



**MASS FATALITY MANAGEMENT  
PLANNING TOOLKIT**

**PURPOSE:**

1. Provide a reference tool for jurisdictional partners needing to develop a local all-hazards plan for the management of mass fatality incidents (MFI).
2. Suggest appropriate roles for local agencies and provide guidelines for fulfilling identified responsibilities and tasks to assist jurisdictional partners in planning for the management of mass fatality incidents (MFI).
3. Provide sample tools, forms, checklists, etc. for use by jurisdictional partners in developing plans or standard operating guidelines for the management of mass fatality incidents (MFI).

Jurisdictional planning partners are not mandated to use any of the examples provided in this document; however, they are encouraged to ensure that each aspect of the management of a mass fatality incident is addressed appropriately in the local all-hazards mass fatality management plan.

**GOALS:**

1. To ensure plans and guidelines are written and in place for a jurisdiction to manage a mass fatality incident in a safe, legal, respectful and thorough manner including the identification of triggers activating the mass fatality incident management plan as well as triggers for requesting assistance from the state.
2. To ensure local processes and procedures are in place for proper decedent management.
3. To ensure that local processes are in place identifying staffing and resources dedicated to the management of all aspects of a mass fatality incident to address the surge in the number of decedents as a result of any disaster.
4. To ensure that agreements and processes are in place identifying the authorities and organizational structure for a jurisdiction to enhance coordination when handling a mass fatality incident allowing any legal hurdles that the jurisdiction may face to be resolved.
5. To ensure sufficient local processes and procedures have been identified by jurisdictional planning partners to train and exercise the mass fatality incident management plan.
6. Properly handle a mass fatality incident in a manner that accommodates religious, cultural and social expectations and individuals' preferences for organ donation and final disposition as communicated by the family members.

**SITUATION AND ASSUMPTIONS:**

1. Responsibility for the management of a mass fatality incident is at the local level.
2. Support from higher levels (regional, state, EMAC and federal government) is requested through proper channels when exhaustion of local assets is projected.
3. Planning should take place at the local jurisdiction level in coordination with all other entities, agencies, and organizations involved ensuring processes are already in place should a mass fatality incident occur.
4. The primary components of a mass fatality incident are to recover and track remains, establish a Family Assistance Center (FAC), identify remains, determine cause and manner of death, properly handle post-processing storage and remains release for final disposition..
5. Laws and regulations providing guidance applicable for planning mass fatality incident response indicate that the medico-legal authority retains custody of decedents who are unidentified or have unknown causes of death.
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 medico-legal authority.

7. It is assumed that the medico-legal authority in every jurisdiction has already established and implemented processes, procedures and forms that would be adaptable for use during a mass fatality incident.

## **PLANNING RESPONSIBILITIES:**

### **1. RECOMMENDED FOR LOCAL EMERGENCY MANAGEMENT:**

- a. Assign disaster responsibilities to all local agencies and officials.
- b. Ensure that all jurisdictional planning partners are represented in planning meetings, to include medico-legal authorities (Office of the Medical Examiner or Justice of the Peace), health authorities, death care providers, trauma service area regional advisory councils, law enforcement, and other agencies and organizations necessary to manage a mass fatality incident.
- c. As a subset of Annex H, local Mass Fatality Management plans should address:
  - i. Family Assistance Center Operations
  - ii. Tracking System Activation
  - iii. Remains Recovery
  - iv. Transporting Human Remains and Holding Morgue Pre-processing
  - v. Morgue Operations
  - vi. Post-processing Storage of Human Remains
  - vii. Remains Release for Final Disposition.

### **2. LOCAL MEDICO-LEGAL AUTHORITY:**

- a. Assume that initially all mass human fatalities will require an inquest (death investigation by medico-legal authority). Retain custody over body or body parts of decedents.
- b. Satisfy legal requirements of Chapter 49 of the Code of Criminal Procedure regarding inquests upon dead bodies.
- c. Provide expertise and assist in developing local solutions for remains recovery, holding morgue operations, pre-processing transportation and storage, morgue operations, post-processing transportation and storage and remains release for final disposition.
- d. Participate in local planning and contribute to the development of a local mass fatality management plan.
- e. Identify the surge capacity of the various agencies and local death care providers to strengthen and sustain local medico-legal authority response.
- f. In a mass fatality incident, assume responsibility for resolving victim identification and determining cause and manner of death.

