

# Mass Fatality Management Planning Toolkit



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## **OBJECTIVE**

To provide a planning guide to assist local jurisdictions in the development of an all-hazards mass fatality management plan.

## **PURPOSE**

1. Provide reference material to assist jurisdictional partners in the planning and management of mass fatality incidents (MFI) in a safe, legal, respectful, and resourceful manner.
2. Provide guidance to local jurisdictions to better their understanding of the agreements, arrangements, and processes needed to identify and enhance coordination between responsible agencies and the medicolegal authority.
3. Provide sample tools, forms, checklists, and flow charts for use by jurisdictional partners in developing plans for mass fatality management.
4. Provide examples of the types of religious and cultural accommodations, as well as social expectations, and individuals' preference for final disposition by the victim's next of kin.

## **AUTHORITIES**

### Federal

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

### State

1. State of Texas Emergency Management Plan, Basic Plan, Section 1, 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.

## **SITUATION AND ASSUMPTIONS**

1. Responsibility for mass fatality management is at the local level, regardless of the size or scope of the incident.
2. Support from higher levels (regional, state, and federal governments) is requested through proper emergency management channels when exhaustion of local assets is projected. Jurisdictions should coordinate with their local emergency management coordinator and respective Disaster District Committee (DDC) on planning for the resource request process before an incident occurs.
3. Planning should take place at the local jurisdiction level in coordination with all other response entities, agencies, and organizations involved, ensuring processes are already in place should an MFI occur.
4. The primary components of an MFI response are to: search and recover human remains and personal effects, manage temporary storage of human remains, perform postmortem processing of human remains, establish a Family Reception Center (FRC) and Family Assistance Center (FAC), and release human remains for final disposition.
5. Texas Code of Criminal Procedure Chapter 49 maintains that the local medicolegal authority retains the legal authority over the human remains involved in mass fatality incidents when the identities and cause and manner of death are unknown.
  - This differs from a public health disaster where the majority of the victims are identified and cause and manner of death is known which results in fewer cases that are medicolegal.
6. If the incident is suspected to be an infectious disease outbreak, the Department of State Health Services (DSHS) and its public health partners will coordinate with and provide guidance on the communicable disease investigation to the medicolegal authority.
7. The medicolegal authority has established and implemented daily processes, procedures and forms for inquests that could be adapted for use to manage mass fatalities.

## PLANNING RESPONSIBILITIES

### 1. LOCAL EMERGENCY MANAGEMENT ROLE

- a. Coordinate with the medicolegal authority to assign responsibilities to all agencies and officials.
- b. Ensure that jurisdictional planning partners are represented in mass fatality management planning meetings, including but not limited to:
  - i. Medicolegal Authority (Justice of the Peace [JP] or Medical Examiner [ME])
  - ii. Public Health
  - iii. Local Elected Officials
  - iv. Emergency Management
  - v. Public Information Officers
  - vi. Law Enforcement
  - vii. Fire/EMS/Hazmat
  - viii. Legal Counsel
  - ix. Healthcare and Regional Advisory Councils (RACs)
  - x. Behavioral Health Providers
  - xi. Victim Services Professionals (Criminal justice based)
  - xii. Non-Governmental Agencies and Volunteer Organizations Active in Disasters (VOADs)
  - xiii. Faith-Based Organizations
  - xiv. State/Federal Agencies
  - xv. Private Industry
  - xvi. Education Systems
  - xvii. Death Care Industry
- c. As a subset of the Public Health and Medical Annex to the State of Texas Emergency Management Plan, local Mass Fatality Management plans should address:
  - i. Incident Management
    1. Operational Command and Coordination
    2. Incident Notification & Assessment
  - ii. Incident Site Operations
    1. Incident Investigation
    2. Personal Effects & Evidence Recovery
    3. Human Remains Search & Recovery
    4. Human Remains Transport
  - iii. Morgue Operations
  - iv. Contaminated Human Remains
  - v. Victim Identification
  - vi. Human Remains Storage/Release
    1. Temporary Storage & Long-Term Storage
    2. Release
  - vii. Family Reception Center and Family Assistance Center
    1. Victim Information Center
    2. Family & Support Services

### 2. LOCAL MEDICOLEGAL AUTHORITY ROLE

- a. Participate and contribute to the development of a local mass fatality management plan.
- b. Coordinate with the local emergency management coordinator (EMC) to assign incident responsibilities to all local agencies and officials.
- c. Assume initially that mass fatality victims will require an inquest.

- d. Satisfy the legal requirements of Chapter 49 of the Texas Code of Criminal Procedure.
- e. Provide expertise and assist in developing local solutions for human remains search and recovery, temporary storage, human remains transport, morgue operations, antemortem data management, victim identification, determination of cause and manner of death, and release of remains for final disposition.
- f. Be familiar with the surge capacity of the various agencies and local death care providers (funeral homes, crematories, etc.) to strengthen and sustain local medicolegal authority response.

### 3. LOCAL HEALTH DEPARTMENT (LHD) AND HEALTH SERVICE REGION FULFILLING THE LHD ROLE

- a. Coordinate fatality management planning and support with neighboring jurisdictions.
- b. Coordinate with Tribal Governments within the jurisdiction to develop plans for mass fatality management and Memorandums of Understanding (MOU), if needed.
- c. Coordinate training and education about mass fatality response.
- d. Encourage and assist in the development and exercise of local mass fatality management plans.
- e. Work with authorities to pre-identify multiple sites for temporary storage of human remains, temporary morgue operations, and a Family Assistance Center.
- f. Determine, in conjunction with the medicolegal authority, a system to collect and disseminate antemortem data.
- g. Determine, in conjunction with the Health Service Region, how to conduct disaster-related mortality surveillance.
- h. Coordinate with planning partners to develop processes and protocols to identify behavioral health services to provide to survivors after a mass fatality incident.
- i. Coordinate with public health partners, including DSHS, to ensure processes and procedures are in place to assist in epidemiological investigations of deaths resulting from infectious diseases.
- j. Coordinate with planning partners to ensure processes and procedures are in place for human remains search and recovery, transportation, morgue and storage operations.
- k. Determine which communications systems will be used to rapidly disseminate and receive health alerts (i.e. the Public Health Information Network or PHIN).

### 4. HEALTHCARE COALITION ROLE

- a. Coordinate hospital preparedness and response activities within trauma service area (TSA) regions to include:
  - i. Coordinate surges of deaths and human remains storage at healthcare facilities.
  - ii. Coordinate healthcare role with local fatality management operations.
  - iii. Coordinate with local agencies the surge of concerned citizens at healthcare facilities to include family assistance centers and behavioral health support.
- b. Coordinate healthcare support for local and regional jurisdictions planning for a mass fatality incident.

### 5. HEALTH SERVICE REGION (HSR) ROLE

- a. Identify a regional mass fatality planner/coordinator and participate in state planning conference calls.
- b. Develop and maintain a regional mass fatality plan.
- c. Serve as extensions of the DSHS Austin office, supporting Local Health Departments (LHDs) located in their respective regions.

- d. Assist in identifying guidance needed, and in providing technical assistance to LHDs and counties without LHDs in developing and exercising local mass fatality plans.
- e. Assist in identifying guidance needed, and in providing technical assistance to Justices of the Peace (JP) or Medical Examiner (ME) in developing and exercising local mass fatality plans.
- f. Coordinate with planning partners to develop processes and protocols to identify behavioral health services to provide to survivors after a mass fatality incident.
- g. Coordinate with planning partners to ensure processes and procedures are in place for human remains search and recovery, transportation, morgue and storage operations.
- h. Coordinate with public health partners, including the local health department and DSHS central office, to ensure processes and procedures are in place to assist in epidemiological investigations of deaths resulting from infectious diseases.
- i. Coordinate with local health authorities and the State Epidemiologist to develop consensus recommendations on case definition and health and safety issues in an incident involving mass fatalities from communicable disease.
- j. Identify trained staff to assist the local jurisdiction in the activation and operation of the Family Assistance Center.
- k. Determine, in conjunction with the local health department, how to conduct disaster-related mortality surveillance.
- l. Determine which communications systems will be used to rapidly disseminate and receive health alerts (i.e. the Public Health Information Network or PHIN).

## 6. DSHS CENTRAL OFFICE ROLE

- a. Assist in the development of the mass fatality section of the Public Health and Medical Annex to the State of Texas Emergency Management Plan.
- b. Develop and maintain the DSHS mass fatality plan.
- c. Support the Health Service Regions in the development of their mass fatality plans by providing plan guidance and feedback.
- d. Coordinate with planning partners to develop processes and protocols to identify behavioral health services to provide to survivors after a mass fatality incident.
- e. Coordinate with public health partners, including the DSHS health service region, to ensure processes and procedures are in place to assist in epidemiological investigations of deaths resulting from infectious diseases.
- f. Coordinate with planning partners to ensure process and procedures are in place for human remains search and recovery, transportation, morgue and storage operations.
- g. Determine which communications systems will be used to rapidly disseminate and receive health alerts (i.e. the Public Health Information Network or PHIN).

## **ATTACHMENTS AND TABS INDEX**

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Tab B: Remains Released for Final Disposition Log

## ATTACHMENT 1: PLANNING CONSIDERATIONS

- A Mass Fatality Incident (MFI) is defined as an incident, disaster, or public health emergency where more human deaths have occurred than can be managed with local or regional resources.
- An MFI plan will provide the structure needed to implement and manage an effective response operation.
- An MFI will surge typical response capacity and capabilities for any jurisdiction; therefore, the planning and response phase of an MFI will require the coordination and cooperation of many local and regional partners to ensure that all aspects of an MFI management are addressed.
- Joint planning with emergency management, JP/ME, first responders, death care industries, public health, RAC, hospitals, VOADs, and private industry will lead to a better overall response.
- Estimates on the number of deaths, condition of human remains, and other MFI variables that would complicate the response should be considered in the planning process. Historical information from previous incidents may be useful in planning activities.
- Texas Code of Criminal Procedure divides the state into two different types of jurisdictions: those served by Medical Examiners and those served by Justices of the Peace. Determine which serves your jurisdiction prior to beginning the planning process for the local jurisdiction.
- Incident Command System (ICS) must be incorporated into planning and response efforts in order to establish a structured response to an MFI.
- The identification of communication systems and methods, and development of plans for the flow of information before an MFI occurs will aid in communication of necessary information to the appropriate personnel in a timely manner throughout the entire incident.
- Plan evaluations should be completed on a recurring basis to assess possible gaps in the plan, to identify and assign available resources and capabilities, and to identify any deficiencies in resources and personnel throughout the planning process.
- The identification of how to fulfill or obtain lacking resources is essential to the response, as MFI resources will be consumed very quickly during an MFI response.
- The Homeland Security Exercise and Evaluation Program (HSEEP) should be incorporated into training and exercising all MFI management plans. This will allow for different types of opportunities for planning and response partners to learn and practice various aspects of the plan enabling the identification and resolution of any shortfalls or missed areas in the plan.
- An MFI will require extensive amounts of personal protective equipment (PPE) to protect against potential diseases and infections. For more information, see Chapter 3 of Management of Dead Bodies after Disasters: A Field Manual for First Responders (<http://www.icrc.org/eng/assets/files/other/icrc-002-0880.pdf>)

### TAB TO ATTACHMENT 1:

- A. Mass Fatality Incident Management Planning Checklist

## ATTACHMENT 1 – TAB A: MASS FATALITY INCIDENT MANAGEMENT PLANNING CHECKLIST

This checklist is a tool to assist local jurisdictional planning partners in assessing readiness and identifying areas where further planning may be needed. Optimally, this checklist should be completed with the input and cooperation of local jurisdiction planning partners including the medicolegal authority, the local health department, the local emergency management coordinator, the hospital preparedness program contractor, and the health service region. This checklist may not address all MFI management planning activities. Jurisdictions should develop their plans based on the specific capacities and capabilities existing at the local and regional levels. The goal is a plan that addresses the management of an MFI in a well-coordinated and safe manner. This checklist contains references to materials that can be incorporated into planning efforts of local jurisdiction partners.

