date the petition was filed.

If remains are later located and identified for an individual where a court ordered delayed certificate was prepared, a new standard death certificate is *not* prepared. Each decedent must have only one death certificate. However, the court ordered delayed certificate may be amended to reflect the disposition of human remains. Requests to replace a court-ordered certificate with a standard certificate are referred to the office of vital records.

Identification Station Checklist

Establish procedures/protocols for the Identification Team.		
Convene Identification Team at the end of each working day.		
Review all proposed identifications (based on examination and review of antemorand postmortem records).		
☐ Possible identification methods include:		
☐ Prints,		
☐ Dental,		
☐ Medical radiography,		
☐ Distinctive physical characteristics,		
☐ Serial numbers on permanently installed devices,		
☐ DNA, and		
☐ Visual in some cases (personal effects do not constitute positive ID, but with other factors, may be considered).		

Ц	concurrence for the identification.
	Present signed ID Summary Report to ME for approval/signature.
	Original report goes to IRC and copy of report to ME.
	Prepare a standard death certificate according to normal ME Office procedures for identified remains.
	☐ Coordinate with Office of Vital Records staff on procedures for issuing death certificates.
	Send information regarding positive identifications to Family Assistance Center Death Notification Team.
	☐ Determine next of kin wishes, including decision of future notification and decision on re-association.
	Release names of decedents to the DOC, EOC and Joint Information Center after next of kin have been notified.
	Give instructions to Final Holding Stations in accordance with next of kin wishes for preparation for release of identified human remains and associated personal effects that are not deemed to be evidence.

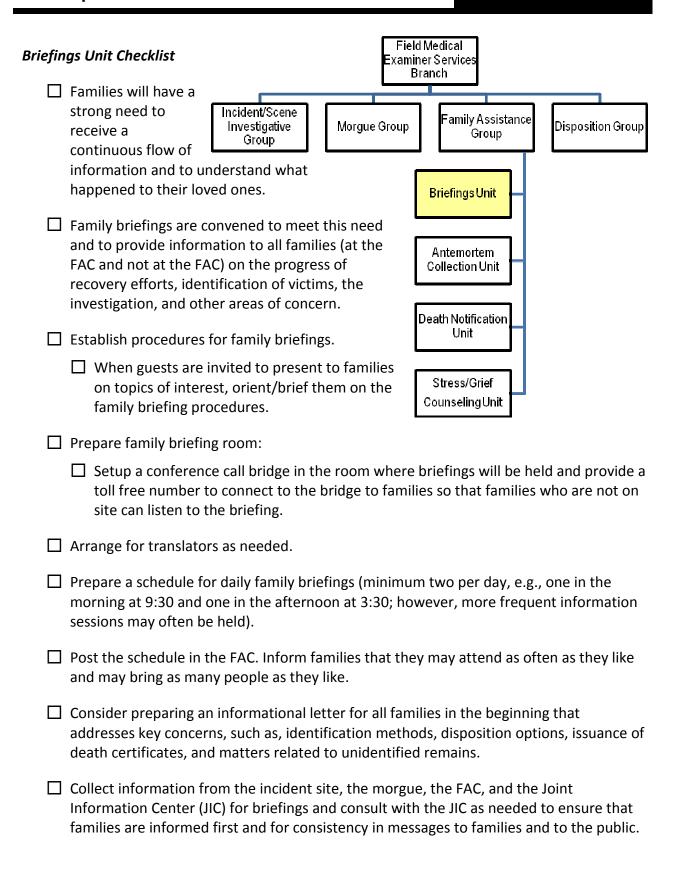


Assign personnel for FAC assignments:
☐ Family Briefings
☐ Antemortem Collection
☐ Death Notification
☐ Disposition Requests
☐ Stress/Grief Counseling
☐ Implement Incident Action Plan for FAC.
☐ Supervise Group operations.
☐ Make appropriate siting arrangements: Ensure security and privacy of families at the FAC. FAC's must be removed from the press and may require security staff to assure intruders are not allowed access to the site or the families.
Provide a just-in-time orientation for staff to cultural and religious issues they may confront.
Establish consistent policies and procedures on FAC staff and volunteer roles, responsibilities and requirements and communicate to all staff and volunteers early in the process.
Inform team leaders of significant developments.
Manage day to day family assistance activities.
Maintain and update daily FAC plan and plan for future operations.
Assign responsibilities and tasks to team leaders.
Facilitate the exchange of information among team leaders at daily briefings. Team leaders will facilitate information exchange among team members at the team's daily briefings.
Monitor incident site, morgue operations and the media. Ensure critical information is kept current.
Ensure individual logs are kept current.
Ensure services to meet family needs by monitoring ongoing FAC activities (including daily status reports) and tracking mission activities of each organization

Ш	Establish and supervise family briefing procedures.
	Conduct 1-2 daily family briefings providing accurate and timely information to families prior to media briefings.
	Ensure assignment of duties for FAC services' staff and volunteers to meet families' physical, behavioral health, psychosocial, and spiritual needs.
	Coordinate with FAC Logistics and the Staff Processing Center to ensure staffing of key functional areas and to ensure all FAC services' staff and volunteers have appropriate credentials (licensure certification/approval) to provide services to families.
	☐ Direct service staff need to be vetted for security (e.g., assure staff with licenses are in good standing by checking with the Department of Consumer Affairs professional licensing web site),
	Assure that service staff have basic psychological first aid training, either when they are assigned or through provision of a just-in-time training module.
	Ensure maintenance of strict confidentiality standards by all FAC staff and volunteers.
	Ensure provision of on-site childcare by approved providers.
	Assess needs of families and coordinate access to additional services as needed.
	Assess needs of FAC staff and volunteers and coordinate access to mental health services/spiritual care services and additional services as needed.
	Coordinate release of information to the media with the Medical Examiner Services Branch and with the Joint Information Center (JIC) regarding daily media briefings that will be conducted in a secure outside of/area away from the FAC, families and friends.
	Serve as Liaison between the ME Office and families.
	Establish and supervise death notification procedures with members of the death notification teams.
	Establish and supervise antemortem data collection procedures.
	Ensure collection of antemortem data and efficient transfer to the Morgue Information Resource Center.
	Ensure collection of DNA as directed by the ME office and its transfer to the selected DNA lab.