### **3. LOCAL HEALTH DEPARTMENTS (LHD) AND HSRs FULFILLING THE LHD ROLE:**

- a. Take a leadership role in the development and exercise of local mass fatality plans.
- b. Conduct local health authority roles to protect the health and safety of the public after a mass fatality incident has occurred. HSR Directors will fulfill this role only if no local health authority has been previously appointed..
- c. Assist Department of State Health Services (DSHS) with fulfilling responsibility for infectious disease investigations resulting in a mass fatality incident.
- d. Assist in determining the need for requesting state fatality surge resources.
- e. Work with authorities to pre-identify multiple sites for interim storage of human remains.
- f. Coordinate with Tribal Governments within the jurisdiction to develop plans for mass fatality management and to develop Memorandums of Understanding (MOU), if needed.
- g. Coordinate mass fatality incident management planning and support with neighboring jurisdictions, including Mexico border cities.
- h. Utilize the Public Health Information Network (PHIN) and redundant communication systems to rapidly disseminate and receive health alerts.
- i. Assist in implementing disaster-related mortality surveillance.
- j. Coordinate response actions with DSHS and TDEM when State response and support has been requested at the local level.

#### **4. TRAUMA SERVICE AREA REGIONAL ADVISORY COUNCIL (RAC) ROLE:**

- a. Coordinate hospital preparedness and response activities within trauma service area boundaries.
- b. Provide templates for hospital level fatality surge plans.
- c. Assure RAC-participating hospitals have developed facility plans that provide temporary refrigerated human remains storage capacity for at least five percent (5%) of the facility's licensed bed for up to twenty-four (24) hours.
- d. Assist in the development of local and regional mass fatality plans that increase jurisdictional storage capacity by at least five percent (5%)
- e. Designate a position at regional Medical Operations Centers (MOCs) to serve as a liaison to the medico-legal authority's office.

#### **5. HEALTH SERVICE REGIONS (HSR):**

- a. Serve as extensions of the DSHS Austin office, supporting Local Health Departments (LHDs) located in their respective regions.
- b. Assist in identifying guidance needed, and in providing technical assistance to LHDs and counties without LHDs in developing and exercising local mass fatality plans.
- c. 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.
- d. Work with DSHS Community Preparedness along with the General Land Office (GLO), the Texas Funeral Service Commission, the Texas State Cemetery, and the Texas Commission on Environmental Quality (TCEQ) to identify at least one site suitable to serve as interim in-the-ground storage for human remains.
- e. Assist in implementing disaster-related mortality surveillance when a mass-fatality event crosses jurisdictional lines.
- f. Utilize the Public Health Information Network (PHIN) and redundant communication systems to rapidly disseminate and receive health alerts.
- g. Assist in the recovery and return of State fatality surge resources.