### PART A – IDENTIFICATION OF LOCALITY AND REPRESENTATIVES (POINT OF CONTACT)

<b>Locality (City or County)</b>						
<b>Name of Local Jurisdiction Representative</b>						
<b>Title and/or Position</b>				<b>Address</b>		
<b>Phone Number</b>	<b>Work</b>		<b>Fax</b>			
<b>OEM Representative</b>						
<b>JP/ME Representative</b>						
<b>LHD Representative</b>						
<b>HPP Contractor and/or RAC Representative</b>						
<b>HSR Representative</b>						
<b>LMHA Representative</b>						

PART B – PLANNING CHECKLIST				
Section 1	COORDINATION AND CONTROL			
	ACTIVITIES	YES	NO	RESOURCES/COMMENTS
A	Does your jurisdiction have a medical examiner? <i>If yes, proceed to C.</i>			
	<i>Notes/Comments:</i>			
B	Have you identified all of the Justices of Peace (JPs) in your jurisdiction? <ul style="list-style-type: none"> <li>○ Is a verbal or written agreement in place with an ME's office/private pathology office in another jurisdiction? If so, does it include MFI management?</li> </ul>			▶ Texas Judicial System Directory <a href="http://www.courts.state.tx.us/courts/jp.asp">http://www.courts.state.tx.us/courts/jp.asp</a>
	<i>Notes/Comments:</i>			
C	Have you identified your local health authority (ies)?			▶ Local Health Departments of Texas <a href="http://www.dshs.state.tx.us/regions/lhds.shtm">http://www.dshs.state.tx.us/regions/lhds.shtm</a>
	<i>Notes/Comments:</i>			
D	Has your jurisdiction determined who will oversee mass fatality planning and response?			
	<i>Notes/Comments:</i>			
E	Have the emergency management authority (ies), the medicolegal authority (ies), and the health authority (ies) met to explore issues of coordination and control?			▶ Code of criminal procedures: Chapter 49 Inquests Upon Dead Bodies <a href="http://www.statutes.legis.state.tx.us/Docs/CR/htm/CR.49.htm">http://www.statutes.legis.state.tx.us/Docs/CR/htm/CR.49.htm</a>
	<i>Notes/Comments:</i>			

Section 2		PLAN DEVELOPMENT		
ACTIVITIES		YES	NO	RESOURCES/COMMENTS
F	Have local planning and response partners been identified for all components of mass fatality management? <i>If no, complete section 3.</i>			▶ Section 3 – Local Mass Fatality Management Partner
	<i>Notes/Comments:</i>			
G	Have person(s) authorized to implement the plan been identified and has the delegation of authority to carry out the plan been formalized?			
	<i>Notes/Comments:</i>			
H	Have situations that may result in the activation of an MFI plan and/or require resource assistance from the state been identified?			▶ Examples include: <ul style="list-style-type: none"> <li>▪ Any situation when a known catastrophic event is likely to occur, resulting in a large number of fatalities</li> <li>▪ Any incident involving a protracted or complex decedent recovery operation</li> <li>▪ Any incident whereby the affected JP requests assistance from one or more of its regional JPs</li> <li>▪ Any incident in which there are more decedents than can be recovered and examined by the local Medical Examiner or JP</li> <li>▪ Any incident in which there are remains contaminated by Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) agents or materials</li> </ul>
	<i>Notes/Comments:</i>			

Sub-section 2A		PLAN COMPONENTS		
ACTIVITIES		YES	NO	RESOURCES/COMMENTS
I	Have disaster mortality surveillance roles, responsibilities, and resources been identified and assigned?			► DSHS Disaster-related Mortality Surveillance <a href="http://www.dshs.state.tx.us/commprep/response/ROG.aspx">http://www.dshs.state.tx.us/commprep/response/ROG.aspx</a>
	<i>Notes/Comments:</i>			
J	Have roles, responsibilities, and resources been identified to ensure the flow of information within Incident Command, to the families, and to the media?			► See the Public Information Annex to the State of Texas Emergency Management Plan
	<i>Notes/Comments:</i>			
K	Have roles, responsibilities, and resources been identified and assigned for securing the incident scene?			
	<i>Notes/Comments:</i>			
L	Have roles, responsibilities, and resources been identified and assigned for the search and recovery of remains on scene and the transport of remains from the scene?			► Attachment 2: Human Remains Search and Recovery
	<i>Notes/Comments:</i>			

<b>M</b>	Have roles, responsibilities, and resources been identified and assigned as necessary for the decontamination of remains, when needed, and personnel and transportation assets at the incident scene and/or outside of the incident scene?			► Attachment 2: Human Remains Search and Recovery
	<i>Notes/Comments:</i>			
<b>N</b>	Have roles, responsibilities, and resources been identified and assigned to ensure the custody of personal effects and the processing of evidence?			► Attachment 3: Human Remains Numbering and Tracking System ► Attachment 5: Transporting and Pre/Post Processing Storage of Human Remains
	<i>Notes/Comments</i>			
<b>O</b>	Have roles, responsibilities, and resources been identified and assigned for the interim storage of human remains prior to medicolegal authority processing?			► Attachment 5: Transporting and Pre/Post Processing Storage of Human Remains
	<i>Notes/Comments:</i>			
<b>P</b>	Has a tracking system been developed for the management of antemortem and postmortem data including explicating the roles, responsibilities, and resources for tracking and identifying remains through to the final disposition of remains?			► Attachment 3: Human Remains Numbering and Tracking System
	<i>Notes/Comments:</i>			

Q	Have roles, responsibilities, and resources been identified and assigned for the processing of human remains by the local medicolegal authority?			<ul style="list-style-type: none"> <li>▶ Attachment 4: Morgue Operations</li> <li>▶ Attachment 5: Transporting and Pre/Post Processing Storage of Human Remains</li> </ul>
	<i>Notes/Comments:</i>			
R	Have roles, responsibilities, and resources been identified and assigned for the storage of human remains after processing by the local medicolegal authority?			<ul style="list-style-type: none"> <li>▶ Attachment 5: Transporting and Pre/Post Processing Storage of Human Remains</li> </ul>
	<i>Notes/Comments:</i>			
S	Have roles, responsibilities, and resources been identified and assigned to activate and operate a Family Assistance Center?			<ul style="list-style-type: none"> <li>▶ Attachment 6: Family Reception Center, Family Assistance Center, Victim Information Center, and Call Center Operations</li> <li>▶ DSHS Disaster Behavioral Health Services <a href="http://www.dshs.state.tx.us/mhsa-disaster/">http://www.dshs.state.tx.us/mhsa-disaster/</a></li> <li>▶ Local Mental Health Authorities <a href="https://www.dshs.state.tx.us/mhsa/lmha-list/">https://www.dshs.state.tx.us/mhsa/lmha-list/</a></li> </ul>
	<i>Notes/Comments:</i>			
T	Have roles, responsibilities, and resources been identified and assigned to activate and operate the Victim Information Center?			<ul style="list-style-type: none"> <li>▶ Attachment 6: Family Reception Center, Family Assistance Center, Victim Information Center, and Call Center Operations</li> </ul>
	<i>Notes/Comments:</i>			

<b>U</b>	Have roles, responsibilities, and resources been identified and assigned for locating and notifying the legal next of kin for human remains that have been identified?			► Attachment 6: Family Reception Center, Family Assistance Center, Victim Information Center, and Call Center Operations
	<i>Notes/Comments:</i>			
<b>V</b>	Have roles, responsibilities, and resources been identified and assigned for the final disposition of human remains?			
	<i>Notes/Comments:</i>			
<b>W</b>	Has the plan been reviewed for potential bottlenecks and have roles, responsibilities and resources been identified and assigned to help mitigate the bottlenecks?			
	<i>Notes/Comments:</i>			
<b>X</b>	Has the plan been reviewed and approved by all jurisdictional planning partners identified within the plan?			► Date performed:
	<i>Notes/Comments:</i>			

Sub-section 2B		PLAN MAINTENANCE			
ACTIVITIES		YES	NO	RESOURCES/COMMENTS	
Y	Have training sessions, drills, and tabletop exercises been conducted that engage all relevant partners in learning and testing the plan?			► Date scheduled or performed:	
	<i>Notes/Comments:</i>				
Z	Has a full scale drill/exercise been developed and conducted to test the plan?			► Date scheduled or performed:	
	<i>Notes/Comments:</i>				
AA	Has a revision schedule been set to review and update the plan, including updated contact information and lessons learned from exercises and drills?			► Date scheduled:	
	<i>Notes/Comments:</i>				
Section 3		Local Mass Fatality Management Partners			
LOCAL PARTNERS		CONTACT NAME	TITLE	OFFICE PHONE	EMAIL
County Judge/City Mayor					
Emergency Management/DDC					
Local Health Authority					

Local Mental Health Authority				
Local Medicolegal Authority(s)				
Local Law Enforcement				
Local Fire Department(s)				
Hazardous Materials Team(s)				
Emergency Medical Services				
Dispatch/911 Services/Call Center				
Local Hospital(s)				
HPP Contractor and/or Regional Advisory Council				
Funeral Home Director(s) or Mortuary Services Personnel				
Epidemiology Office Point of Contact				
Public Information Officer(s)				
Behavioral Health Professional(s)				
Criminal Justice Victim Services Personnel				
Volunteer Organizations Active in Disasters, American Red Cross, BCFS and other non-profit organizations				
Faith-Based Support Services Personnel				
Other – Child Care Services Personnel				
Other—Veteran Services Personnel				
Other – IT Services Personnel				
Other – Personal Effects Management Services Personnel				
Other - Search and Recovery/DECON Services Personnel				

