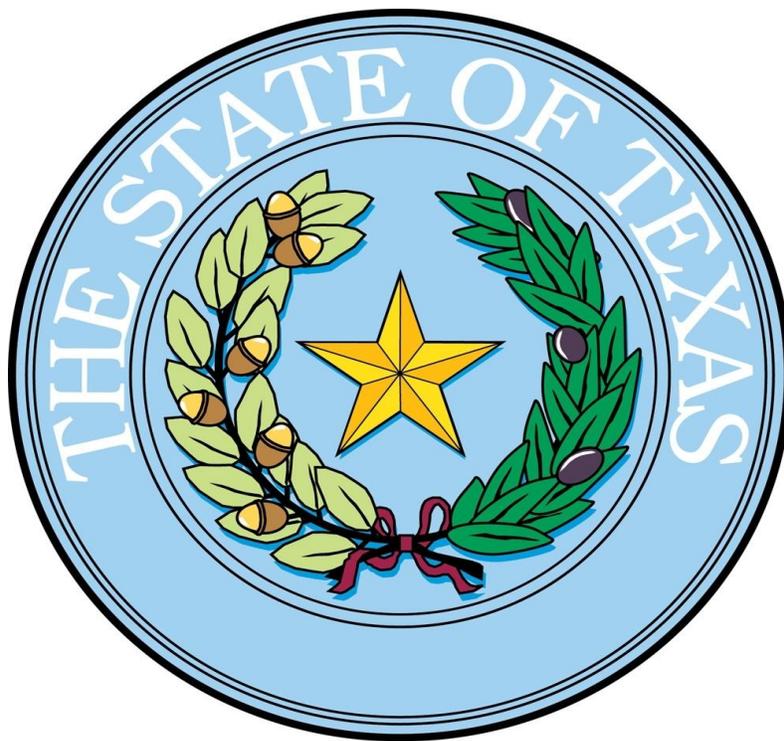


**APPENDIX 4  
to  
ANNEX H**



**MASS FATALITY  
MANAGEMENT**

**APPROVAL AND IMPLEMENTATION**

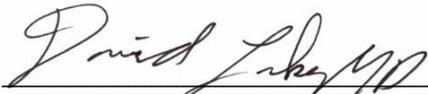
**Annex H**

**HEALTH AND MEDICAL SERVICES**

**Appendix 4**

**MASS FATALITY MANAGEMENT**

This Appendix is hereby approved for implementation.



David Lakey, M.D., MPH  
Commissioner of Health

December 14, 2009

Date



## **APPENDIX 4**

### **MASS FATALITY MANAGEMENT**

#### **I. AUTHORITY**

##### **A. STATE**

1. See Section 1 of the State of Texas Emergency Management Plan, Basic Plan and Annex H.
2. Health and Safety Code, Chapter 81. Communicable Diseases.
3. Health and Safety Code, Chapter 121. Local Public Health Reorganization Act, Subchapter B. Health Authorities.
4. Health and Safety Code, Chapter 161. Public Health Provisions, Subchapter A. Immunizations. Section 161.00705 Recording Administration of Immunization and Medication for Disasters and Emergencies.
5. Health and Safety Code, Chapter 193. Death Records: Section 193.010 Certificate of Death by Catastrophe.
6. Health and Safety Code, Chapter 671. Determination of Death and Autopsy Reports.
7. Health and Safety Code, Chapter 694. Burial.
8. Health and Safety Code, Chapter 695. In-Casket Identification.
9. Health and Safety Code. Chapter 711. General Provisions Relating to Cemeteries.
10. Health and Safety Code, Chapter 713. Local Regulation of Cemeteries.
11. Health and Safety Code, Chapter 714. Miscellaneous Provisions Relating to Cemeteries.
12. Health and Safety Code, Chapter 716. Crematories.
13. Code of Criminal Procedure. Chapter 49. Inquests upon Dead Bodies. Subchapter A. Duties performed by Justices of the Peace. Subchapter B. Duties performed by Medical Examiners.
14. Occupations Code. Subtitle L. Chapter 651. Cemetery and Crematory Services, Funeral Direction and Embalming.