Ш	Serve as liaison with outside agencies at the FAC.
	Collect information that may be used for family briefings.
	Coordinate with JIC on information to be placed on Web site(s).
	Ensure implementation of FAC safety, transportation and security plans.
	Serve as liaison between FAC and outside human services agencies.
	Maintain daily journal of organizational activities and responses.
	Develop a transition plan for when the FAC closes to provide longer-term support to families.
	Request additional resources as needed to support assigned teams.
	Resolve logistics problems within the Group.
	Advise of any surplus of resources.
	Coordinate activities with other Divisions/Groups.
	Respond to information requests from other team elements.
	Maintain a Unit Log (ICS Form-214).
Report	t to Medical Examiner Services Branch Director on FAC activities.
	Provide periodic situation and resource status updates to the Medical Examiner Services Branch Director.
	Recommend expedient changes to the Incident Action Plan during the operational period as necessary.
	Inform Medical Examiner Services Branch Director of:
	☐ Conditions affecting Group operations.
	☐ Hazardous conditions.
	☐ Significant events (e.g., injuries).
	☐ Problems with Logistics.
	☐ Unresolved conflicts with other Divisions/Groups.

	Assist in the development of the Incident Action Plan for the next operational period.
	Complete FAC After Action Report.
FAC D	emobilization and Service Continuity.
	Oversee deactivation and demobilization of physical FAC. Note that deactivation of FAC functions may occur long after the processing of human remains has been concluded. Physical FACs may be demobilized yet ongoing family assistance services may continue for months or years. Make appropriate arrangements to continue the services in such cases.



familie	es during recovery that is consistent with the information provided to the prosecution.
	Prepare briefings.
	Convene families and friends at FAC for scheduled briefings.
	☐ Briefings are important even if there is no new information to report.
	\square Always provide information to families before releasing it to the general media.
	☐ Bring in subject matter experts as needed. And, plan to have rescue workers (selected via the Joint Information Center) and officials visit the families so that they can thank the workers for their efforts and support. When this occurs will depend or the nature of the incident.
	Provide information relating to victims and progress of the response effort to families.
	☐ Emphasize that the FAC is the best source of current and accurate information for families at each briefing.
	☐ Present information in terms family members can understand.
	☐ Repeat information frequently during the briefing to accommodate families at various levels of receptiveness in the grieving process.
	☐ Plan for question and answer sessions after each briefing (may last up to 2 hours). If a question cannot be answered, get the answer by the next briefing.
	☐ The FAC Officer in Charge should attend all briefings and make him/herself available after each briefing to meet with families one-on-one at a designated area in the family briefing room, spending as much time as needed to address their concerns.
	Provide copies of transcripts of daily briefing notes (translated as needed), resource and services information, and other pertinent handouts for pick-up in the family briefing room to help families keep track of the difficult and overwhelming information they are receiving.
	Maintain contact with families once it is established regardless of whether additional information is available.
	Participate in daily FAC Management meetings to review daily activities, resolve problem areas, and synchronize future family support activities.

Note: If the incident is the result of a crime, the ME must sensitively convey information to

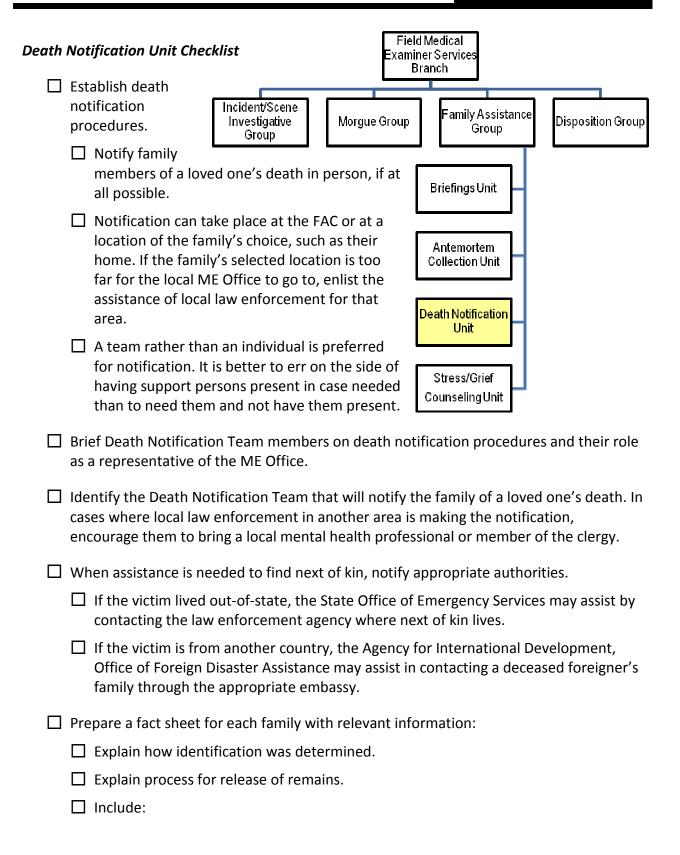
Antemortem Collection	Unit Checklist	Examin	Medical er Services anch	
☐ The purpose of antemortem data collection is to collect vital information to as	Incident/Scene Investigative Group ssist in positive identific	Morgue Group	Family Assistance Group	Disposition Group
the victims. Antervictim's physical, descriptions, union	mortem data may inclu clothing and jewelry que characteristics (like arks), dental records, m	tattoos,	Antemortem Collection Unit	
antemortem data members in priva assistance center collect antemorte call the call cente	ated personnel will coll a. They will meet with far ite areas within the far or contact them by ph em information. Familie or and be referred to a r data collection team fo	amily nily one to es may also member of	Death Notification Unit Stress/Grief Counseling Unit	
individuals. It is h	hould be personnel spe elpful to have experien ity in the DNA identifica	nced DNA profe		_
☐ Establish antemo	rtem data collection pr	ocedures.		
☐ Process for se	etting up family intervie	ews.		
☐ Documentation	on—an antemortem da	ta acquisition	and entry plan.	
entry clerks w	interviewers will enter interviewers will transcribe the data formparisons with postm	from an intervi		
	using the DMORT quest naire (A copy of this for		-	mation
☐ Add local	jurisdiction death certi	ficate informat	tion to the questic	onnaire.
☐ For multion	cultural populations:			
☐ Ensure pro sounding	oper formatting of first names.	and last name	es and correct spe	lling of similar