## **TAB INDEX**

**TAB A:** Planning Considerations and Checklist

**TAB B:** Family Assistance Center Operations

**TAB C:** Tracking System Activation

**TAB D:** Remains Recovery

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

**TAB F:** Morgue Operations

**TAB G:** Post-processing Storage of Human Remains

**TAB H:** Remains Release for Final Disposition

## **TAB A: PLANNING CONSIDERATIONS**

- Mass Fatality Incident (MFI): an incident, disaster or public health emergency where more human deaths have occurred than can be managed with local or regional resources.
- The purpose of planning for a MFI is to provide the structure needed to implement and manage an effective response operation.
- Providing planning groups with estimates on the number of deaths that could occur in a given county can help to motivate participation in a mass fatality planning process. Local planners may have knowledge of previous disasters in their areas which can provide historical information for use in their planning activities.
  - FluAid is a test version of software created by the Centers for Disease Control and Prevention (CDC). It is designed to assist state and local level planners in preparing for the next influenza pandemic by providing estimates of potential impact specific to their locality. FluAid provides only a range of estimates of impact in terms of deaths, hospitalizations, and outpatients visits due to pandemic influenza. More information can be found at: <http://www.cdc.gov/flu/tools/fluaid/>.
- A MFI will surge typical response capacity and capabilities for any jurisdiction; therefore, managing a MFI will require the coordination and cooperation of many local and regional planning and response partners to facilitate interagency collaboration leading to plans based upon fully integrated services and resources. This ensures all aspects of MFI management are addressed.
- Texas Code of Criminal Procedure divides the state into two different types of jurisdictions: those served by Medical Examiners (ME) and those served by Justices of the Peace (JP).
- It is important that the Incident Command System (ICS) be incorporated in planning and response efforts to establish a structured response to a MFI.
- Having communication systems and methods identified and plans for the flow of information in place before a MFI occurs will make certain that the appropriate personnel get necessary information in a timely manner throughout the entire incident.
- Once the planning process has begun, it is vital that recurring evaluations are completed to assess possible risks in the plan, to identify and assign available resources and capabilities and to identify any deficiencies in resources and personnel.
- The identification of how to fulfill or obtain lacking resources are essential to response since during a MFI resources will be consumed very quickly.
- 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.
- All planning partners, responders and personnel need to keep in mind that a MFI will require extensive amounts of personal protective equipment (PPE) to enhance the Universal Precaution to protect against potential diseases and infections.
  - Universal Precaution: a set of precautions designed to prevent or minimize exposure to blood, tissues and bodily fluids that transmit pathogens, like human immunodeficiency virus (HIV) and hepatitis B virus (HBV), by treating all samples as potentially infectious. Additional measures must be taken to assure droplet protection. Airborne or contact isolation may also be required.
- Holding periodic trainings and exercises will allow applicable response personnel to gain experience conducting and completing assigned responsibilities wearing the appropriate PPE required, depending on the circumstances of the incident, to complete tasks.
- It is necessary to secure a MFI scene as soon as possible to determine if it may be due to a criminal act so that evidence may be preserved and protected. Security is also important to protect anything or anyone from coming into or from leaving the scene. Security personnel may also have to deal with an influx of unnecessary people at the scene, like media or potential victims' families.

### **ATTACHMENTS TO TAB A:**

1. Mass Fatality Incident Management Planning Checklist

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

The purpose of this checklist is to assist local jurisdictional planning partners to assess readiness and identify 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 Medico-legal Authority, the Local Health Department, the Regional Advisory Council and the Health Service Region. This checklist may not address all mass fatality incident management planning activities. Jurisdictions should develop their plans based on the specific capacities and capabilities existing at the local level. The end goal is a plan for addressing the management of a mass fatality incident 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 REPRESENTATIVE (POINT OF CONTACT)

<b>Locality (City or County)</b>				
<b>Name of 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>M-LA Representative</b>				
<b>LHD Representative</b>				
<b>RAC Representative</b>				
<b>HSR Representative</b>				

## PART B - PLANNING CHECKLIST

<b>Section 1</b>		<b>COORDINATION AND CONTROL</b>		
<b>ACTIVITIES</b>		<b>YES</b>	<b>NO</b>	<b>RESOURCES/COMMENTS</b>
<b>A</b>	Does your jurisdiction have a medical examiner? <i>If yes, proceed to C.</i> o If a contractual arrangement is in place with an ME's office in another jurisdiction, does the contract include mass fatality incident management?			► Mass Fatality Preparedness <a href="http://www.dshs.state.tx.us/comprep/massfatality/default.shtm">http://www.dshs.state.tx.us/comprep/massfatality/default.shtm</a>
	<i>Local Jurisdiction Notes/Comments:</i>			
<b>B</b>	Have you identified all of the JPs in your jurisdiction?			► Texas Judicial System Directory <a href="http://dm.courts.state.tx.us/OCA/DirectorySearch.aspx">http://dm.courts.state.tx.us/OCA/DirectorySearch.aspx</a>
	<i>Local Jurisdiction Notes/Comments:</i>			