##### **B. FEDERAL**

1. Aviation Disaster Family Assistance Act of 1996

2. Foreign Air Carrier Family Support Act of 1997
3. Rail Passenger Disaster Family Assistance Act of 2008

<b>II. PURPOSE</b>
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The purpose of this appendix is to identify actions to be taken during the state response to support local jurisdictions in a mass fatality event. This appendix defines a concept of operations for the fulfillment of NIMS compliant organizational roles and responsibilities for state agencies, and recommends the same for local and regional responders. Primary objectives in mass fatality management include handling human remains in a dignified, respectful, timely, methodical, and safe manner; accomplishing the identification of victims and the certification of cause and manner of death; and advancing to the final disposition of remains according to the wishes of the next of kin, whenever possible.

<b>III. EXPLANATION OF TERMS</b>
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**A. ACRONYMS**

CDC	Centers for Disease Control and Prevention
DHHS	United States Department of Health and Human Services
EMC	Emergency Management Coordinator
FAC	Family Assistance Center
HSR	Health Service Region
LHD	Local Health Department
JP	Justice of the Peace
NTSB	National Transportation Safety Board
PPE	Personal Protective Equipment
RAC	Regional Advisory Council (Trauma Service Area)
TFSC	Texas Funeral Service Commission

**B. DEFINITIONS**

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

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

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

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

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

Death Registration: The process of reporting facts of the death to required public authorities for use in producing a death certificate. In Texas, the person in charge of interment or in charge of removal of a body from a registration district for disposition of human remains is responsible for electronically filing required death certificate information.

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

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

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

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

Interim Storage of Human Remains: The temporary storage of human remains until final disposition can be accomplished. Methods include cold storage using a variety of means, or sites for temporary in-the-ground interment.

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

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

Mass Human Fatalities: An incident, disaster, or public health emergency where more human deaths have occurred than can be managed with local or regional resources.

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

Medico-legal: Of or pertaining to law as affected by medical facts.

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

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

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

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

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

Public Health Emergency: An occurrence or imminent threat of an illness or health condition caused by bioterrorism, epidemic or pandemic disease, or novel and highly fatal infectious agent or biological toxin, that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability.

Unnatural or unexplained deaths: Include homicides, suicides, unintentional injuries, drug-related deaths, and other deaths that are sudden or unexpected, as opposed to natural deaths caused by known disease or old age.

## IV. SITUATION AND ASSUMPTIONS

### A. SITUATION

1. Mass human fatalities may occur as the result of catastrophic incidents, disasters, or public health emergencies. Initially, mass human fatalities should be considered unnatural or unexplained deaths requiring medico-legal investigation.
2. Mass human fatality events involving infectious disease outbreaks fall under health authority jurisdiction to investigate. The result of this investigation will be the case definition for use in certification of death by medico-legal authorities.
3. Texas law requires that every human death be officially pronounced, certified, and registered by appropriately licensed professionals prior to the final disposition of remains.
4. During an emergency the Governor may determine that it is necessary to suspend procedural laws and rules related to the pronouncement, certification and registration of deaths. The data and biometric identifiers necessary for accomplishing these procedures should still be methodically collected and appropriately stored to effectuate the purpose of those laws whenever possible.
5. The certification of death involves determining the cause and manner of death. Licensed treating or primary-care physicians are authorized to certify natural deaths.
6. Deaths of unidentified individuals, children, and unnatural deaths fall under the jurisdiction of the local medico-legal authority. Such deaths must be reported to the

local medico-legal authority as soon as possible and prior to movement of the body, outside of rescue and resuscitative efforts.