<b>Section 4</b>	<b>List of Local Mass Fatality Management Capabilities and Resources</b>			
<b>RESOURCE OR CAPABILITY</b>	<b>TYPE</b>	<b>AMOUNT</b>	<b>STORAGE LOCATION</b>	<b>PROVIDER CONTACT INFORMATION</b>
Personal Protective Equipment				
Communication Devices				
Worker Safety and Comfort Supplies				
Identification and Tracking Supplies				
Storage Supplies for Personal Belongings and Evidence				
Chain of Custody Forms				
Human Remains Pouches and Plastic Sheeting				
Storage Racks				
Barricade Equipment				
Transportation (personnel, equipment, bodies)				
Cold Storage				
Supplies and Equipment Storage				Capacity:
Potential in-the-ground Storage				Capacity:
Biohazard Bags, Boxes and Containers				
Written Documentation Equipment or Computer Equipment				
Office Equipment and Supplies				
Staffing Needs				
Equipment for Debris Removal and Disposition				
Photography Equipment				
Security Personnel and Equipment				
Family Assistance Center				
Temporary Morgue				

Decontamination Supplies and Equipment				
Victim Identification Profile Software				

\*See the Centers for Disease Control and Prevention Public Health Emergency Preparedness Capability #5 for additional resources

## ATTACHMENT 2: HUMAN REMAINS SEARCH AND RECOVERY

- Upon arrival to an MFI site, first responders should conduct an initial scene assessment to prioritize operational response action. This ensures that various operations do not conflict with each other. For example: Hazmat operations should not interfere with the needs of the medicolegal authority to collect human remains, or law enforcement to collect evidence.
- The initial scene assessment team should include the following:
  - Firefighter and Trained Hazmat Technician
  - Medicolegal authority (JP or ME)
  - Medicolegal death investigator, and/or
  - Forensic anthropologist and/or forensic pathologist
  - Law Enforcement evidence technician
- It is useful to assume that an MFI may have a criminal component, and that non-human remains material should be treated as evidence.
- All remains recovery should be conducted by personnel who have been trained on the use of appropriate personal protective equipment (PPE) and handling measures for recovery of human remains. The medicolegal authority should determine the proper protocols for the type, amounts, and standards of use for all PPE (See the information provided in Tab A to Attachment 2 for Personal Protective Equipment (PPE) and the Safe Handling of Human Remains).
- All remains recovery personnel need to be aware of infection control measures and decontamination procedures that may need to be taken on the recovery scene depending on the circumstances and situation of the MFI (See Tab B to Attachment 2 for more details of Infection Control and the Decontamination of Human Remains).
- The Human Remains Process Pathway, shown in Tab C to Attachment 2, provides an example flowchart showing the path that human remains recovered from the incident scene will likely follow throughout an MFI before reaching the point of release for final disposition.
- Remains identified by the medicolegal authority as non-human remains may be of evidentiary value. Non-human remains without evidentiary value are disposed of with bio hazardous waste.
- All personnel working on recovery of human remains need to document findings on a form similar to the Recovery Site Report in Tab D to Attachment 2. This records detailed information about the recovery and could help determine what caused the incident.
- Remains recovery personnel need to be aware that any fragmented and/or commingled human remains need to be treated as individual human remains and documented, collected, and processed as they are recovered from the scene. They should not attempt to reconcile human remains at the scene.
- Any remains recovered from the scene need to be logged on a field log at the recovery site along with brief information about how the remains were recovered (See Tab E to Attachment 2).
- When human remains are recovered, associated personal effects should not be separated from the human remains. Unassociated personal effects should also be collected and logged.

### TABS TO ATTACHMENT 2:

- A. Personal Protective Equipment (PPE) for the Safe Handling of Human Remains
- B. Infection Control and Decontamination of Human Remains
- C. The Human Remains Process Pathway
- D. Recovery Site Report
- E. Recovery Site Field Log

## ATTACHMENT 2 – TAB A: PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR THE SAFE HANDLING OF HUMAN REMAINS

- Workers encounter a variety of health hazards when handling, or working around, human remains, including contagious and infectious diseases, like blood borne viruses or bacterial diseases.
- PPE should be selected based on: the procedure(s) that will be performed, the type of exposure anticipated, the quantity of blood or other potentially infectious materials anticipated to be encountered, and any other safety and health hazards that may pose risk to personnel.
- Hand protection: Latex, nitrile or vinyl gloves should be worn by any personnel handling human remains and the gloves should fit tightly around the wrists to prevent contamination of the hands. Additionally heavy-duty gloves may need to be worn on top of the barrier gloves to protect the hands from situations where broken glass or sharp edges may be encountered when extricating bodies from the scene.
- Eye and face protection: Workers should wear a plastic face shield or eye protection with a surgical mask to defend against splashes of bodily fluids and tissues.
  - Surgical mask and safety glasses or face shield should be worn when there is potential for fluids splashing or spattering or when there is potential for generation of airborne particles.
- Body protection: Impervious disposable gowns, aprons, jumpsuits, or the like should be worn to prevent contaminants from penetrating to the PPE's inner surface which would subsequently contaminate the underlying clothing and skin.
- Head protection: Head covers should be worn when contact with large quantities of blood or other potentially infectious materials are anticipated. Additional heavy duty head gear, like a hard hat, may be needed in situations where rubble and debris could fall from above.
- Foot protection: Rubber boots or appropriate shoes covers should be worn where there is potential for footwear to become contaminated. Heavy duty footwear may be needed if there is potential for exposure to situations where broken glass or sharp edges may be encountered when extricating bodies from the scene.
- Lifting or moving heavy objects, particularly when done repetitively, can result in injuries to workers. To reduce chances of injuries, at least two people are needed to lift human remains. If available, using mechanical lifts or other devices will help minimize risks of injury to workers. Human remains that have been in water for some time are likely to be heavier than normal.
- For more information on the use of PPE when handling human remains see Management of Dead Bodies after Disasters: A Field Manual for First Responders (<http://www.icrc.org/eng/assets/files/other/icrc-002-0880.pdf>)
- For more information on the use of PPE when handling remains contaminated with an infectious disease see Guidance for Safe Handling of Human Remains of Ebola Patients in U.S. Hospitals and Mortuaries (<http://www.cdc.gov/vhf/ebola/healthcare-us/hospitals/handling-human-remains.html>)

Suggestions for the PPE that should be worn for Specific Human Remains Handling Tasks:

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

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

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

## ATTACHMENT 2 – TAB B: INFECTION CONTROL AND THE DECONTAMINATION OF HUMAN REMAINS

### INFECTION CONTROL

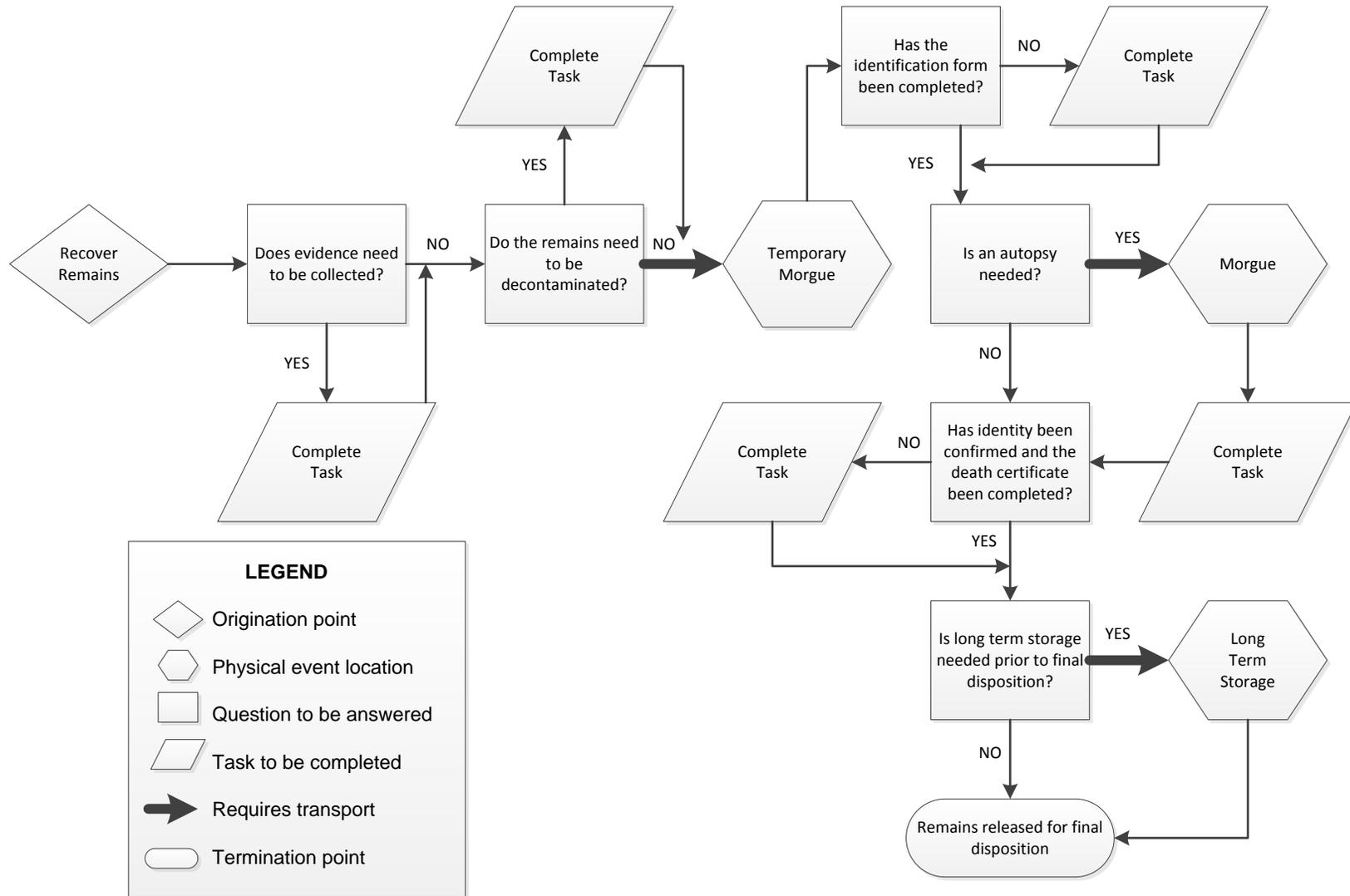
- **General Information**
  - The risks to the general public from human remains resulting from most mass fatality incidents, including natural disasters, are negligible since the cause of death is generally not associated with communicable diseases.
  - In the event of an intentional release of a biological agent or of a natural pandemic resulting in mass fatalities, the greatest risk of exposure would come from living victims since these diseases need live hosts to continue to spread the disease.
  - There is a small risk for contamination of drinking water if fecal materials from human remains enter local water sources. This can be mitigated with routine disinfection of drinking water to prevent any waterborne diseases.
  - Contagions and diseases associated with human remains do not pose a risk to someone near the human remains unless they are directly involved in recovery or other efforts that require handling the remains, nor do the remains cause significant environmental contamination.
- **First Responders**
  - The safety of personnel performing functions involving the human remains is paramount. Measures should be taken to reduce all risks associated with these functions. All personnel should follow universal precautions for blood and other bodily fluids as well as human tissue.
  - Any risks from handling human remains can be reduced by wearing the appropriate personal protective equipment (PPE) and practicing basic hygiene.
  - As an infection control measure, all used PPE should be properly disposed of following all biohazard guidelines, and cross-contamination should be avoided at all times.
  - Any wounds sustained during work handling human remains should receive prompt care, including immediate cleansing with soap and water. It is recommended that workers be vaccinated against hepatitis B and be given a tetanus booster, if indicated.
  - The smell from decomposing human remains may be unpleasant but it is not a health risk in well ventilated areas. Workers are not required to wear masks, but it may help to reduce the odor and provide some psychological relief.
  - Human remains pouches will help reduce any risk of infection or exposure and are necessary for the transport of human remains.
- For more information on infection control when handling human remains see Management of Dead Bodies after Disasters: A Field Manual for First Responders (<http://www.icrc.org/eng/assets/files/other/icrc-002-0880.pdf>)