	practices and rituals, daily prayer times, important dates, beliefs about autopsy, and other information that may be relevant to the rescue, recovery and disposition of their loved ones. Leaders of religious or spiritual communities can also provide guidance. Demonstrating sensitivity to cultural beliefs and practices of the victims' families in a mass fatality—even when needs cannot be met—is important to effective response.
	☐ Identify an address for receipt of all antemortem records (e.g., the ME Office).
	Be prepared to add changing and new information to each person's file as it is collected from family members, friends, dentists and doctors after the initial interview.
	Maintain logs of the files, of all incoming data/samples, and of all forwarding data/samples. Accountability for forwarding and receiving records is essential.
	Be prepared for some family members to not want to provide antemortem information or supply DNA for kinship matches because they view doing so as a sign that they have given up hope.
fro	ent/brief Antemortem Data Collection Team on the information they need to collect m families (forms, procedures, etc.) and their role as a representative of the ME ice.
	ordinate operations with the Morgue Information Resource Center and the Morgue cords Supervisor.
	edule interviews with families. Allow 2 hours for each interview with a 30 minute iod between interviews.
Cor	nduct interviews in rooms that are private and quiet.
Rea	assure families that all information will remain confidential.
ant	lect antemortem data using ME approved form. Once form is completed, emortem information is given to the ME, the Morgue Information Resource Center, dany other appropriate agencies approved by the ME.
	Dissuade families from acquiring or carrying the victim's medical or dental records to the FAC. $ \\$
	Ask family members to sign release forms to allow for the release of the missing person's dental and medical records.
	Call dentist and physician offices to request original dental records, x-rays, and

	medical records.
	☐ Follow-up call by sending an authorization fax that includes the HIPAA Exemption for Medical Examiners and Coroners, CFR 164.512(g), to verify and confirm the request for the victim's medical/dental record and request timely delivery of records.
	Monitor the status of incoming dental records, x-rays, and medical records to insure that all records are original and have been received.
	☐ Inform families when antemortem data and samples have been received.
	☐ Have victim records in foreign languages translated as needed.
	Follow-up on requests that have not been received.
Arr	range for collection of DNA samples.
	Establish DNA collection procedures to ensure proper collection procedures, prevent cross contamination, and ensure the best possible specimens are collected for subsequent laboratory testing.
	Provide families with <i>Identifying Victims Using DNA: A Guide for Families, in the</i> National Institute of Justice's Lessons Learned From 9/11: DNA Identification in Mass Fatality Incidents, 2005.2
	Answer family members' questions regarding collection of DNA samples.
	Maintain an open, honest and sensitive approach to questions surrounding lineage when requesting samples for Kinship DNA analysis.
	If buccal swabs are used, assist family members in collecting the samples.
	If blood samples are used, arrange for family members to meet with staff to collect blood samples or to get them from their own physician if they prefer.
	amily members do not visit the FAC, interviews can be conducted over the telephone lowing the same procedures.
and the Wh	r families that do not come to the FAC, DNA samples can be arranged through the ME d local law enforcement. Send letters and consent forms to families that do not visit a FAC. If needed, make arrangements to collect samples from anywhere in the world. The families send DNA samples, it is important that they understand complex mailing occdures for specimens and that not all companies provide this service.

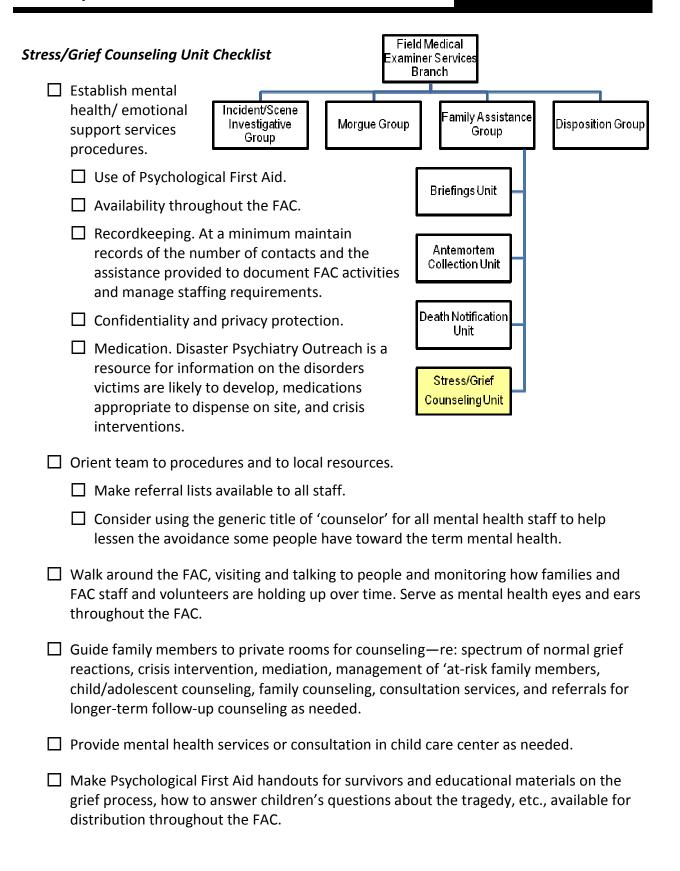
2 Identifying Victims Using DNA: A Guide for Families. http://www.ncjrs.gov/pdffiles1/nij/209493.pdf

If telephone contact is made before a family arrives at the FAC, follow a scripted checklist to request location and information on the following:
☐ Physician
☐ Dentist
☐ Hospital
☐ Fingerprints
☐ Photographs
☐ Military service records
☐ Essential vital statistics.
Arrange for collection samples to be sent to the DNA laboratory that the ME Office has approved at the end of each day.
Get daily status reports from the DNA lab.
Once the form for antemortem data collection has been completed and copied/printed at the FAC, direct it to the Information Resource Center at the Morgue for review and analysis. This may also be done electronically.
Maintain chain of custody of records via sign-in and sign-out logs.
Keep copies of forms at the FAC for reference. When the FAC is closed, the forms will be maintained by the ME Office or destroyed.