7. The scope of a medico-legal death investigation, although somewhat variable, generally includes investigation of the scene of the death, collection of evidence, external examination of the body, an autopsy, tests of body tissues or fluids, and the completion of a death certificate. The scope of the investigation is determined by the medico-legal authority in the jurisdiction where the death occurred.
8. The State of Texas has a mixed medico-legal system for the investigation of deaths of unknown cause and/or manner.
9. There are 14 County Medical Examiner Offices covering 16 counties. The remaining 238 counties rely on elected Justice of the Peace (JPs) for medico-legal death investigation (see Attachment 1). Many counties without a Medical Examiner Office contract with the closest Medical Examiner's office and/or with private forensic pathologists to provide determination of cause and manner of death.
10. Texas does not have a State Medical Examiner. Standards, protocols and access to highly specialized technical services or laboratories vary from county to county.
11. Medical determination of cause of death can take months to complete depending on the steps needed to achieve identification of the decedent and the laboratory steps needed for completion of an autopsy, which can be either case-dependent or capacity-driven.
12. Deaths are investigated for both criminal justice and public health purposes.
13. While death registration requires the determination of cause and manner of death, it is possible to secure an interim death certificate that states cause of death is pending. Interim death certificates allow progress towards the final disposition of human remains.
14. Persons handling human remains will be at risk of blood borne or body fluid exposure requiring universal precautions, and proper training for handling the dead. Handling contaminated remains require additional precautions and personal protective equipment (PPE).
15. Media interest will be high in an event involving mass fatalities. Media should be restricted from entering mass fatality scenes, mortuary operations, or family assistance centers.

## **B. ASSUMPTIONS**

1. Disasters resulting in mass human fatalities have the potential to quickly overwhelm resources of a jurisdiction and it may be several days before a coordinated response can begin. Local jurisdictions that are overwhelmed will likely seek assistance at the regional and/or state level.
2. Family assistance center operations for disasters involving aviation accidents, unless they are military or intelligence agency-related, and selected rail, highway, marine,

pipeline or hazmat accidents will be the responsibility of the National Transportation Safety Board (NTSB) to coordinate.

3. It may take a considerable length of time to recover, identify and determine the cause and manner of death after a mass human fatality event.
4. A severe pandemic event may take longer to resolve and may require extensive interim in-the-ground interment of human remains.
5. A mass fatality event may be the result of exposure to chemical, biological, radiological, nuclear or explosive agents.
6. Specialized assets to assist with decontamination of victims of exposure to chemicals, radiological or biological agents may be required.
7. Trainings for various audiences will be needed to ensure that response activities can be communicated both to the general public and to grieving families in a mass fatality event.
8. Cultural and spiritual concerns should be considered by all agencies and organizations responding to an event resulting in mass fatalities. State agency chaplaincy staff may be considered a state asset and be requested as a state resource.
9. Medico-legal authorities and death care providers will experience usual caseload as well as an increased caseload from the incident, disaster or public health emergency, including a possible increase in intentional and unintentional deaths precipitated by the mass fatality event.
10. In a severe pandemic wave the total number of fatalities occurring within a particular jurisdiction is estimated to be that which usually occurs over a six month period.
11. Due to the prolonged time frame and the geographic area affected by a severe pandemic, federal resources will not be available to provide assistance. Unlike most disasters where geographic and time limits exist, a pandemic will likely result in insufficient death care providers and the development of local contingency plans for conducting mass fatality operations is imperative. Interim in-the-ground storage of human remains will likely be the only viable option for respectfully managing the number of decedents.
12. When considering locations for temporary in-the-ground storage of remains, it should be assumed that families will want the bodies of their loved ones as close to home as possible.
13. Public education during and after a mass fatality event will prove extremely beneficial in calming the fear and anxiety of relatives and the community.
14. An information management system will be an important component of mass fatality management. The system should have the capacity to track the movement and storage of the deceased, and manage data needed to accomplish identification and

cause of death. The system should link to other systems used to collect information from the public on missing persons.

15. Medico-legal authorities should be included in communications interoperability plans and procedures at local and state levels.