Section 1		COORDINATION AND CONTROL Continued		
ACTIVITIES		YES	NO	RESOURCES/COMMENTS
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>Local Jurisdiction Notes/Comments:</i>			
D	Has your jurisdiction determined who will oversee mass fatality planning and response?			
	<i>Local Jurisdiction Notes/Comments:</i>			
E	Has a meeting been held between the emergency management authority(ies), the medico-legal authority(ies), and the health authority(ies) to explore issues of coordination and control?			► Code of criminal procedures: Chart 49 Inquests
	<i>Local Jurisdiction 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 Types
	<i>Local Jurisdiction Notes/Comments:</i>			
G	Have person(s) authorized to implement the plan and the delegation of authority to carry out the plan been determined?			
	<i>Local Jurisdiction Notes/Comments:</i>			
H	Have triggers for activating and demobilizing the plan been identified?			
	<i>Local Jurisdiction Notes/Comments:</i>			

Sub-section 2A		PLAN COMPONENTS		
ACTIVITIES		YES	NO	RESOURCES/COMMENTS
<b>I</b>	Have roles, responsibilities and resources been identified to conduct disaster mortality surveillance?			▶ DSHS Disaster-related Mortality Surveillance ( <a href="http://www.dshs.state.tx.us/compreg/surveillance/form.shtm">http://www.dshs.state.tx.us/compreg/surveillance/form.shtm</a> )
	<i>Local Jurisdiction Notes/Comments:</i>			
<b>J</b>	Have roles, responsibilities and resources been identified for securing the incident scene?			
	<i>Local Jurisdiction Notes/Comments:</i>			
<b>K</b>	Have roles, responsibilities and resources been identified for the flow of information within incident command and out to the media?			▶ See Annex I (Public Information) of State and Local Plans
	<i>Local Jurisdiction Notes/Comments:</i>			
<b>L</b>	Have roles, responsibilities and resources been identified to stand up and run a Family Assistance Center?			▶ Tab B: Family Assistance Center Operations ▶ DSHS Disaster Behavioral Health Services <a href="http://www.dshs.state.tx.us/compreg/dmh/default.shtm">http://www.dshs.state.tx.us/compreg/dmh/default.shtm</a>
	<i>Local Jurisdiction Notes/Comments:</i>			
<b>M</b>	Has a tracking system been developed for mass fatality management to include the roles, responsibilities and resources for tracking and identifying remains through to the final disposition of remains?			▶ Tab C: Tracking System Activation
	<i>Local Jurisdiction Notes/Comments:</i>			
<b>N</b>	Have roles, responsibilities and resources been identified for the search and recovery of remains on scene and the transport of remains from the scene?			▶ Tab D: Remains Recovery
	<i>Local Jurisdiction Notes/Comments:</i>			

<b>O</b>	Have roles, responsibilities and resources been identified for the decontamination, when needed, of remains, personnel and transportation assets at the incident scene and/or outside of the incident scene?			▶ Tab D: Remains Recovery
	<i>Local Jurisdiction Notes/Comments:</i>			
<b>P</b>	Have roles, responsibilities and resources been identified for the custody of personal property and the processing of evidence?			▶ Tab C: Tracking System Activation ▶ Tab E: Transporting Human Remains and Holding Morgue Pre-Processing
	<i>Local Jurisdiction Notes/Comments:</i>			
<b>Q</b>	Have roles, responsibilities and resources been identified for the interim storage of human remains prior to medico-legal authority processing?			▶ Tab E: Transporting Human Remains and Holding Morgue Pre-Processing ▶ Tab G: Post-Processing Storage of Human Remains
	<i>Local Jurisdiction Notes/Comments:</i>			
<b>R</b>	Have roles, responsibilities and resources been identified for the processing of human remains by the local medico-legal authority?			▶ Tab F: Morgue Operations ▶ Tab G: Post-Processing Storage of Human Remains
	<i>Local Jurisdiction Notes/Comments:</i>			
<b>S</b>	Have roles, responsibilities and resources been identified for the storage of human remains post-processing by the local medico-legal authority?			▶ Tab H: Post-processing Transportation and Storage
	<i>Local Jurisdiction Notes/Comments:</i>			
<b>T</b>	Have roles, responsibilities and resources been identified for locating and notifying the next of kin for human remains that have been identified?			▶ Tab B: Family Assistance Center Operations
	<i>Local Jurisdiction Notes/Comments:</i>			