### DECONTAMINATION

- Decontamination typically involves the routine cleaning and disinfection of instruments, devices, and environmental surfaces to minimize the risk of cross-contamination and exposure to infectious diseases and pathogens. Decontamination procedures range from removal of visible material with soap and water to disinfection and sterilization procedures to remove microscopic organisms and contaminants.
- When selecting a specific decontamination procedure, consider the following:
  - the desired degree of microorganism removal,
  - the type of surface that needs to be decontaminated,
  - the expense involved,

- and the disinfectants ease of use.
- Typical procedures to remove, neutralize, or degrade any offending agents or substances and to provide bactericidal action on the remains, clothing, or other items include:
  - Manually washing and rinsing
  - Spraying with a soft spray to minimize spatter and aerosolization
  - Submersing the body or items in a tank, pot or trench to “soak”
    - The spraying method alone does not guarantee that all decontaminants, like remains soiled with greasy or proteinaceous materials, will be removed or neutralized. The time required for the soak method to be effective may be prohibitively long. Thus, the best method will likely be one that includes multiple methods used in combination.
- Select the disinfectants most suited to the activity and always read the disinfectant’s label and material safety data sheet for directions and safety information. Ensure that the appropriate personal protective equipment (PPE) is worn so to avoid contact with hands, eyes, skin, mouth, and lungs.
- When cleaning instruments, make sure to open, disassemble, and completely submerge them to ensure direct contact between all surfaces and disinfectant.
- Decontamination of remains and items recovered from the scene should only be done after forensic investigation requirements have been met. If decontamination of remains and/or items from the scene poses additional risk to personnel, it may be best to seal items in containers or remains in body bags after adequate documentation and forensic analysis has been completed. The outside of the container or body bag will need to be decontaminated by washing or spraying after it has been sealed.
- Decontamination of the remains and any items that are recovered with and on the remains (including clothing, shoes, and other personal effects) should be done separately. Prior to removal of the clothing and personal effects from the remains, the items should be documented and photographed *in situ* (with special attention paid to potentially personal identifying personal effects).
  - The unclothed remains may be easier to decontaminate
  - It will be easier to control the decontamination process for packaged clothing and items
  - The clothes, items, and the remains may be sent to separate facilities for processing and documentation
  - Personal effects will be more readily available for examination for identification purposes
- Decontamination procedures should include washing and decontamination of all vehicles and any equipment used in the movement and transportation of remains, as well as items recovered from the scene that may have been contaminated. Procedures should include any storage locations where contaminated remains or items were housed along with any locations where decontamination took place.
- If an MFI involves hazardous materials and/or decontamination, arrangements must be made for the appropriate disposition of any and all hazardous and biological materials used in the response to the incident, for example: used body bags, collected runoff from the decontamination area, and used cleaning utensils.

## ATTACHMENT 2 – TAB C: THE BODY PROCESS PATHWAY



## ATTACHMENT 2 – TAB D: RECOVERY SITE REPORT

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

**ATTACHMENT 2 – TAB E: RECOVERY SITE FIELD LOG**

Incident Name:				Prepared by:		Operational Period (date/time):	
Received by:				Recovered by:		Recovery Location:	Description of Remains
Log #	Date & Time Received	Name & Initials of Recipient	Disaster Site #	Date & Time Recovered	Name & Initials of Person Who Recovered Remains	Description Including Grid, GPS Coordinates, Verichip #, etc.	Condition Recovered In
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

### **ATTACHMENT 3: HUMAN REMAINS NUMBERING AND TRACKING SYSTEM**

- A tracking system should be developed prior to an MFI to record the chain of custody for all human remains. This ensures that decedents can be located and accounted for during every stage of response.
- Tracking systems aid in the process of identifying decedents, notifying the next of kin, and returning decedents to their families.
- The jurisdiction's medicolegal authority may have a jurisdictional tracking system in place that can be used for an MFI response.
- Tracking systems can be paper based or computer based (see Tab A to Attachment 3).
- There may be electronic tracking systems available for free or for purchase if a jurisdiction wants to pursue this option, like the Victim Identification Program (VIP) developed and used by the Disaster Mortuary Operations Response Team (DMORT).
  - If an electronic database is developed and utilized, all staff and personnel need to be trained on how to use the tracking system and need to practice using it during exercises.
  - It is important that whatever the tracking system, consistent language be used by all personnel when identifying the location of remains. This will make certain that remains can be located by any personnel working on the incident.
- The numbering system used in the tracking system should be unique to each set of human remains recovered at the scene. These numbers should be sequential. The tracking system should also include the date, time and initials of the person who recovered the remains and a description of where the remains were located and recovered (See Tab B to Attachment 3).
- The tracking system should also have built-in redundancies to ensure that all the assigned identification numbers in the system match the tags on the human remains, the tags on the body bags, and the tags/labels on all evidence associated with the remains.

#### **TABS TO ATTACHMENT 3:**

- A. Decedent Tracking Sheet
- B. Numbering System Example

### ATTACHMENT 3 – TAB A: DECEDENT TRACKING SHEET

Incident Name:			Prepared by:					Operational Period (date/time):						
Recovery			Temporary Storage		Recorded Information and Characteristics				Morgue Ops.			Final Disposition		
Disaster Site Number	Date Time Initials	Location Description	Date Time Initials	Location Description	Decedent ID Form (Y or N)	Photos (Y or N)	Sex M=Male F=Female U=Unknown	Age I=Infant C=Child T=Teen A=Adult E=Elderly	Morgue Reference Number	Date Time Initials	Autopsy Completed (Y or N)	Date Time Initials	Remains Released To:	

### ATTACHMENT 3 – TAB B: NUMBERING SYSTEM EXAMPLE

Numbering Scheme	Usage	Circumstances
<b>Disaster Site</b>	DS Year – MFI number –case number (example: <b>DS11-1-0001</b> )	For use in scenarios that involve fragmentary remains that are not triaged at the incident site.
<b>Morgue Triage</b>	MT Year – MFI number-case number (example: <b>MT11-1-0001</b> )	Assigned at the Triage Station in the Morgue. These numbers allow for the separation of fragmentary remains. These numbers will be subsumed under MF numbers as they are linked by re-association or DNA. These numbers are only necessary in cases that involve heavy fragmentation that cannot be resolved in the morgue.
<b>Mass Fatality</b>	MF Year – MFI number-case number (example: <b>MF11-1-0001</b> )	<b>Used in all MFI operations.</b> The MF number can be assigned at the incident site if human remains consist of complete bodies, or at the morgue following positive identification of at least one fragment. This number refers to an identified person and as such can have several Morgue Triage numbers associated with it as they are linked to the MF (usually by DNA).
<b>Common Tissue</b>	CT Year-MFI number-case number (example: <b>CT11-1-0001</b> )	Common tissue refers to those remains that are identifiable as human tissue but that are not suitable for identification, even using DNA. This tissue is separated from the remaining human remains at triage. Common tissue is not recombined at triage (it remains in the separate containers it was placed in at triage). For this reason, common tissue requires a numbering system, and must be tracked. Common tissue will receive a number beginning with the acronym CT (common tissue); followed by the year, MFI number and consecutive case number.

## ATTACHMENT 4: MORGUE OPERATIONS

- Medicolegal authorities need to plan for a surge of medicolegal cases on top of the usual caseload. This means planning for additional personnel and resources.
- Depending on the incident magnitude or characteristics (e.g. CBRNE contamination), a temporary morgue may need to be established to process all the remains.
- Temporary morgue locations should be carefully chosen to assure that discretion and restricted access can be maintained throughout the entirety of the incident.
  - Alternative locations to conduct morgue operations should have:
    - Large open floor space (10,000 sq. ft.), with concrete surface,
    - Electrical power (large generators can supplement this need),
    - Water supply (hot and cold),
    - Air conditioning/heating, and
    - Provisions for staff (restrooms, recovery area, etc.).
- If a decedent has chosen to be an organ donor, the appropriate experts may be consulted to determine if the incident circumstances preclude donation. If not, the necessary measures can be taken for transplantation purposes.
- In some cases, postmortem processing may not be feasible such as in an epidemic, suspected case of anthrax or viral hemorrhagic fever or possibly in a bioterrorism incident. In these cases, DSHS should be notified. DSHS will contact the Centers for Disease Control and Prevention (CDC) for consultation before deciding whether an autopsy should be performed. For more guidance on postmortem processing of persons with infectious diseases see Guidance for Safe Handling of Human Remains of Ebola Patients in U.S. Hospitals and Mortuaries (<http://www.cdc.gov/vhf/ebola/healthcare-us/hospitals/handling-human-remains.html>)
- The process of identifying remains and notifying next of kin in a timely manner needs to be balanced with the importance of following all legal procedures for processing and identifying remains. Do not rush the identifications based on political, community, or other pressures.
- A postmortem identification form, similar to the one in Tab A to Attachment 4, should be completed for each set of remains.
  - Completing this form will help document and identify all remains associated with the incident and also help address any factors impacting the identification of remains.
- Associated personal effects should be documented and photographed *in situ* prior to removal. After removal, personal effects should be catalogued and stored with the associated case number. It is recommended that personal effects are refurbished (but not restored) prior to return to the next of kin.
- All evidence found on human remains should be documented and photographed *in situ* prior to removal and then released to the appropriate law enforcement agency.
- For more detailed information on morgue operations see Mass Fatality Incidents: A Guide for Human Forensic Identification (<https://www.ncjrs.gov/pdffiles1/nij/199758.pdf>) or the Disaster Victim Information Guide (<http://www.interpol.int/INTERPOL-expertise/Forensics/DVI-Pages/DVI-guide>).