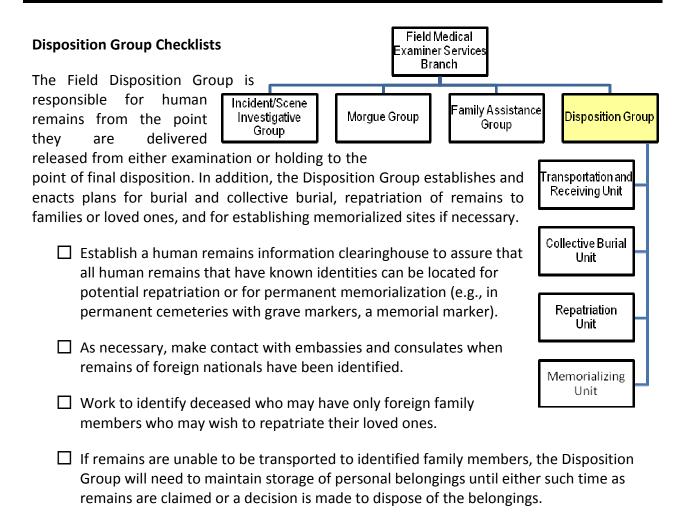


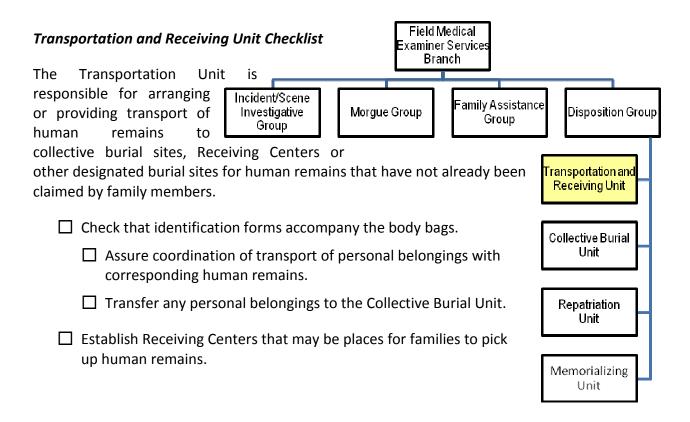
	FAC number to call for services and/or referrals.
	ME Office contact person and phone number for further questions and information on how and when the ME's report will become available, if they are interested.
briefed	ble the Death Notification Team and ensure that all members are thoroughly d—before meeting with the family—on the information that will be given to the so that they can answer as many questions as possible.
•	next of kin when an identification has been made and the Death Notification s ready to meet with them.
	es of fragmentation or commingling of remains, counsel families on the available s for disposition of any subsequently identified remains:
□ No	tification each time additional remains are identified.
☐ No	tification at the end of the identification process.
☐ Ret	turn of the currently identified remains to the family now for final disposition.
☐ Ret	turn of all remains at the end of the identification process.
cor sev	te: If DNA analysis is the method used to conduct identifications of fragmented or mmingled remains, the physical re-association of all remains may take place veral weeks or months after the incident. It may also never be completely complished.
	nsider other requirements the family may have if they do not impact overall ntification efforts.
☐ Co	unsel families on the likelihood of common tissue.
the the	te: Due to the length of time required to complete the scientific identification of tissue and/or the time required to investigate and complete legal proceedings if incident is the result of a crime, inform families that internment of common sue will not occur soon.
Docum victim'	nent the family's decision. Complete a Release Authorization and place it in the s file.
If famil	mily members and loved ones if they desire crisis assistance or someone to talk to. ly members are undecided or say no, give them the family assistance call center er to use if they change their mind in the future.
Give fa	milies copies of the fact sheet prepared for the notification and of the Release

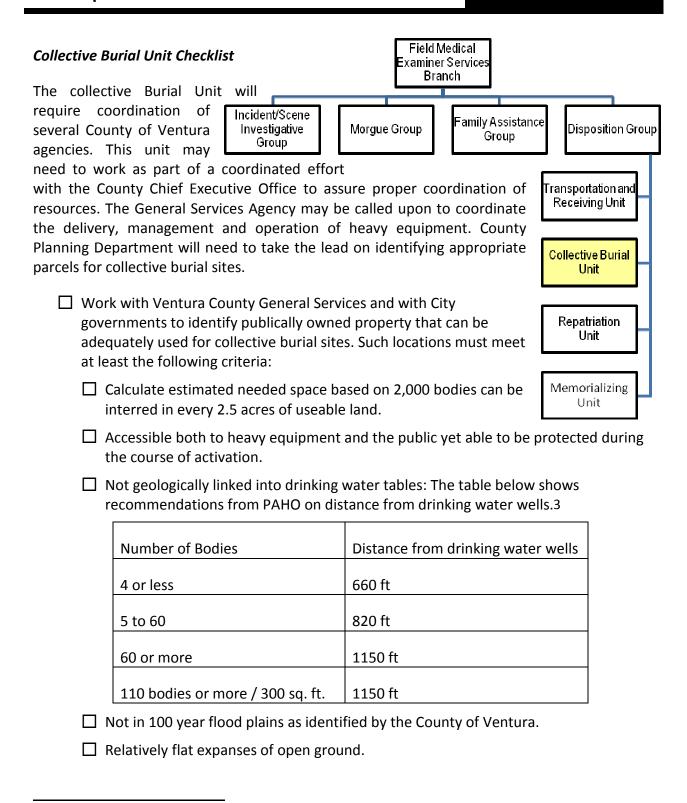
Authorization with their decision on disposition of any subsequently identified remains documented.
Coordinate the release of the remains between the family, the morgue and the selected funeral home.
Provide the FAC Officer in Charge (and JIC) with names of victims and their next of kin, relationship to victim, and next of kin addresses and telephone numbers after the death notification. The antemortem questionnaire is a good source for this information.