<b>U</b>	Have roles, responsibilities and resources been identified for the final disposition of human remains?			
	<i>Local Jurisdiction Notes/Comments:</i>			
<b>V</b>	Has the plan been reviewed for potential bottlenecks and roles, responsibilities and resources identified to mitigate the identified bottlenecks?			
	<i>Local Jurisdiction Notes/Comments:</i>			
<b>W</b>	Has the plan been reviewed and approved by all jurisdictional planning partners identified within the plan?			► Date performed:
	<i>Local Jurisdiction Notes/Comments:</i>			

<b>Sub-section 2B</b>	<b>PLAN MAINTENANCE</b>
-----------------------	-------------------------

ACTIVITIES		YES	NO	RESOURCES/COMMENTS
<b>X</b>	Have training sessions, drills and tabletop exercises been planned and held for all parties involved to learn and discuss all aspects of the plan?			► Date scheduled or performed:
	<i>Local Jurisdiction Notes/Comments:</i>			
<b>Y</b>	Has a full scale drill/exercise been developed and conducted to test the plan?			► Date scheduled or performed:
	<i>Local Jurisdiction Notes/Comments:</i>			
<b>Z</b>	Has a revision schedule been set to review and update the plan including current contact information and lessons learned from exercises and drills?			► Date scheduled:
	<i>Local Jurisdiction Notes/Comments:</i>			

<b>Section 3</b>		<b>Local Mass Fatality Management Partners</b>		
<b>LOCAL PARTNERS</b>	<b>CONTACT NAME</b>	<b>TITLE</b>	<b>OFFICE PHONE</b>	<b>EMAIL</b>
<b>County Judge/City Mayor</b>				
<b>Emergency Management</b>				
<b>Local Health Authority</b>				
<b>Medico-legal Authority(s)</b>				
<b>Local Law Enforcement</b>				
<b>Local Fire Department(s)</b>				
<b>Hazardous Materials Team(s)</b>				
<b>Emergency Medical Services</b>				
<b>Dispatch/911 Services</b>				
<b>Local Hospital(s)</b>				
<b>Funeral Home Director(s)</b>				
<b>Faith-Based Support</b>				
<b>Epidemiology Office POC</b>				
<b>Public Information Officer(s)</b>				
<b>Mental Health Professional(s)</b>				
<b>City -</b>				
<b>City -</b>				
<b>Other -</b>				
<b>Other -</b>				
<b>Other -</b>				
<b>Other -</b>				

<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>NOTES</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				
Decontamination supplies and equipment				