### TAB TO ATTACHMENT 4:

- A. Decedent Identification Form

**ATTACHMENT 4 – TAB A: DECEDENT IDENTIFICATION FORM**

<b>Incident Name:</b>		<b>Prepared By</b> (date/time/initials):		<b>Photos Attached:</b>	Yes	No	
<b>Body ID Number:</b>		<b>Operational Period</b> (date/time):		<b>Fingerprints Attached:</b>	Yes	No	
<b>Recovery Details:</b>							
<b>A. Physical Description</b>							
<b>A.1</b>	<b>General Condition:</b> A) (mark one) B)	Complete body	Incomplete body (describe):			Body part (describe):	
		Well preserved	Decomposed	Mummified	Burned	Skeletonized:	Partially Completely
<b>A.2</b>	<b>Apparent Sex (mark one and describe evidence):</b>	Male	Female	Probably Male		Probably Female	Undetermined
		Describe evidence (genitals, body hair, etc.):					
<b>A.3</b>	<b>Age Group (mark one):</b>	Infant	Child	Teenager	Adult	Elderly	
<b>A.4</b>	<b>Physical Description (measure or mark one):</b>	Height (crown to heel):		Short	Average	Tall	
		Weight (in pounds):		Slim	Average	Overweight	
<b>A.5</b>	<b>A) Head Hair:</b>	Color:	Length:	Shape:	Baldness:	Other:	
	<b>B) Facial Hair:</b>	None	Moustache	Beard or Goatee	Color:	Length:	
	<b>C) Body Hair:</b>	Describe:					
<b>A.6</b>	<b>External Distinguishing Features</b>		Continue on additional sheets if needed. If possible, include a sketch of the main findings.				
	<b>Ethnic Group/Skin Color:</b>		<b>Eye Color:</b>				
	<b>Physical</b> (e.g. shape of ears, eyebrows, nose, chin, hands, feet, nails; deformities)						

	<b>Implants</b> (pacemaker, artificial hip, IUD, metal plates or screws, prosthesis etc.)	
	<b>Past Injuries/Amputations</b> (fractured bone, joint (e.g.; knee), any missing limbs or amputation; include location, side)	
	<b>Dental Condition or Treatments:</b> (missing teeth, gaps, crowns, fillings, false teeth, etc.) Describe obvious features.	
	<b>Other Major Medical Conditions -</b> evidence of operations, diseases, etc.	
	<b>Skin Marks</b> (scars, tattoos, piercings, moles, birthmarks, etc.) Describe location and type.	
	<b>Apparent Injuries:</b> include location, side.	

<b>B. Personal Affects</b>		
<b>B.1</b>	<b>Clothing</b> (Type of clothes, colors, fabrics, brand names, sizes, repairs) Describe in as much detail as possible all items.	
<b>B.2</b>	<b>Footwear</b> (Type, color, brand, size) Describe in as much detail as possible.	
<b>B.3</b>	<b>Eyewear</b> (Glasses (color, shape), contact lenses) Describe in as much detail as possible.	
<b>B.4</b>	<b>Habits</b> (Smoker (cigarettes, cigars, pipes), chewing tobacco, betel nut, alcohol, etc.) Please describe findings, including quantity.	

<b>B.5</b>	<b>Personal Items</b> (Watch, jewelry, wallet, keys, photographs, mobile phone (include number), medication. Cigarettes, etc.) Describe in as much detail as possible.														
<b>B.6</b>	<b>Identity Documents:</b> (Identification card, driving license, credit card, video club cards, etc.) Take photocopy, if possible. Describe the information contained on the documents.														
<b>C. Status of the Body</b>															
<b>C.1</b>	<b>Identification Verified or Confirmed By:</b>		Driver's License:		State ID:		Passport:		Birth Certificate:		Other:				
			State:		State:		Country:		City/State:						
	<b>Name &amp; Date:</b>		#:		#:		#:		#:						
<b>C.2</b>	<b>Disposition of Body:</b>		<b>Autopsy Completed (if no, provide reason):</b>			Yes		No:		<b>Death Certificate Signed</b>		Yes		No	
			<b>Storage:</b>		Morgue		Refrigerated Container		Interim In-the-Ground		Other:				
			<b>Signature:</b>						<b>Name:</b>				<b>Date &amp; Time:</b>		
<b>C.3</b>	<b>Next of Kin:</b>	<b>Name:</b>			<b>Contact Information:</b>							<b>Notified By (date/time/initials):</b>			
		<b>Relationship to Deceased:</b>													

## ATTACHMENT 5: TRANSPORTING AND PRE/POST PROCESSING STORAGE OF HUMAN REMAINS

### TRANSPORT AND PRE-PROCESSING STORAGE

- Identified temporary storage locations may be in close proximity to the scene and, if possible, the disaster morgue location.
- All remains and personal effects recovered at the scene should be transported in a safe and respectful manner between the various response locations.
- Human remains should be tracked during transport and storage throughout the incident. A sample Decedent Tracking Sheet (see Tab A to Attachment 3) is provided above.
- Plans should minimize the number of times remains are transported and moved.

### POST PROCESSING STORAGE

- After remains have been processed by the medicolegal authority and the death certificate has been completed, the remains can be released for final disposition. If there is a need to delay the release of a decedent's remains, post processing storage may be required.
- As with pre-processing storage, remains should continue to be tracked and documented (See Tab A to Attachment 5 for a sample log).
- Post processing storage should take into account any expressed cultural, spiritual, or religious considerations where possible.
- Considerations for post processing storage of human remains include:
  - Refrigeration does not halt decomposition, it only delays it. Refrigeration will help to preserve the remains for about 1-3 months, depending on humidity levels (low levels are best).
  - Embalming is the most common method of preserving human remains for longer term storage; however, it is not possible when the integrity of the decedent has been compromised (decomposed or fragmented). Embalming also requires participation of a licensed professional which can be expensive and takes a considerable amount of time for each case.
  - Temporary interment or burial may need to be explored when other storage methods have been exhausted or where longer-term storage is needed. This method is considered a viable option when there will be a great delay in certifying deaths or facilitating final disposition. Temporary burial sites should be constructed in a way to help ensure future recovery of the remains that have been buried. The Department of Defense guidelines for temporary interment should be used as guidance ([http://fas.org/irp/doddir/dod/jp4\\_06.pdf](http://fas.org/irp/doddir/dod/jp4_06.pdf)).
  - Human remains should NOT be frozen, packed on ice, packed in chemicals, or stacked on top of each other.
  - It is preferable to separate processed and unprocessed human remains during temporary storage.
  - There are instances when cremation will be the recommended disposition of remains.
  - For more information, see Chapter 5 of Management of Dead Bodies after Disasters: A Field Manual for First Responders (<http://www.icrc.org/eng/assets/files/other/icrc-002-0880.pdf>)

### TAB TO ATTACHMENT 5:

- A. Post-Processing Storage Log

### ATTACHMENT 5 – TAB A: POST-PROCESSING STORAGE LOG

Incident Name:			Prepared by:			Operational Period (date/time):	
Storage:				Decedent Information			
Log #	Date & Time Stored	Name & Initials of Person Storing	Transferred to: (Trailer #, Morgue, Interim, etc.)	Location (Marker, Grid, Rack number)	Morgue Reference Number	Name of Deceased If unknown, leave room for name to be added	Status of Remains (Awaiting release, unidentified, no next of kin, reason held, etc.)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

## **ATTACHMENT 6: FAMILY RECEPTION CENTER, FAMILY ASSISTANCE CENTER, VICTIM INFORMATION CENTER, AND CALL CENTER OPERATIONS**

### **FAMILY RECEPTION CENTER**

- Family Reception Centers (FRC) may be established by multiple agencies, including hospitals, to accommodate families of victims as well as the deceased in the immediate period following an MFI. This document will address FRC operations in the mass fatality context only.
- A Family Reception Center is a location established immediately after an incident to temporarily accommodate families of victims and those affected, while the Family Assistance Center (FAC) is being established.
- The FRC will transfer information to the FAC upon the demobilization of the FRC, or to the medicolegal authority if the FAC is not activated. The FRC is limited in scope and does not provide the extent of resources as the FAC. FRC services include: a gathering place of those affected, security, and public and family information. Preferably, the media and non-affected general public should not be granted access to the FRC.

### **FAMILY ASSISTANCE CENTER**

- The Family Assistance Center (FAC) is a multi-agency coordinated effort that requires pre-planning. Planning considerations should include:
  - Location – proximity to an MFI site and associated services for the family
  - Authority – which agency will lead the FAC operation
  - Layout of the FAC
  - Staffing
  - Co-location with Victim Information Center and/or Call Center
  - Financial responsibility for operations and services
- The primary purpose of an FAC is to provide information to families, receive victim information from the families, and provide support services. An FAC may be co-located with a Victim Information Center, in which the primary purpose is to collect antemortem information to aid in the identification process of deceased victims.
- The FAC should be established as soon as possible, preferably within 24 hours of an MFI.
- It is essential to manage the family members' expectations throughout the life of the incident. The following aspects may be included in daily family briefings at the FAC:
  - Where the human remains are going,
  - What type of exams will be completed,
  - How long you expect the identification process to take,
  - If viewing will be possible,
  - When they will receive a death certificate, and
  - When the remains will be returned.
- Behavioral health is an essential component of FAC operations. Information regarding these services can be found in Tab A and B to Attachment 6.
- The FAC should be situated away from the incident site and morgue, when possible. Recommended facilities include conference centers, hotels, community centers, and other neutral, nonreligious sites, as some families may be uncomfortable coming to a place of worship. For site selection considerations, see Tab C to Attachment 6. Considerations for a FAC location include:
  - Meets the Texas Accessibility Standards
  - Privacy for family members from media and onlookers
  - Internet connections and sufficient power for office equipment and cell phones
  - Layout that allows for a variety of rooms (briefings, quiet areas, eating, interviews, etc.)

- If a hotel is selected, consider if the entire hotel will be used or if there will be other guests at the hotel who may be exposed to the situation.
- The FAC should be prepared to coordinate with decedents' next of kin to make preparations and arrangements for the final disposition of remains.
- Religious considerations of the decedent should, when possible, be taken into consideration when determining disposition of the remains (see Tab D to Attachment 6).
- The length of time the FAC will be needed depends on the length of time necessary to recover and identify the victims of the incident and support the families of the victims. It is a scalable and flexible operation.
- FAC must communicate with the local emergency operations center.

### **SUPPORT SERVICES**

- Within the FAC, the following support services are recommended:
  - Behavioral health services
    - Victim Assistance
  - Medical care
  - Mass care (feeding, etc)
  - Childcare
  - Spiritual services
  - Case assessment
- All vetted counselors/behavioral health professionals working in the FAC should be briefed by appointed incident managers (e.g. medicolegal authority, family assistance center supervisor, etc.) before each shift so that counselors can be advised as to what to expect and what information may be shared with families.
  - The nature of the work done in the FAC would be best served by counselors/behavioral health professionals working in teams. Team work allows mutual support along with the ability to take breaks as needed.
    - The ideal ratio of behavioral health responders to those needing behavioral health services is 1:5.
    - Additional counselors may be needed to support their peers via crisis counseling, defusing and/or debriefings.

### **VICTIM INFORMATION CENTER**

- The purpose of a Victim Information Center (VIC) is to have a central location where victim antemortem information can be coordinated.
- In a VIC, components of service may include:
  - Family interviews
  - Antemortem collection and processing (see Tab E to Attachment 6)
  - Data management and entry (Victim Identification Program [VIP] or other existing data entry system)
- Family interviewers may need pre-training or Just in Time training on the data entry system (VIP or other data entry system) used and proper interview techniques. Qualified personnel to conduct family interviews include funeral directors and medicolegal death investigators, and may have the following recommended skills or experience:
  - Knowledge of medical terminology
  - Death management process
  - Death notifications
  - Grief and loss
  - Experience with law enforcement
  - Victim Services

- Cultural competency
- Information processing is accomplished through the collection of data into the data entry system and analysis by the medicolegal personnel.