Ц	Monitor the information received at family briefings, particularly the numbers of positive identifications.
	Assist with antemortem interviews and death notifications as needed.
	Provide behavioral health assessments and appropriate interventions for callers to the call center as needed.
	Attend all special events (e.g., incident site visits) to monitor behavioral health reactions during activities.
	Provide mental health services for the FAC staff and volunteers and direct staff and volunteers to additional counseling resources as needed.
	Work closely with the chaplains to maximize assets and minimize functional overlap.
	Provide consultation to FAC leadership and leaders of other teams.
	Note: This is a significant role for the team. A crisis situation is an intense experience for those involved in the response effort—physically, emotionally and psychologically. Research shows that the closer an individual works with traumatized victims, the more likely he or she will experience secondary trauma. Emotional and spiritual support can help minimize the vicarious trauma impact on personnel who are directly supporting victims.







³ Morgan, O., Ed. (2006). Management of dead bodies after disasters: a field manual for first responders. Washington, D.C: PAHO.

	☐ High proportions of dirt, low proportions of rock to be cleared.
	☐ Potentially convertible to permanently memorialized cemeteries.
	☐ Neighborhood burials may include local parks as decided upon by each community.
	Arrange for work crews with necessary training in the use of earth-moving equipment. Special just-in-time training may be necessary.
	When sits are decided upon, crews will lay out grids, using either physical markers and/or GPS coordinates if possible, and develop a system for recording the location of each set of human remains.
	For each 100 bodies collective burial will require excavating a trench 4 to 6' deep, 300' long and 8' wide to accept 100 coffins side by side with 3' in between.
	Receive personal effects that have arrived with human remains.
	☐ Arrange for secure long-term storage and release of personal effects to identified family members.
	☐ Maintain records of personal effects for audit and tracking purposes.
Colle	ctive Burial Site Requirements
Thes	e sites must meet a variety of criteria including:
	Relatively flat expanses of open ground
	☐ Dirt, low proportions of rock to be cleared
	☐ Ultimately able to be converted to permanent cemeteries
	For every 100 coffins excavate a trench 4 to 6' deep, 300' long and 8' wide, coffins laid side by side, 3' apart.
	Once put into use, must be gridded to identify the specific location of each burial. Tools for creating such a grid would include (not limited to):
	☐ Paint for numbering (A1, A2, A3; B1, B2, B3)
	☐ Tools for marking locations: flags, stakes, line, hammers, nails
	☐ Photography equipment to document the site, location, placement of coffins, etc.
	☐ Laser survey, GPS systems to confirm specific location of burial sites (record lat/long coordinates)

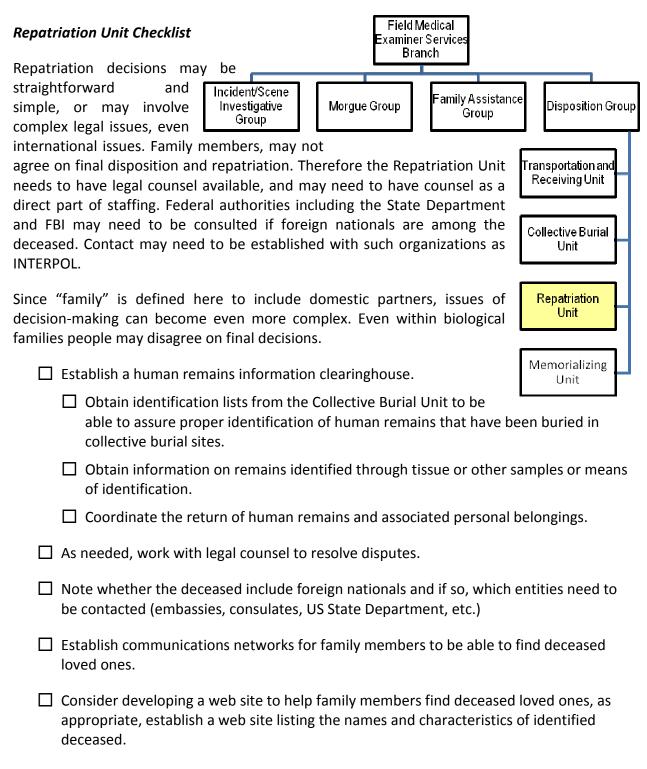
Record the identifying information that has been sent with each set of remains so that they may be subsequently located.
Keep permanent records of the locations of each deceased remains, also noting for any unidentified remains any identifying characteristics that might help subsequent identification.

Collective Burial Site Scale

About 2.5 fully usable acres could hold about 2,000 bodies. We will need for special training for heavy equipment operators.

Layout of the collective burial sites shall be conducted on a grid system to identify the location of each casket or body bag, whether it contains a specifically identified body or an unidentified body (that at least can be identified through characteristics for later specific identification.)

It must be anticipated that these lands may become permanent resting places for many of the deceased. It may also be subsequently necessary to exhume specific bodies for later permanent reburial or disposition at the behest of family members.



Note that this unit may remain functional, at least at some level, for an extended period of time.

Field Medical **Memorialization Unit Checklist** xaminer Services Branch Memorialization is a complex that includes process Incident/Scene Family Assistance Morgue Group Disposition Group practical decisions about Investigative Group Group how and when to turn designated locations into permanent cemetery or memorial sites. It also includes "social decisions" about how to Transportation and Receiving Unit establish community procedures and routines for future recognition of the catastrophic event such as annual services. Such decision-making must directly include community members and families of the deceased, to the Collective Burial extent that they wish to participate. Unit The Memorialization Unit may continue to function long after other Units and Branches have demobilized. It may become an independent operation Repatriation Unit not under a larger ICS structure. It needs to begin, however, as part of such structure and be implemented as soon as a mass fatality event occurs. Memorializing In some cases, some human remains may never be repatriated to family Unit members and moved to other locations. The original collective burial site may become a permanent site. Decisions must be made by the EOC and local policy-makers. The Memorialization Unit must include mental health professionals, clergy, community members, and policy-makers. ☐ Establish appropriate and relevant memorialization unit membership based on the details of the situation. ☐ If some human remains cannot be repatriated determine the best method for memorializing the burial locations. ☐ Include decisions on how to memorialize deceased whose bodies or remains may not have been recovered, identified and placed in known locations. ☐ Work with local, County and State officials as needed to convert a collective burial site into a dedicated cemetery and memorial site. ☐ Work with surviving family members to identify how best to memorialize the deceased. This may include naming the site, finding and creating works of art and other similar

decisions.