## **V. CONCEPT OF OPERATIONS**

- A. All mass human fatality response operations will follow the NIMS and the National Response Framework (NRF) structure.
- B. When a catastrophic event with the potential for mass fatalities occurs, DSHS may activate the DSHS Multi-Agency Coordination Center (MACC) to maintain contact with the impacted jurisdiction, monitor the incident, facilitate the processing of local requests for assistance, and act as a liaison to state, other state, federal and private organizations. In certain disasters or public health emergencies, DSHS may determine the need to preposition State fatality surge assets.
- C. For State response actions, DSHS and TDEM will coordinate with medico-legal authorities in impacted areas.
- D. Incident specific case management consists of coordinating multiple functional areas, including:
  1. Tracking System Activation
  2. Family Assistance Center Operations
  3. Remains Recovery
  4. Holding Morgue Operations
  5. Pre-processing Transportation and Storage
  6. Morgue Operations
  7. Post-processing Transportation and Storage
  8. Remains Release for Final Disposition
- E. Local requests for surge equipment, supplies, and personnel may be made according to established protocols for emergency assistance requests as outlined in the State of Texas Emergency Management Basic Plan. This should be done in coordination with the Local Health Department (LHD) or Health Service Region (HSR) office (in counties without local health departments) and the local medico-legal authority. State fatality surge resources will be placed under the responsibility of the local medico-legal authority.

## **VI. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES**

### **A. ORGANIZATION**

Decisions to initiate a request for state assistance in managing mass fatality events are made on a community-by-community basis by local health authorities in coordination with local medico-legal authorities, County Judges, Mayors and Emergency Management Coordinators. DSHS provides technical support and guidance to affected local officials and responding state agencies. Direction and control of state fatality surge resources and

activities will be conducted from the SOC in coordination with the DSHS Multiagency Coordination Center.

## **B. ASSIGNMENT OF RESPONSIBILITIES**

### 1. General

Primary and support agencies listed in this plan are responsible for the following tasks:

- a. Ensure personnel understand their roles and responsibilities during mass fatality response operations.
- c. Ensure response personnel are appropriately trained in accordance with NIMS guidelines and provided with appropriate personal protection equipment (PPE) and/or DSHS-recommended prophylactic vaccines or medications.
- d. Develop operating plans and procedures describing how responsibilities assigned in this document will be fulfilled.
- e. Identify staffing requirements and maintain current notification procedures to ensure appropriately trained agency personnel are available for mass human fatality response operations.
- f. Participate in planning, exercises, and development of after action reports (AAR) for updating plans.
- g. Identify State assets/resources which could be used for interim storage of human remains and coordinate with the LHD or HSR to incorporate inclusion of these resources into local and regional mass human fatality plans.

### 2. Primary Agency

- a. The **Department of State Health Services (DSHS)** is responsible for coordinating State health and medical services. It is the primary state agency for coordination of mass human fatality response operations. As the primary agency, DSHS will:
  - 1) Provide disaster, catastrophic incident and/or public health emergency scenario-based fatality projection methodology, and resource assessment tools for LHD, HSR, RAC, and State mass fatality management planning.
  - 2) Make recommendations to the Office of the Governor and the Chief of TDEM about the necessity of requesting federal mortality surge resources. This decision will be made in collaboration with local officials, HSR Directors, and federal officials.
  - 3) Continue to develop disease surveillance networks to include medico-legal authorities. Provide ongoing education and updates about potential epidemic diseases and disease outbreaks to local health departments, health practitioners and medico-legal authorities to increase awareness and facilitate relationships for prompt response.