### **CO-LOCATED FAMILY ASSISTANCE CENTERS AND VICTIM INFORMATION CENTER**

- For ease of functioning and convenience the services of an FAC and a VIC may be combined. This requires consideration of the facility layout to ensure provision of all services recommended for FACs and VICs.

### **CALL CENTERS**

- A Call Center should be established to handle calls and missing persons inquiries related to the MFI.
- A central call number should be established and distributed through media outlets to the public.
- A pre-scripted message and intake form should be used to ensure consistency in messaging and that appropriate information is gathered and given out (see Tab F and G to Attachment 6).
- Call Center staff will need to receive training on the process for answering questions and determining the appropriate information to be given to callers, based on the likelihood of their being a family member of the MFI victims (for instance, whether they should come to the FAC or VIC or not).
- A Call Center should include access to multiple phone banks and sufficient space for staff to answer calls.

### **TABS TO ATTACHMENT 6:**

- A. Information Sheet for Survivors of a Traumatic Event
- B. Information Sheet for Disaster Response Workers
- C. Family Assistance Center Facility Assessment Considerations
- D. Religious Preferences Regarding Final Disposition
- E. Antemortem Interview Form
- F. Call Center Script
- G. Call Center Intake Form

## ATTACHMENT 6 – TAB A: INFORMATION SHEET FOR SURVIVORS OF A TRAUMATIC EVENT

### ***Surviving A Traumatic Event: What to Expect in Your Personal, Family, Work, and Financial Life***

#### **THINGS TO REMEMBER WHEN TRYING TO UNDERSTAND DISASTER INCIDENTS**

- No one who sees a disaster is untouched by it.
- It is normal to feel anxious about you and your family's safety.
- Profound sadness, grief, and anger are normal reactions to an abnormal event.
- Acknowledging our feelings helps us recover.
- Focusing on our strengths and abilities will help you to heal.
- Accepting help from community programs and resources is healthy.
- We each have different needs and different ways of coping.
- It is common to want to strike back at people who have caused great pain. However, nothing good is accomplished by hateful language or actions.

#### **SIGNS THAT ADULTS NEED STRESS MANAGEMENT ASSISTANCE**

- Difficulty communicating thoughts
- Difficulty sleeping
- Difficulty maintaining balance
- Easily frustrated
- Increased use of drugs/alcohol
- Limited attention span
- Poor work performance
- Headaches/stomach problems
- Tunnel vision/muffled hearing
- Colds or flu-like symptoms
- Disorientation or confusion
- Difficulty concentrating
- Reluctance to leave home
- Depression, sadness
- Feelings of hopelessness
- Mood-swings
- Crying easily
- Overwhelming guilt and self-doubt
- Fear of crowds, strangers, or being alone

#### **WAYS TO EASE THE STRESS**

- Talk with someone about your feelings whether you feel anger, sorrow, or any other emotions—even though it may be difficult to discuss.
- Don't hold yourself responsible for the disastrous event or be frustrated because you feel that you cannot help directly in the rescue work.
- Take steps to promote your own physical and emotional healing by staying active in your daily life patterns or by adjusting them. This healthy outlook will help yourself and your family. (i.e. healthy eating, rest, exercise, relaxation, meditation.)
- Maintain a normal household and daily routine, but limit any demanding responsibilities of yourself and of your family.
- Spend time with family and friends.
- Participate in memorials, rituals, and use of symbols as a way to express feelings.
- Use existing supports groups of family, friends, and church.
- Establish a family emergency plan. This can help you feel that there is something you can do which can be very comforting.

*\* When to seek help: If self-help strategies are not helping or you find that you are using drugs/alcohol in order to cope, you may wish to seek outside or professional assistance with your stress symptoms.*

## ATTACHMENT 6 – TAB B: INFORMATION SHEET FOR DISASTER RESPONSE WORKERS

### **EMERGENCY AND DISASTER RESPONSE WORKERS: MANAGING AND PREVENTING STRESS**

#### **COMMON REACTIONS TO A DISASTER INCIDENT**

- No one who responds to a mass fatality incident is untouched by it
- Profound sadness, grief, and anger are normal reactions to an abnormal event.
- You may not want to leave the scene until the work is finished
- You will likely try to override stress and fatigue with dedication and commitment
- You may deny the need for rest and recovery time
- We each have different needs and different ways of coping
- Acknowledging our feelings helps us recover

#### **SIGNS THAT YOU MAY NEED STRESS MANAGEMENT ASSISTANCE**

- Difficulty communicating thoughts
- Difficulty remembering instructions
- Difficulty maintaining balance
- Uncharacteristically argumentative
- Difficulty making decisions
- Limited attention span
- Unnecessary risk-taking
- Tremors/headaches/nausea
- Tunnel vision/muffled hearing
- Colds or flu-like symptoms
- Disorientation or confusion
- Difficulty concentrating
- Loss of objectivity
- Easily frustrated
- Unable to engage in problem-solving
- Unable to let down when off duty
- Refusal to follow orders
- Refusal to leave the scene
- Increased use of drugs/alcohol
- Unusual clumsiness

#### **WAYS TO HELP MANAGE THE STRESS**

- Limit on-duty work hours to no more than 12 hours per day
- Make work rotations from high stress to lower stress functions
- Make work rotations from the scene to routine assignments, as practicable
- Use counseling assistance programs available through your agency
- Drink plenty of water and eat healthy snacks like fresh fruit and whole grain breads and other energy foods at the scene
- Take frequent, brief breaks from the scene as practicable.
- Talk about your emotions to process what has been seen and done
- Stay in touch with your family and friends, if possible spend time with them
- Participate in memorials, rituals, and use of symbols as a way to express feelings
- Pair up with a responder so that you may monitor one another's stress

*\* When to seek help: If self-help strategies are not helping or you find that you are using drugs/alcohol in order to cope, you may wish to seek outside or professional assistance with your stress symptoms.*

## ATTACHMENT 6 – TAB C: FAMILY ASSISTANCE CENTER (FAC) FACILITY ASSESSMENT CONSIDERATIONS

### FAC Facility Assessment Considerations

*Read the following considerations below prior to selecting a FAC facility.*

#### General Information

- A FAC should be close to the incident site but should not be in view of the incident. Family/friends should not have to pass the incident site on their way to/from the FAC.
- One large FAC is preferred over several smaller ones.
- Ideally the FAC could be activated within 12-24 hours of an incident.
- Sites should be community neutral, ideally faith-based organizations are not preferred for a FAC site. Recommended locations include hotels, community centers, university student buildings, and conference centers.
- In a mass fatality incident with a separated population of affected residents, workers, business owners, and those who have not lost a friend or family, a separate facility for secondary services should be established to provide other secondary services. If a secondary services facility is established near the FAC the two facilities should have separate, clearly marked entrances.

---

#### Building Specifications

Room Capacity: (See Site Scaling Guide – Excel document)

Quiet Room:

- Recommended ratio of 1:15 private quiet rooms to families

Family Interview Rooms:

- Recommended ratio of 1:15 private interview rooms to families

Childcare Area:

- Preferably have a separate space with one entrance and exit
- If possible, separate in to age appropriate areas
- Remove all potential hazards (sharp corners/objects, objects with a potential to fall, open sockets and wires, etc.)
- Expected capacity ratio of 3:10, children to # of families

Entrances/Exits:

- Preferably the facility could be locked down to monitor security and control ingress/egress
- Ensure the facility is ADA compliant according to the Texas Accessibility Standards (<http://www.license.state.tx.us/AB/2012TAS/2012tasComplete.pdf>)

Loading Docks:

- Have enough space to bring in and unload large semi trucks
- Have material handling equipment on site (pallet jack, dolly, etc)

Restrooms:

- 10 stalls per 300 users
- If possible have a separate staff restroom

## FAC Facility Assessment Considerations

- Ensure handicap accessible restroom for men and women
- 

### Accessibility

- Visitors should not pass the incident site to arrive at the FAC
  - Visitors should not be able to see the incident site while at the FAC
  - FAC site should have accessible road or transportation to area hospitals
- 

### Supplies/IT/Utilities

- Should have no known disruption to communications services



### FAC Facility Assessment Checklist

Specifications	Y/N	Comments	Available for Use Y/N:
Ability to secure facility & surrounding area		Describe: _____	
Loading Docks		# of Bays: _____ Forklift on site Y/N: _____ Operator Available Y/N: _____ Electrical Power Available Y/N: Explain: _____ Material Handling Equipment Y/N: _____	
Number of Restrooms		# of Men's _____ # of Women's: _____ # of Family/Unisex: _____ # of ADA Accessible: _____	
Baby Changing Areas		# of sites: _____ Where located: _____	
Food preparations and consumptions facilities		Capacity of food prep areas: _____ Capacity of Food Consumption area (for staff and families): _____	
Type of Food Preparation Areas		<input type="checkbox"/> Full Commercial <input type="checkbox"/> Warming <input type="checkbox"/> Partial <input type="checkbox"/> Walk-in refrigerator/Freezer	
Refrigeration		Size: _____ Type: _____ Temp Controlled Y/N: _____	

### FAC Facility Assessment Checklist

**Accessibility:**

Specifications	Y/N	Comments	Available for use: Y/N
Primary Parking Lot		# of spaces for staff: _____ # of spaces for clients: _____ Cost of Parking per car _____ Validation Available? Y/N _____ Cost: _____ Is Parking Secured? Y/N _____ Describe: _____	
Secondary Parking Lot		# of spaces: _____ Cost per car _____ Is Parking Secured Y/N _____	
Adequate Road Access		Describe: _____	
Texas Accessibility Standards (ADA) Compliant		# Stairs: _____ ADA adaptable Y/N: _____ ADA Compliant Y/N: _____ (Refer to 2012 Texas Accessibility Standards: <a href="http://www.license.state.tx.us/AB/2012TAS/2012tasComplete.pdf">http://www.license.state.tx.us/AB/2012TAS/2012tasComplete.pdf</a> )	
Public Transportation		Stop Name/Line: _____ Stop Name/Line: _____	
Security		# of Officers _____ Security System Provider: _____ Surveillance Cameras on site: Y/N _____	
Coordination with EMS, Fire, Police Response		<input type="checkbox"/> YES <input type="checkbox"/> NO Describe: _____	

### FAC Facility Assessment Checklist

**Supplies/IT/Utilities:**

Specifications	Y/N	Comments	Available for use: Y/N
Tables		# on site: _____ Size: _____	
Chairs		# on site: _____	
Beds		# Adult beds/cots on site: _____ # Pediatric beds/cribs on site: _____	
Childcare Supplies		Describe: _____	
Temporary Partitions		# on site: _____ Describe: _____	
Computers		# on site: _____	
FAX Machines		# on site: _____	
Copiers		# on site: _____	
Telephones		# on site: _____	
Televisions		# on site: _____	
Scanners		# on site: _____	
Shredders		# on site: _____	
File Storage Container		# on site: _____	
Podium		# on site: _____	
Audio/Visual Equipment		# on site: _____ Description: _____	