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Appendices and Just-in-Time Training Documents	

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APPENDIX 1. RELIGIOUS AND CULTURAL ISSUES JUST-IN-TIME TRAINING4

This aspect of a mass fatality response will be managed by the Family Assistance Center Branch. It will be coordinated with clergy and psychological first aid providers. Anyone in direct contact with survivors or family members should review this section. This section should be used as a just-in-time training module by a lead clergy member to orient those in contact with family members to consider religious and cultural issues.

A primary source of information for working with families and disposition of dead bodies should be local clergy associations and the Medical Examiner's staff who likely will have experience in these issues. Note that you must balance your assessment of general religious concerns with each individual's own point f view. We do not want to stereotype on the one hand, nor respond inappropriately on the other. Always assess the individual's own relationship to faith issues. Not all Christians, for example, or members of any other faith, have the same beliefs.

In responding to a mass fatality incident covered by this plan, every effort will be made by the team and individual responders to comply with religious and/or cultural requirements. Disasters are, however, extraordinary events and, as such, may require responding agencies to consider the needs of religions against both the practical demands of the operation and the overall health and well-being of the people of Ventura County.

Every effort will be made to identify, understand, and comply with, the religious and cultural needs of the deceased and families. The information provided below is a broad summary of various religious traditions. A great degree of individual variation may of course be encountered in the observation of such traditions.

Use these general guidelines for how to interact with members of different faiths and traditions. Note that it would be impossible to list all religious and cultural traditions or groups. Those listed here are among those expected to be most likely encountered.

WHEN REQUESTS CANNOT BE MET5

A mass fatality is, by nature, a traumatic large-scale event for a jurisdiction that will place extraordinary demands on the local ME Office. If the mass fatality is the result of a crime or terrorism, that will further complicate and expand ME Office responsibilities.

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⁴ The primary source for this section is The Needs of Faith Communities in Emergencies: Some Guidelines: http://interim.cabinetoffice.gov.uk/media/132745/faith communities.pdf

⁵ Family Concerns and Religious/ Cultural Considerations. Advanced Practice Centers

As a result, religious and cultural beliefs and practices may lead to requests irreconcilable with the demands on the disaster response. Whether the response team can meet requests at all or can only meet some requests partially, it is critical to convey this information with compassion and sensitivity.

CORE FUNCTIONS & SPECIFIC FAITH COMMUNITY INFORMATION

- Communicate with families. Explain why requests cannot be met and assure them of the ME's commitment to treating their loved ones with dignity and respect.
- Consider having representatives of impacted faith communities bless the incident site and morgue daily.
- Inform appropriate faith and ethnic community leaders about the role of the ME Office in a mass fatality:
 - Commitment to treating the dead with dignity and respect.
 - Determination of the deceased's identification.
 - Determination of the cause of death.
 - Death notification.
- Explain the reasons why requests cannot be met or can be only partially met with compassion and sensitivity. Affirm the ME's professionalism and commitment to treating the dead with dignity and respect.
- Seek the support and leadership of appropriate faith, cultural/ethnic communities during this difficult time in providing information to families and communities that are impacted.
- Keep the Incident Command and Joint Information Centers informed of these concerns so that public communications are culturally competent and respectful.

Buddhist

After death, the body of the deceased may be handled by non-Buddhists. In some cases a monk may perform some additional chanting, but this is not a universal practice. There are no objections to post-mortems.

Preparation of the body for the funeral is generally left to the undertaker, but in some instances relatives may also wish to be involved. The deceased may be put in a coffin, or wrapped in cloth (sometimes white), or dressed in the deceased's own clothes. The deceased may be surrounded by candles, flowers, incense, photographs and colored lights, but this is a matter of individual

choice and there are no hard-and-fast rules. The deceased is usually cremated, at a time dependent upon the undertaker and the availability of the crematorium's facilities.

Confucianism, Taoism, Astrology: Some Commonalities

After death, undertakers handle the deceased. Some undertakers in areas with long established Chinese populations, for example, are accustomed to needs such as embalming and the deceased being fully dressed in best clothes including shoes and jewelry. In such areas some cemeteries have a Chinese section.

Burial or cremation may take place a week after the person has died. If the deceased is a child, parents may not want to visit the Morgue. A close relative might be asked to deal with any viewing of the deceased.

Christians (An Overview)

The choice between cremation and burial can either be a matter of personal choice or a denominational requirement. In all cases, the wishes of the deceased's family, or friends, should be sought if possible. If the wishes cannot be determined, then Christians should be buried. Individual Christian denominations are listed alphabetically below.

Christian Scientists

Questions relating to care of the body should be answered by the individual's partner/family. In general, Christian Scientists request that, whenever possible, the body of a female should be prepared for burial by a female. The deceased's family should answer questions relating to post mortem examinations.

Church Of Jesus Christ Of Latter-Day Saints (Mormons)

The Church takes no position on post mortem examinations. Church or family members will usually arrange for the deceased to be clothed for burial.

Burial rather than cremation is recommended by the Church, but the final decision is left for the family of the deceased.

Hindus

It is preferred if all Hindu bodies can be kept together after death. A deceased Hindu should be placed with the head facing north and the feet south.

Cleanliness is important and the body can be undressed and cleaned, but the family should be consulted where possible. The arms should be placed to the sides and the legs should be

straightened. The face should be pointed upward with eyes closed and the whole body must be covered with white cloth. Any detached body parts must be treated with respect as if they were a complete body. Post mortems are permitted, usually with prior agreement of the immediate family.

When a person dies their body is washed, dressed in new clothes and flowers are placed around it.

The bereavement in the family lasts a minimum of two weeks during which several rituals are followed. Hindus believe in cremating the body so that the soul is completely free of any attachment to past physical matter.

Humanist

No specific requirements. The choice between cremation and burial is a personal one, although cremation is more common. Most will want a humanist funeral, and crosses and other religious emblems should be avoided. However, since many humanists believe that when someone dies the needs of the bereaved are more important than their own beliefs, some may wish decisions about their funeral and related matters to be left to their closest relatives.

Jain

There are no specific rituals in Jain philosophy for this event. Bodies are always cremated and never buried except for infants. Cremation must be performed as soon as practicable, even within hours if possible, without any pomp. Many Jains still pursue Hindu customs as a family preference. All normal practices of undertakers are acceptable if handled with respect. Family members normally provide the dress and accessories for the preparation and final placement in the coffin.