- 4) If indicated, coordinate the collection of blood and tissue samples from medical examiners for additional scientific study.
- 5) Coordinate with the Centers for Disease Control and Prevention (CDC) to develop and adopt a standard case definition for infectious disease fatalities in a public health emergency or disaster. Communicate this definition to local and regional health authorities across the state.
- 6) Provide incident-specific guidance on appropriate preventive protections for responders engaged in mass fatality response operations.
- 7) Coordinate the initiation of appropriate disease control measures at all levels of public health, including LHDs, HSRs and DSHS Austin.
- 8) Maintain and promote compliance with the Texas Electronic Death Registration system wherein licensed death care providers, physicians, justices of the peace, medical examiners, and local registrars may report, electronically sign, certify, or verify the Certificate of Death. Coordinate with local medico-legal and public health authorities to implement the alternative disaster-related mortality surveillance system if necessary.
- 9) Coordinate with the Texas Funeral Service Commission to develop plans and guidelines for long-term storage of human remains that include temporary in-the-ground interment for potential use in an event involving mass fatalities.
- 10) Coordinate Family Assistance Center operations (unless the NTSB is involved) to include sharing information with, providing physical, psychological, emotional and spiritual support services for, and obtaining before-death information about the deceased from family members to aid in identification efforts.
- 11) Coordinate the provision of behavioral support services to first responders in a mass fatality event.
- 12) Provide guidance for fulfilling public health and medical mass fatality responsibilities to LHDs, HSRs, and Regional Advisory Councils (RACs).
- 13) Provide guidance on safe handling of human remains and methods for interim storage of human remains.
- 14) Assemble a state cache of fatality surge resources, including the development of State Disaster Mortality Strike Teams that can be deployed to provide assistance to local jurisdictions upon request.
- 15) Coordinate state decision-making regarding resource allocations when prophylaxis or PPE resources are scarce or arrive in multiple shipments over extended periods of time.
- 16) Communicate mass fatality related issues with state and federal leadership and external response partners as deemed necessary. Take a leadership role in coordinating resources from other states negotiated through the use of

Emergency Management Assistance Compacts (EMACS) and/or the request for federal Disaster Mortuary Operational Response Teams (DMORT).

- 17) Coordinate mass human fatality response with Mexico.
  - 18) Maintain the Public Health Information Network (PHIN) and redundant communication systems for rapidly disseminating health alerts to health and medical providers, including medical examiners and death care providers at local, regional, state and federal levels. Maintain updated emergency contact lists and test alert capacity regularly.
  - 19) Include in the DSHS Crisis and Emergency Communications (CERC) guidelines content appropriate to a mass fatality event.
  - 20) Review after-action reports and update the state mass fatality plan and guidance to incorporate lessons learned.
- b. **Health Service Regions (HSRs)** serve as extensions of the DSHS Austin office, supporting LHDs located in their respective regions and serving as the local health authority for counties without a local health department. When fulfilling regional coordination responsibilities, HSRs will:
- 1) Assist in identifying guidance needed, and in providing technical assistance to LHDs and counties without LHDs in developing and exercising local mass fatality plans.
  - 2) Coordinate with local health authorities and the State Epidemiologist to develop consensus recommendations on case definitions and health and safety issues in an incident involving mass fatalities from communicable disease.
  - 3) Work with the General Land Office (GLO), the Texas Funeral Service Commission, the Texas State Cemetery, and the Texas Commission on Environmental Quality (TCEQ) to identify at least one site suitable to serve as interim in-the-ground storage for human remains
  - 4) Assist in implementing disaster-related mortality surveillance when a mass-fatality event crosses jurisdictional lines.
  - 5) Utilize the Public Health Information Network (PHIN) and redundant communication systems to rapidly disseminate and receive health alerts.
  - 6) Assist in the recovery and return of State fatality surge resources.
- c. **Regional Advisory Councils (RACs)** coordinate hospital preparedness and response activities within trauma service area boundaries. RACs will:
- 1) Provide templates for hospital level fatality surge plans.
  - 2) Assure RAC participating hospitals have developed facility plans that provide for an increase of 5% in morgue capacity.