### FAC Facility Assessment Checklist

Industrial Fans		# on site: _____	
Janitorial Services		# of trash cans on site: _____ Describe removal methods: _____ Sharps Container Y/N and #: _____	
Fire Safety System		<input type="checkbox"/> Sprinklers <input type="checkbox"/> Alarms <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Carbon Monoxide Detector Date of last test/inspection: _____ # of Extinguishers: _____	
Radio		# and Type: _____ Known interference or Shielding Y/N: _____	
Internet		Service provider: _____ Type of Internet: <input type="checkbox"/> Wi-Fi <input type="checkbox"/> Hardwire <input type="checkbox"/> Satellite Known interference or Shielding Y/N: _____	
Cable TV		Service provider: _____	
Phone		Service provider: _____ Known interference or Shielding Y/N: _____	
Electricity		Service provider: _____	
Overhead Lighting		Sufficient for FAC Operation Y/N: _____	
Generator		Sufficient for FAC Operation Y/N: _____ Transfer switch for trailer mounted generator Y/N: _____	

### FAC Facility Assessment Checklist

Water		Service provider: _____ <input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Potable	
Heat/AC		Heat Y/N: _____ AC Y/N: _____ Type : <input type="checkbox"/> Electric <input type="checkbox"/> Gas	
Gas		Services Provider:	
Transportation vehicles		Describe:	

**Services the facility will continue to provide:**

Service:	Y/N	Comments/Contact Information
Janitorial		
Food Preparation/ Cleaning		
Restroom Maintenance		
Facility Maintenance		
Security		

**Necessary documents to be attached:**

Document	Y/N	Comments
MOU or contract for the site		
Fire and Capacity Regulations		
Evacuation Plan of site		
Floor Plan of site		
Photographs of Site (Including Satellite images)		
Maps		

## FAC Facility Assessment Checklist

*Check the box for each functional area that can be accommodated by prospective site.*

### Main Service Areas

- Reception and Registration
- Family Meeting/Gathering Area (for waiting, dining, conversation, etc)
- Case Assessment Area (to arrange for secondary services)
- Family Interview/Notification Rooms
- Family Briefing Room (for families and responders to gather and brief)
- Television Room (located away from the waiting room and quiet room)
- Computer/Phone Bank Area (for families)
- Childcare Area
- First Aid Area
- Food Preparations Area (not necessary if food is prepared offsite)
- Memorial Area (wall, room, table)
- Quiet Room (behavioral health consultations, prayer room, etc)

### Back Office Areas

- Staff Check-in
- Command Staff Area
- Data Entry/Management Area
- Staff Conference Rooms
- Staff Break Room

## ATTACHMENT 6 – TAB D: RELIGIOUS PREFERENCES REGARDING FINAL DISPOSITION

Religious Group (Estimated Prevalence in Texas)	Autopsy	Burial	Cremation	Other Issues
Baha'i (11,000 members, urban areas)	Allowed, as long as the body is treated with respect	Must be buried within one hour's travel of the place of death	Forbidden	Body is not to be embalmed unless required by state law
Buddhism (88 congregations, urban areas)	Not favored but allowed in necessary situations	Allowed	Allowed	Embalming permitted
Christianity (majority of the state)	Allowed	Favored	Allowed	Funeral usually held within 2 days of death
Eastern Orthodox (22,755 members)	Forbidden unless there are compelling reasons	Favored along with entombment	Forbidden	Although there are no specific restrictions on organ donation, donation of the entire body for experimentation or research is not consistent with Church tradition; embalming is permitted
Hinduism (34 congregations)	Not permitted unless required by law	Rare, though practiced to some extent	Preferred	Embalming is not favored
Judaism (128,000 members)	Not permitted unless required by law, all blood stained clothing must be buried with the deceased (Orthodox)	Only form of disposition used	Forbidden	No removals are to be made from sundown Friday to sundown Saturday, unless death occurs in a public place (Orthodox) and, embalming is forbidden unless required by state law (Orthodox)
Islam (114,999 members)	Not permitted unless required by law	Favored	Forbidden	Embalming allowed
Mormonism (155,451 members)	Allowed	Favored (entombment allowed)	Not Preferred	Embalming allowed

## ATTACHMENT 6 – TAB E: ANTEMORTEM INTERVIEW FORM

<b>Incident Name:</b>				<b>Prepared By (date/time/initials):</b>				
<b>Operational Period</b>		<b>Date/Time From:</b>			<b>Date/Time To:</b>			
<b>Full Name of Missing Individual:</b>								
<b>Other Names</b> (nicknames, maiden name, aliases etc.):						<b>Sex</b>	Male Female	
<b>Age:</b>		<b>Date of Birth:</b>		<b>If exact age unknown, mark age group:</b>		Infant	Child Teen Adult Elderly	
<b>Personal Information</b>	<b>Ethnic Group:</b>				<b>Skin Color:</b>			
	<b>Birth City, State, Country:</b>				<b>Birth Hospital:</b>			
	<b>Religious Preferences:</b>				<b>Place of Worship:</b>			
	<b>Education Level:</b>				<b>Last School Attended:</b>			
	<b>Marital Status:</b>		Single	Engaged	Married	Widowed	Divorced	Separated Unknown
	<b>Occupation:</b>				<b>Employer Information</b> (Name, Address, Phone #):			
	<b>Type of Business:</b>							
	<b>Ever been fingerprinted/foot printed:</b>		Yes	No	Unknown	<i>Print location:</i>		
	<b>Military Service:</b>	Yes	No	Unknown	<i>Service #:</i>		<i>Approx. Service Dates:</i>	
		<i>Branch:</i>			<i>Country:</i>		<i>Military DNA Taken:</i>	Yes No
	<b>Ever been arrested:</b>		Yes	No	Unknown	<i>Arrested by:</i>		
	<b>United States Citizen:</b>		Yes	No	<b>Resident Alien Card:</b>		Yes	No <i>Number:</i>
	<b>Immigration Status:</b>				<b>Work Visa:</b>	Yes	No <i>Number:</i>	
	<b>List Memberships (Clubs, Fraternities, Sports, etc):</b>							
<b>Personal Items that may be with person, describe in as much detail as possible:</b>		Watch	Necklace	Earrings	Rings	Bracelets	<i>Other Jewelry:</i>	
		Keys/Key Chain		Wallet	Purse	Cellular/Smart Phone	Music Player Camera	

		Description/Other:					
<b>Identifying Habits:</b>	Tobacco:	Chewing	Pipe	Cigarettes	Type:	Amount:	
	Recreational Drug user	Type:			Amount:	Other:	
	Description/Other:						
<b>Skin Markings</b> , include quantity, location on the body, side of the body, along with any evidence of past skin markings (mark photos taken and provide location):	Scars		Moles/Birthmarks		Piercings		Tattoos
	Yes- location: No		Yes- location: No		Yes- location: No		Yes- location: No

<b>Height:</b>			<b>If exact height unknown, mark estimate:</b>				Short	Average	Tall	
<b>Weight:</b>			<b>If exact weight unknown, mark estimate:</b>				Slim	Average	Overweight	
<b>Eye Color:</b>	Blue	Brown	Green	Gray	Hazel	Black	Other:	Color/Description:		
<b>Eyewear:</b>	Contacts	Glasses	Implants	None	Description:					
<b>Eye Status:</b>	Missing R	Missing L	Glass R	Glass L	Cataract	Vision Correction	Description:			
<b>Hair Color:</b>	Auburn	Brown	Gray	Salt & Pepper		Blonde	Black	Red	White	Other:
<b>Hair Length:</b>	Bald	Shaved	Short < 3"	Medium	Long	Very Long	Male Pattern Baldness (describe):			
<b>Hair Accessories:</b>	Extensions	Hair pieces	Hair Transplant		Wig	Other (barrettes, clips, hair ties, etc.):				
<b>Hair Description:</b>	Thin	Average	Thick	<b>Texture:</b>	Curly	Wavy	Straight	N/A	Other:	
<b>Facial Hair:</b>	Clean Shaven	Stubble	Lower Lip	Goatee	Moustache	Beard	Beard & Mustache		Sideburns	N/A
<b>Facial Hair Color:</b>	Brown	Gray	Salt & Pepper		Blonde	Black	Red	White	Other:	
<b>Body Hair:</b>	<i>Describe - location, amount, color:</i>									
<b>Fingernail Type:</b>	Natural	Artificial	Unknown	<b>Fingernail Length:</b>		Extremely long	Long	Medium	Short	
<b>Fingernail Color:</b>					<b>Characteristics:</b>	Bitten	Decorated	Misshapen	Yellowed or Fungus	
<b>Toenail Color:</b>					<b>Characteristics:</b>	Bitten	Decorated	Misshapen	Yellowed or Fungus	

<b>Unique Physical Characteristics</b> (i.e. shape of ears, nose, chin; any deformities or amputations; other special characteristics)								
<b>Last Seen:</b>	Alone	with an Individual	with a Group	Group Type and Members:				
	Last Location victim was seen (description, name, etc.):							
<b>Clothing last seen in or known to be wearing</b> - describe in as much detail as possible (the type, colors, fabrics, sizes, brands, etc):								
Top		Bottom		Undergarments		Footwear	Outerwear/Accessories:	
<b>Dentist Information</b>	<i>Dentist:</i>			<i>Address:</i>				
	<i>Practice Name:</i>			<i>Phone #:</i>		<i>Email:</i>		
<b>Dental Records Requested:</b>		Yes	No	<b>Dental Records Obtained:</b>		Yes	No - reason:	Date of Records:
<b>Dental Condition or Treatments</b> , describe any obvious features (i.e. missing teeth, gaps, crowns, false teeth):								
<b>Physician Information</b>	<i>Physician:</i>			<i>Address:</i>				
	<i>Practice Name:</i>			<i>Phone #:</i>		<i>Email:</i>		
<b>Physician Records Requested:</b>		Yes	No	<b>Records Obtained:</b>		Yes	No - reason:	Date of Records:
<b>Diabetic:</b>	Yes	No	Unknown	<b>If female, pregnancy in the past 12 months</b>		Yes - when:	No	Unknown
<b>Current Medications</b> (OTC or prescribed):								
<b>Past injuries</b> , include body location and side (amputations, bone								

fractures, etc.):											
<b>Radiographs:</b>	<i>Physician:</i>					<i>Type(s) of Radiograph:</i>					
	<i>Location:</i>					<i>Dates taken (if known):</i>					
<b>Past Surgeries</b> (type and date, if known):	Tracheotomy	Gall Bladder Removal	Caesarean	Reconstructive	Appendectomy	Laparotomy	Mastectomy				
	Open heart	Tonsillectomy	Description/Other:								
<b>Objects in body including body location and side:</b>	Pacemaker	Bullets	Implants	Needles	Shrapnel	Artificial Joints	Metal Plates and/or Screws				
	Description/Other:										
<b>Any additional important data or information:</b>											
<b>Item(s) with missing person's fingerprints:</b>		Yes	No	<b>Item(s) potentially having samples of missing person's DNA:</b>				Yes	No		
<b>Photograph(s) of missing person attached:</b>		Yes	No	<b>Primary Familial DNA Sample:</b>			Yes - Relation:		No		
<b>Individual(s) Providing Information:</b>											
<b>Contact Information for Potential Primary Familial DNA Donor:</b>	<i>Full Name:</i>			<i>Address:</i>					Sex: M F		
	<i>Phone #1:</i>		<i>Phone #2:</i>			<i>Email:</i>			DOB:		
<b>Relationship to Missing Person:</b>		Mother	Father	Daughter	Son	Aunt	Uncle	Cousin	Grandmother	Grandfather	
<b>Contact Information for Potential Primary Familial DNA Donor:</b>	<i>Full Name:</i>			<i>Address:</i>					Sex: M F		
	<i>Phone #1:</i>		<i>Phone #2:</i>			<i>Email:</i>			DOB:		
<b>Relationship to Missing Person:</b>		Mother	Father	Daughter	Son	Aunt	Uncle	Cousin	Grandmother	Grandfather	