Jehovah Witness

If a post mortem is required by law, the wishes of an appropriate relative should be ascertained and, if possible, their wishes observed. The deceased may be buried or cremated, depending on personal or family preferences and local circumstances.

Jewish

The prompt and accurate identification of the dead is particularly important for the position of a widow in Jewish law. Post mortems are forbidden unless ordered by the civil authorities. Body parts must be treated with respect and remain with the corpse if possible. When a person dies, eyes should be closed and the jaws tied; fingers should be straight. The body is washed and wrapped in a plain white sheet, and placed with the feet towards the doorway. If possible it

should not be left unattended. For men a prayer shawl, *tallit*, is placed around the body and the fringes on the four corners cut off.

The *Chevra Kadisha* (Holy Brotherhood) should be notified immediately after death. They will arrange the funeral, if possible before sunset on the day of death, but will not move the body on the Sabbath. Coffins are plain and wooden (without a Christian cross). Someone remains with the body constantly until the funeral. It is not usual to have floral tributes. Orthodox Jews require burial but Reform and Liberal Jews permit cremation.

The burial should take place as quickly as possible after death. The body should not be left alone as this is thought to be disrespectful. The body will be washed thoroughly, male bodies by men and female bodies by women. It is then placed in a simple unpolished box with no handles and padding. This is to symbolize that in death all are equal, despite personal wealth.

Muslim

As a Chaplain, in a death situation you should **NEVER** touch the body, whether male or female. The safest guideline is also to never touch a family member. The best advice for viewing the deceased after death would be to escort the family in and then stand off to the side, out of the line of sight. You are there to help if needed, not pretend to be part of the family. Try to identify who is the effective leader within the family. That person should be the one approached with practical details, rather than presuming that it would be the next of kin.

Muslim dead should be placed in Holding Audit Areas or temporary mortuaries, and ideally be kept together in a designated area (with male and female bodies separated). Post mortems are acceptable only where necessary for the issue of a death certificate or if required by the Medical Examiner.

Ideally only male Muslims should handle a male body and female Muslims a female body. The body should be laid on a clean surface and covered with a plain cloth, three pieces for a man and five for a woman. The head should be turned on the right shoulder and the face positioned towards Makkah.

As soon as possible after death the body is given a ritual washing called Ghusl. This is to wash away all sin so the body can meet Allah in a pure state. The deceased is anointed with perfumes and spices and wrapped in white cloth, usually the Ihram clothes used for the Hajj. This ritual is the same for rich and poor, in death, Muslims believe all are equal.

Muslims try to bury the deceased within 24 hours of death if possible. They believe that the soul departs at the moment of death. The deceased is placed with their head facing the Muslim holy city of Makkah.

Ritual washing is performed usually by family members or close friends, usually according to the sex of the deceased. The body is wrapped in a shroud of usually simple, white material. Afterwards, salat (prayers) will be said for the deceased.

Next of Kin or the local Muslim community will make arrangements to prepare the body for burial. Muslims believe in burying their dead and would never cremate a body. Burial takes place quickly, preferably within 24 hours.

Scientology6

A Scientology funeral is led by a Scientology minister who may lead with any number of different Scientology funeral ceremonies which typically include special readings from founder Ron. L. Hubbard. The funeral service might be said over the remains of the deceased or at a memorial without the physical remains present. The service is usually held in a Scientology chapel.

Because Scientologists attach very little meaning to the physical body, there are no specific guidelines which must be followed regarding the way physical remains are treated. The remains of the deceased may be cremated or interred, according to their wishes or those of their family. The casket, urn or photo of the deceased is usually present at the service.

Scientology views the spiritual self, known as the "thetan" (From the Greek letter Theta), as being the individual, and perceives the body as simply a vehicle by which they interact with each other and the physical universe. Each thetan is believed to be billions of years old, passing from one human life to the next through reincarnation. That process happens automatically, without need for special ceremony or ritual. There is no talk about either heaven or hell.

The deceased is often spoken to directly during the service, thanking the departed for spending time on Earth, praising or acknowledging life attributes or achievements, bidding them farewell, and wishing them well in their future existence. Services often conclude with Hubbard's message:

"You are a spirit
You are your own soul
You are not mortal
You can be free"

6 Derived from: http://www.funeralwise.comustoms/scientology

Non-Scientologists are welcome to attend any portion of the funeral service.

Sikh

The five Ks (5 Ks are five physical symbols worn by Sikhs i.e. underwear 'kachha; wristband 'kara'; sword 'kirpan' unshorn hair 'kes' and comb 'kanga') should be left on the dead body, which should, if possible, be cleaned and clothed, in clean garments before being placed in a coffin or on a bier. According to Sikh etiquette, comforting a member of the opposite sex by physical contact should be avoided, unless those involved are closely related. Deliberate expressions of grief or mourning by bereaved relatives are discouraged, though the bereaved will want to seek comfort from the Sikh scriptures. The dead person should always be cremated, with a close relative lighting the funeral pyre or activating the machinery. This may be carried out at any convenient time. The ashes of the deceased may be disposed of through immersion in flowing water or dispersal.

Other Social and Ethnic Customs

Many ethnic groups have traditions that overlay religious rites. To the extent possible these should be acknowledged and efforts to meet them should be addressed with the individual families. Caution must also be taken regarding all of these traditions not to stereotype anyone, just assume they follow specific customs.

In addition to the need to address religious traditions, other groups also have special customs. For example, in a mass fatality event, fire fighters, law enforcement officers and military personnel may be involved. Each of these groups has its own customs and traditions that are taken seriously. Advice should be sought from members, preferably clergy, of these professions in dealing with these cases.

APPENDIX 2. CULTURAL, RELIGIOUS & SPIRITUAL GUIDE FOR TALKING WITH FAMILIES7

Notifying families regarding the status of their loved ones' recovery and identification

Staff members will be assigned responsibility for providing notification and updates by the Health Care Agency's Department Operations Center. Families need to be assured that spokespersons are releasing accurate information that was officially issued by the Agency. Warn families that rumors will abound but only information and notification provided by the Health Care Agency through a Public Information Officer and/or Family Assistance Center (FAC) is credible and that information from other sources (e.g. the media, Internet, other residents, etc.) may not be correct.