3) Assist in the identification of local medico-legal authorities and represent participating hospitals in the development of local and regional mass fatality plans.

d. **Local Health Departments/Districts and HSRs** (when fulfilling LHD recommended responsibilities for counties without an LHD). In coordination with medico-legal authorities and emergency management officials, LHDs will:

- 1) Take a leadership role in the development and exercise of local mass fatality plans.
- 2) Identify the surge capacity of the various agencies and local death care providers to strengthen and sustain local medico-legal authority response.
- 3) Assist in determining the need for requesting state fatality surge resources.
- 4) Work with local authorities to pre-identify multiple sites for the interim storage of human remains.
- 5) Coordinate with Tribal Governments within the jurisdiction to develop plans for mass fatality management and develop MOUs as indicated.
- 6) Coordinate mass fatality planning with neighboring jurisdictions including Mexico border cities.
- 7) Utilize the Public Health Information Network (PHIN) and redundant communication systems to rapidly disseminate and receive health alerts.
- 8) Assist in implementing disaster-related mortality surveillance.

### 3. Supporting Agencies

a. Texas Division of Emergency Management (TDEM)

- 1) Coordinate planning and response operations of Emergency Management Council agencies to support local requests for assistance.
- 2) Collect information and provide situation reports to all interested parties as required by operational procedures and directives.
- 3) Determine the need for requesting the assistance of the Texas Military Forces in aspects of mass fatality response.
- 4) Coordinate with the Governor's Office in the establishment of a Joint Information System for the dissemination of information to the public.

b. Texas Department of Public Safety (DPS)

- 1) Work with local law enforcement to ensure security of mass fatality scenes and sites for morgue operations.

- 2) Serve as the State's central repository for information on unidentified human remains through its relationship with the University of North Texas Health Science Center,
  - 3) When requested by local medico-legal authorities, conduct DNA testing to assist in the identification of unidentified human remains.
  - 4) Assist in collecting and analyzing specimens from potential relatives of unidentified decedents.
  - 5) Serve as the State's central repository for information on missing persons through the Missing Persons Clearinghouse.
- c. Texas Funeral Service Commission (TFSC)
- 1) Provide guidance on potential sites for interim storage of human remains that include dimension specifications to assure separate space for each decedent, equipment requirements, and protocol for eventual disinterment and return to families.
  - 2) Work with the General Land Office, Texas State Cemetery, Texas Commission on Environmental Quality, and each Health Service Region office to determine which State assets might be most suitable site(s) for long-term in-the-ground storage of human remains.
  - 3) Assist local jurisdictions in resolving issues related to cemetery washout.
  - 4) Encourage the participation of death care providers in local mass fatality planning.
  - 5) Recruit volunteer death care providers to serve on mortality response teams.
  - 6) Assist local authorities in returning human remains to the country of origin as required.
- d. Texas Department of Insurance (TDI)
- Assist family members of the deceased in locating insurance companies and offer consumer assistance to those who need help filing claims and understanding their rights and policies.
- e. General Land Office (GLO)
- Work with the Texas Funeral Service Commission, Texas State Cemetery, Texas Commission on Environmental Quality, and each DSHS HSR office to identify state lands for potential use as sites for interim in-the-ground storage of human remains

f. Texas State Cemetery

Work with the General Land Office, Texas Funeral Service Commission, Texas Commission on Environmental Quality, and each DSHS HSR office to identify state lands for potential use as sites for interim in-the-ground storage of human remains.

g. Office of the Attorney General (OAG)

Assist in resolving issues of authority in a disaster involving mass fatalities.

h. Texas Department of Criminal Justice (TDCJ)

Provide transportation assets in support of mortality surge operations.

i. Texas Engineering Extension Service (TEEX)

Assist local medico-legal authorities with mission planning to recover human remains and secure appropriate specialty mission resources as requested.

j. Texas Military Forces (TXMF)

Military support may be required for a number of mass fatality response activities. All requests for military support will be sent through TDEM and approved by the Office of the Governor. Upon request by TDEM, the Adjutant General's Department will provide available and/or qualified Texas Military Forces medical and medical support personnel and related resources.