## ATTACHMENT 6 – TAB F: CALL CENTER SCRIPT

### Call Center Script

Answer the call:

Follow this script: *(Name of incident) call center. This is (your name). How may I help you?*

If the call is about:

#### 1. MISSING PERSONS

- A. Follow this script: *Thank you very much for calling. May I please get some information?*
- B. Fill out the Call Center Intake Form as completely as possible.
- C. End call by saying: *I appreciate your call. You do not need to call 9-1-1. This information will be given to the group dealing with missing persons. Someone will be back in touch with you as soon as possible.*

#### 2. REQUESTING INFORMATION ABOUT A MISSING PERSON

- A. Follow this script: *Our call center only gathers information. Law Enforcement and Search and Rescue Teams have direct access to it and are actively using this information to locate missing persons. We appreciate your concern but cannot give out any information to anyone.*
- B. Refer caller to the Red Cross Safe and Well website – [www.safeandwell.org](http://www.safeandwell.org)

#### 3. A REPORTED MISSING PERSON WHO HAS BEEN FOUND

- A. Take down information on the "Call Center Intake Form" and write FOUND in the "Reason for the Call" section of the intake form.
- B. Ask caller to also go to the Red Cross web site – [www.safeandwell.org](http://www.safeandwell.org) – click "List myself as safe and well" tab
- C. Immediately send this information to the FAC Family Management Unit Leader.

#### 4. SELF-SAFE

- A. If a person calls to report that they are individually okay, take down the information on the "Call Center Intake Form" and write SELF-SAFE on the "Reason for the Call" section of the intake form.
- B. Immediately send this information to the FAC Family Management Unit Leader.

#### 5. VOLUNTEERING TO HELP

- A. Thank the caller for their desire to help.
- B. Refer caller to the local volunteer website or phone number.

#### 6. MAKING A DONATION

- A. Thank the caller for their generosity
- B. Refer caller to the local donation website or phone number.

#### 7. OTHER INCIDENT-RELATED QUERIES

- A. Thank caller for their inquiry
- B. Refer to Regional JIC website URL

## Call Center Script

### Remember:

1. All information is strictly confidential – you may not release any information on an individual's status. Another entity will contact the missing person's next of kin.
2. Be patient. Some people may be very frustrated – just remember that they are concerned and are trying to find their loved ones.
3. Be compassionate. When taking the information, do not give the feel of a credit card telephone application.
4. Do not make any promises or guarantees. Avoid phrases like "someone will find them," or "I'm sure everything will be OK." Use words like "hopefully, possibly, maybe, sometime soon."
5. Do not promise a time when someone will return the call.
6. If caller is in extreme distress – or if they make any threats – get as much contact information as possible and immediately notify the FAC Family Management Unit Leader.
7. Take your time with the caller, but do not linger any more than necessary. Each phone line is very much needed.

## ATTACHMENT 6 – TAB G: CALL CENTER INTAKE FORM

### Call Center Intake Form

<b>Intake Information</b> Call Taken By _____ Date of Call _____ Time of Call _____
---

<b>Caller Information</b> Name _____ Phone Number(s) _____ Address _____ City _____ State _____ Zip _____
---

<b>Missing Person Information</b> Person Calling About _____ Relationship to that Person _____ Are they the Primary Next of Kin? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, who is the next of Kin? _____ <i>Where the Person Lives</i> Address _____ City _____ State _____ Zip _____ Phone Number(s) _____ <i>Where the Person Works</i> Address _____ City _____ State _____ Zip _____ Phone Number(s) _____ Social Security Number _____ Why does the caller believe the Person was in/around the incident location? _____ <b>Missing person category (check one)</b> <input type="checkbox"/> Known Missing <input type="checkbox"/> Possible Missing <input type="checkbox"/> Not Known
--

<b>Other information</b> Summarize _____
---

<b>Follow-up with the Caller</b> Best time to reach them _____ Phone number(s) _____ Address for the next 24 hours _____ City _____ State _____ Zip _____ Email _____ Follow-up needed/FAC staff responsible _____ _____ _____
--

## **ATTACHMENT 7: REMAINS RELEASE FOR FINAL DISPOSITION**

- The medicolegal authority has the legal responsibility for authorizing the release of human remains. Before remains are released to the next of kin, a remains release authorization form should be filled out and signed by the legal next of kin (See Tab A to Attachment 7).
- The Tracking System will end at this point with the completion of a final disposition log (See Tab B to Attachment 7).
- The Decedent Identification Form should be finalized to reflect how a positive identification was made, when next of kin was notified, when the remains were released for final disposition and/or the long term storage location of the decedent.
- Prior to the release of remains for final disposition, the FAC should assist in the facilitation of the final disposition arrangements with the next of kin.
- Once remains have been released for final disposition, the personal effects that were recovered and cleaned, but not restored, with the remains needs to also be released for return to the family.
- If personal effects are needed for evidence in a criminal proceeding, information needs to be provided to the family on what will happen with the property and when it will be returned, if possible.
- If a positive identification has not been made, next of kin has not been contacted, or there is no next of kin, there will be a delay in the final disposition process for these remains. Plans need to address how these unidentified remains will be handled once the incident has come to an end.

### **TABS TO ATTACHMENT 7:**

- A. Sample Remains Release Authorization Form
- B. Remains Released for Final Disposition Log

**ATTACHMENT 7 – TAB A: SAMPLE REMAINS RELEASED AUTHORIZATION  
FORM**

Release Authorization

Name of Deceased: \_\_\_\_\_

Please be advised that identified human tissue will be buried in an appropriate manner.

In the event any additional tissue(s) are recovered in the future and are identified as belonging to the above named deceased, I/WE request the following (please check **ONE** of the boxes below):

- I/WE do not wish to be notified. I/WE are authorizing the appropriate administrator(s) to dispose of said tissue(s) by methods deemed appropriate by said administrator(s).
- I/WE wish to be notified and will make a decision regarding disposition at that time.

I/WE the undersigned hereby authorize \_\_\_\_\_ to release the  
(Name of Medical Examiner/Coroner)  
remains of \_\_\_\_\_ to the designated Disaster Mortuary Operational Response Team  
(DMORT).  
(Name of Deceased)

I/WE further authorize the designated DMORT to embalm, perform postmortem reconstructive surgery techniques, and otherwise prepare the remains as they deem necessary, and on completion to release the remains to

(Name, Address, and Phone No. of Funeral Home/Agent).

I/WE certify that I/WE have read and understand this **RELEASE AUTHORIZATION**. I/WE further state I/WE are all of the next of kin or represent all of the next of kin and am/are legally authorized and/or charged with the responsibility of burial and/or final disposition of above said deceased.

Signed \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_  
Print Name \_\_\_\_\_ Date Signed \_\_\_\_\_ Time \_\_\_\_\_  
Complete Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Signed \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_  
Print Name \_\_\_\_\_ Date Signed \_\_\_\_\_ Time \_\_\_\_\_  
Complete Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

**ATTACHMENT 7 – TAB B: REMAINS RELEASED FOR FINAL DISPOSITION LOG**

Incident Name:			Prepared By:		Operational Period (date/time):	
Released by:		Decedent Information			Released to:	
Log #	Date & Time of Release	Name & Initials of Releaser	Morgue Reference Number	Name of Deceased, If unknown, leave room for name to be added	Name of Funeral Home or Individual taking responsibility of remains	Date, Time, Name & Initials of Person Picking Up the Remains
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

## REFERENCES

Management of Dead Bodies after Disasters: A Field Manual for First Responders  
<http://www.icrc.org/eng/assets/files/other/icrc-002-0880.pdf>

Texas Judicial System Directory  
<http://www.courts.state.tx.us/courts/jp.asp>

Local Health Departments of Texas  
<http://www.dshs.state.tx.us/regions/lhds.shtm>

Guidance for Safe Handling of Human Remains of Ebola Patients in U.S. Hospitals and Mortuaries  
<http://www.cdc.gov/vhf/ebola/healthcare-us/hospitals/handling-human-remains.html>

Code of Criminal Procedures: Chapter 49 Inquests Upon Dead Bodies  
<http://www.statutes.legis.state.tx.us/Docs/CR/htm/CR.49.htm>

DSHS Disaster-Related Mortality Surveillance  
<http://www.dshs.state.tx.us/commprep/response/ROG.aspx>

DSHS Disaster Behavioral Health Services  
<http://www.dshs.state.tx.us/mhsa-disaster/>

Local Mental Health Authorities  
<https://www.dshs.state.tx.us/mhsa/lmha-list/>

Disaster Victim Information Guide  
<http://www.interpol.int/INTERPOL-expertise/Forensics/DVI-Pages/DVI-guide>

Joint Publication 4-06 Mortuary Affairs  
[http://fas.org/irp/doddir/dod/jp4\\_06.pdf](http://fas.org/irp/doddir/dod/jp4_06.pdf)

## ACRONYMS

CBRNE	Chemical, Biological, Radiological, Nuclear, and Explosive
CDC	Center for Disease Control and Prevention
CT	Common Tissue
DDC	Disaster District Committee
DMORT	Disaster Mortuary Operations Response Team
DS	Disaster Site
DSHS	Department of State Health Services
EMC	Emergency Management Coordinator
ESF	Emergency Support Function
FAC	Family Assistance Center
FRC	Family Reception Center
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
HSR	Health Service Region
ICS	Incident Command System
JP	Justice of the Peace
LHD	Local Health Department
LMHA	Local Mental Health Authority
ME	Medical Examiner
MF	Mass Fatality
MFI	Mass Fatality Incident
MOU	Memorandum of Understanding
MT	Morgue Triage
NRF	National Response Framework
OEM	Office of Emergency Management
PHEP	Public Health Preparedness Program
PHIN	Public Health Information Network
PPE	Personal Protective Equipment
RAC	Regional Advisory Council
TSA	Trauma Service Area
VOAD	Volunteer Organizations Active in Disasters