It is extremely important to families and loved ones to find out:

- where notification occurs,
- which family members are notified, and
- how information will be provided and how they will be contacted.

Mass fatality experience indicates that families and partners should be given the choice to be notified at the FAC or at a location they choose that is convenient for them.

How are identifications made?

- Provide information on all methods of identification that will be used.
 - Explain what each method involves and its reliability.
- DNA testing, in particular, involves considerations that should be explained to families.
 - Make copies of *Identifying Victims Using DNA: A Guide for Families*, Appendix G in the National Institute of Justice's *Lessons Learned From 9/11: DNA Identification in Mass Fatality Incidents*, September 2006. This guide is available in English and Spanish at: http://www.ncjrs.gov/pdffiles1/nij/214781.pdf.
 - Give families a realistic timeframe for DNA testing (e.g., may take 6-12 months before identifications can be made).

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⁷ Family Concerns and Religious/ Cultural Considerations. Advanced Practice Centers

 Tell families that during the DNA identification process, no material will be released until DNA testing of all common tissue is completed or at the discretion of the ME Office in consultation with families.

When and how will victims' personal effects and belongings be returned to families?

- A loved one's personal effect(s) may be very important to the family.
- The process for recovering and returning personal effects must be established as soon as possible after the incident and understood by all involved agencies.
- The process needs to be communicated to families so that they understand it and know how long it will take until personal effects are returned.
 - If the incident is the result of a crime, some or all personal effects may be evidence and cannot be returned until after the trial.

Can families go to the incident site?

For many families, being able to go to the incident site is extremely beneficial. It allows them to feel close to their deceased loved ones, imagine their last moments, honor them and say goodbye.

- Visits to the incident site should always be coordinated with the organization that has jurisdiction at the site (local ME, FBI for crimes, and National Transportation Safety Board for commercial airline accidents).
 - Spiritual care and mental health personnel should be present during visits and available to family members.
- If the visit takes place during recovery, work should stop to show respect.
- Visiting families should not be exposed to bodies, body parts, or personal effects.
- Separate visits should be arranged for families of surviving victims and for families of deceased.
- Prepare families for what they will see—describe conditions, the destruction/wreckage, and the odors.

What is the condition of the body/bodies?

A common wish of families is to know details of their loved one's final moments before and after death and a desire to know that their dignity was maintained. How the condition is explained requires compassion, honesty and tact.

- Provide context—explain the condition of physical structures and how the location of a victim in relation to the cause of the incident affects the condition of the body.
- Assure family members that the body of their loved one is treated with the highest degree of respect and dignity, regardless of its condition.
- Avoid these words or phrases: "damage to the body," "fragmentation," "dismemberment,"
 "pieces," "parts," "destroyed body parts," "damage to the body," and "the body is in bad
 condition."
 - Use these words or phrases: "severe," "significant," "trauma to the body" or "condition of the body."
 - Often family members prefer the term "loved one" to "victim."
 - Take cues from the family and tell them what they want to know. The amount of information families can handle is usually revealed by the questions they ask and their feedback.

Will an autopsy be performed?

- The nature of the incident and the decision of the local ME determine whether or not an autopsy is performed.
- Family requests, cultural customs, and religious beliefs that prohibit autopsies should be considered.
- If an autopsy is recommended, tell families why it is necessary.

How do families know that the information they receive will be accurate?

- Information regarding a mass fatality will become public through many sources—print media, television, radio and the Internet. Families need to learn about the death of a loved one from a credible source in a compassionate way—not through communications to the public.
- Remind families that information from any source other than officially recognized source(s)—which should be identified—may be inaccurate.

Provide families with written records to ensure that they have correct information.

How can families obtain copies of the ME's report?

- Many families want to go over the case or see photographs of their loved ones.
- Give families the name of the person or office established by the Department Operations Center as the contact point if they have questions.
- Assigned staff at Family Assistance Centers can explain to survivors how and when the reports will become available.
- As the disaster response effort is demobilized, decide on the ongoing form of communication regarding additional issues that may arise.

APPENDIX 3. INTERNATIONAL CONSIDERATIONS OF A MASS FATALITY EVENT

An incident of such scale as to require a mass fatality response will likely include victims of foreign nations. Such disasters will have an international dimension, in the causation, in the location, in the aftermath, international repatriation and/or in the nationality of victims.

Foreign nationals who die in Ventura County may be repatriated to their home country for a funeral. In these circumstances the Medical Examiner will need to issue formal documentation authorizing the deceased to be taken outside the County.

Special considerations may need to be made for victims who are to be repatriated abroad e.g., the necessity for embalming prior to transportation.

The following guidelines are from the PAHO Mass Fatality Checklist.8 "Mass fatality incidents may involve foreign nationals. These may be foreign workers living in the affected areas, tourists, illegal immigrants or relatives of affected families."

- This Mass Fatality Catastrophe Plan will be distributed as needed to foreign embassies or consulates of countries from which large tourist (or visitor) populations arise.
- Many countries deal with illegal immigrants on a regular basis and therefore procedures should be available to support this element of the plan. Include all provisions for repatriation of victims to home country – consult with Immigration and Attorney General's chambers and consider finances for such actions.
- Department of Foreign Affairs, the Governor's Office and/or State OES should be consulted
 on arrangements for returning victims who are foreign nationals who died in Ventura
 County. Arrangements for repatriating these victims should be developed.
- Consider special arrangements that may be required such as embalming and how death certificates will be issued.
- In the event that tourists or high level officials are involved and their remains are being shipped, consideration must be given to the sensitivity of such situation and the controlled release of information to the local and international media. Consult the Pan American Health Organization/World Health Organization resolution on the International Transportation of Human Remains (1966). Also arrange as needed to contact INTERPOL:
 - http://www.interpol.int/Public/DisasterVictim/Guide/appendices.asp#c

⁸ Mass Fatality Plan Checklist for Ministries of Health and National Disaster Offices http://www.paho.org/english/dd/PED/deadbodies5checklist.htm

DEATH CERTIFICATION

At the conclusion of any Medical Examiner's proceedings, the Registrar of Deaths will be notified so that a Death Certificate can be issued. It should be noted, however, that a Medical Examiner's Interim Certificate may not be sufficient to satisfy legal procedures overseas.