- 1) Work with HSRs and LHDs to develop MOUs for military bases to serve as sites for the interim storage of human remains.
- 2) Coordinate with local emergency management officials and the Texas Funeral Service Commission to manage the initial response to cemetery washout situations.
- 3) Coordinate assets and manpower to support search and body recovery operations when needed.

k. Texas Voluntary Organizations Active in Disaster (TXVOAD)

Identify voluntary organizations to assist in providing support services in Family Assistance Centers.

l. Dept of Information Resources (DIR)

Provide technical guidance and direction to a committee of participating agencies, Medical Examiners, and Justices of the Peace to determine the feasibility of a statewide mass fatality incident management information system.

m. Health and Human Services Commission (HHSC) 2-1-1 Texas Information and Referral Network

Coordinate the referral of calls reporting a death to the local emergency operations center or Missing Persons Clearinghouse.

n. Texas Commission on Environmental Quality (TCEQ)

Provide technical expertise on environmental and ground and surface water protection issues in local or state consideration of potential sites for interim in-the-ground storage of human remains.

<b>VII. COORDINATION AND CONTROL</b>
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- A. Coordination and control of mass fatality response operations in Texas will be exercised in accordance with Section V.B and VI. of the Basic Plan, and in accordance with the NIMS and relevant National Response Framework (NRF) requirements.
- B. DSHS will manage mission tasking from the DSHS MACC. Each supporting agency/organization will retain administrative control over its own resources and personnel but will be under the operational control of DSHS. DSHS will coordinate mass fatality management activities with the SOC, DDC, DSHS Regional Operation Centers, Medical Operation Centers, EOCs and, as requested, regional MACCs.
- C. Management of mass fatality response operations are under the direction of the medico-legal authority in impacted jurisdiction(s). State mortality surge assets assigned to the medico-legal authority remain under that authority's direction and may be used in any way to supplement the medico-legal authority's operations.

<b>VIII. CONTINUITY OF OPERATIONS</b>
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- A. Lines of succession for personnel with emergency management responsibilities will be in accordance with existing policies and emergency management standard operating procedures (SOPs) of each agency/organization.
- B. Primary and supporting agencies will ensure their respective personnel are trained in accordance with NIMS guidelines, to respond as agency representatives. Agencies will identify and train alternate or backup personnel, ensuring these individuals understand lines of succession, pre-delegated authorities and responsibilities of their individual agencies, and ensure appropriate standard operations guidelines contain sufficient detail to attenuate and/or backup personnel can use them in performing their responsibilities.
- C. Primary and supporting agencies will ensure continuity of operations plans are developed to ensure that essential agency functions can continue during an event that results in mass fatalities.
- D. Public health agencies will strongly encourage and provide guidance to death care providers in their communities to develop business contingency plans for all hazards and continuity of operations plans (COOP) for pandemic disease.

## **IX. EXPENDITURES AND RECORD KEEPING**

- A. Each responding agency is responsible for maintaining records of all expenditures incurred during response operations for possible federal reimbursement.
- B. DSHS is responsible for establishing administrative controls beyond those outlined in the State of Texas Emergency Management Plan necessary to manage expenditure of funds and to provide reasonable accountability and justification for federal reimbursement in accordance with established guidelines. Processes and procedures for tracking expenditures and record keeping will be detailed in supporting SOPs.

## **X. DEVELOPMENT AND MAINTENANCE**

### **A. DEVELOPMENT**

This appendix is based on certain assumptions, and the existence of specific resources and capabilities may be subject to change. Flexibility is built into the implementation of this appendix. Some deviation in the implementation of the operational concepts identified in this appendix and DSHS' Pandemic Influenza Plan Operating Guidelines may be necessary to protect the health and safety of the public.

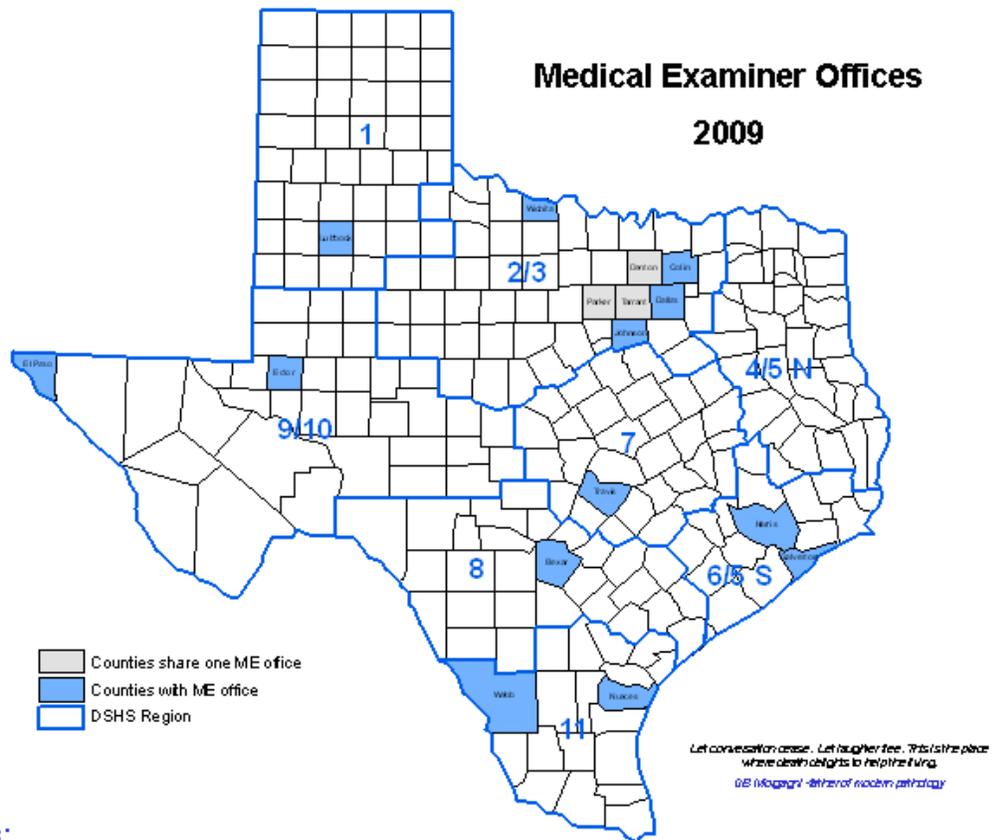
### **B. MAINTENANCE**

- 1. DSHS will review annually and update this appendix and supporting SOG/SOPs as needed. Revisions will reflect changes in statutes, rules and regulations, implementation procedures, improved capabilities, and correction of issues identified in exercises and actual incidents.
- 2. Supporting agencies and organizations should review their operating plans and procedures annually and update them as needed.

## **XI. REFERENCES**

State of Texas Pandemic Influenza Plan Operating Guidelines, Appendix G, Death Care

## Attachment 1: Medical Examiner Offices in Texas



### Facts:

- Texas has no State Medical Examiner (ME)
- Texas has a mixed medicolegal investigation system consisting of MEs and Justice of the Peace
- Texas law requires a medical examiner office in counties with a population of 1 million or more.
- There are currently 14 ME offices in Texas, covering 16 counties
- Population served by ME counties is ~ 12 million (59% of state)

### Medical Examiners are:

- Public officials; appointed by the County Commissioners Court
- Physicians licensed by the Texas State Board of Medicine
- Trained and experienced in pathology, toxicology, histology, and other medicolegal sciences

### Generally investigate deaths:

- When a person is killed, or dies an unnatural death from any cause, except under sentence of the law
- In prison or jail
- In the absence of one or more good witnesses
- When a person is found dead and the circumstances of the death are unknown
- When the circumstances are such as to lead to suspicion of unlawful means
- By suicide or suspected suicide
- When unattended by a duly licensed and practicing physician and the local health officer or registrar required to report the cause of death does not know the cause of death
- When the attending physician(s) cannot certify the cause of death
- Involving children under six years of age
- That happen within 24 hours after admission to a hospital or institution

**ProtectTexas**  
Department of State Health Services

Source: Texas Department of State Health Services,  
Community Preparedness Section, 2009-10