## **TAB B: FAMILY ASSISTANCE CENTER OPERATIONS**

- A Family Assistance Center (FAC) needs to be planned for and established as soon as possible after a MFI occurs. This enables one spot to coordinate information dissemination to families of possible victims coming to the scene looking for information on identifying family members that may have been involved in the incident.
- The length of time the FAC will be needed depends on the length of time necessary to recover and identify the victims of the incident, support the families of the victims and support the response personnel working the incident.
- The primary purpose of a FAC is to address questions and concerns of victims' families (see Attachment 1, Information for Survivors of a Traumatic Event), and to collect antemortem data from victims' families for use in resolving questions of victim identity. The FAC is also important in supporting personnel working the incident (see Attachment 2, Information for Disaster Response Workers).
- During a crisis, information is a powerful tool for assisting survivors; however, it's imperative that the information be accurate.
  - The FAC should be used as a single source point for people making inquiries about the MFI and for releasing important information and educational materials to the media.
  - The FAC needs to also provide an outlet for information to go to people who want to provide help and support the efforts. The FAC should also be used to coordinate and manage any volunteers who turn out to help in the recovery effort.
- All counselors working in the FAC must be briefed by appointed incident managers (i.e. Medical Examiner, FBI, etc.) before each shift so that counselors can be advised as to what to expect and what information may be shared with families.
- People are looking for information and reassurance. They want you to explain to them, with the best of your ability, what has happened; and what is about to take place, such as
  - Where is the body going,
  - What type of exam will take place,
  - Will viewing be possible,
  - When will they receive a death certificate,
  - When will the remains be return so they can have a funeral or memorial service, etc.
    - Most importantly, they want to see empathy and compassion, not overdone, but sincere. It may be helpful to provide victims with information about grief and what they are going through (see attachment 3, Information Sheet on Grief).
- The location of the FAC will be dependent upon the size and scope of the disaster. It should be located close enough to the incident scene to allow the medico-legal authority and others to travel easily among the site, morgue and FAC, but far enough from the site that families are not continuously exposed to the scene.
- If available, a neutral, nonreligious site such as a hotel or school is often an ideal choice for a FAC because some families may be uncomfortable coming to a place of worship. Hotels and schools also meet the minimum site selection criteria (see Attachment 4) for a FAC.
- The FAC is essential in gathering information to be utilized in the process of identifying remains that have been recovered from the MFI. Missing persons information collected at the FAC should be coordinated with and forwarded to the personnel completing morgue operations and processing remains for assisting in identifications in a timely manner. This information should be collected on a form similar to the one provided in Attachment 5, Missing Person Information Form.
- The communication flow between the FAC and morgue operations should flow both ways. This will allow for families waiting for answers at the FAC to receive notification of a positive identification as soon as possible.
- The FAC should be prepared to coordinate with decedents' next of kin to make preparations and arrangements for the final disposition of remains, once they are released to the family.
- It is important that FAC plans include reaching out to cultural, religious and spiritual leaders in the community that can help coordinate any cultural, religious and spiritual considerations that may be needed during a MFI:
  - Logic vs. Emotion – Response to death is not always “logical”, but rather grief is a *very strong* emotion; the reaction varies by age, culture, religion, and demographics, etc.

- People react to the death of a loved one in many ways, especially when it is due to a MFI. They may try to cope using some of the following:
  - *Withdrawal*;
  - *Regression* to infant behaviors;
  - *Fixation* of emotion on some goal or action;
  - *Disassociation* by criticizing someone else's actions;
  - *Projection* of one's faults to another;
  - *Negativism*;
  - *Displacement* by blaming others or God;
  - *Irritation*;
  - *Rationalization* by self-justification;
  - *Compensation* or overcompensation for personality traits;
  - *Sublimation* or "blowing off steam" to keep from exploding emotionally; and
  - *Conversion* where the person may literally become physically ill from the trauma.
- Death and the final disposition of the human remains are many times based upon and guided by strongly held religious beliefs.
- Some religious groups have very strict beliefs regarding blood, embalming, the final disposition of remains, etc. Therefore, communication with the family, the funeral director and religious leaders in the community is vital to bridging the gap of legal responsibilities for death investigation with those of compassion and respect for religious and cultural beliefs.
- FAC staff conducting interviews of family members and death notifications must be carefully selected. Qualified personnel include Licensed Mental Health Professionals, Victim Advocates and Chaplains/Clergy. Required skills may include the following training and/or experience:
  - Crisis Intervention
  - Death notifications
  - Grief and loss
  - Experience with law enforcement
  - Victim Services
  - Cultural competency
  - Public Health considerations/dangers during disasters
- The nature of the work done in the FAC would be best served by counselors working in teams. Team work allows mutual support along with the ability to take breaks as needed.
  - The ideal ratio of mental health responders to need is 1:5.
  - Additional counselors may be needed to support their peers via crisis counseling, defusing and/or debriefings.
    - It is ideal for FAC planning to consider conducting a survey and assessment of the capacity of mental health workers within a jurisdiction.

## **ATTACHMENTS TO TAB B:**

1. Family Assistance Center Site Selection Criteria
2. Information Sheet for Survivors of a Traumatic Event
3. Information Sheet for Disaster Response Workers
4. DHHS SAMHSA National Mental Health Information Sheet on Grief
5. Missing Person Information Form

## ATTACHMENT 1 - TAB B: FAMILY ASSISTANCE CENTER (FAC) SITE SELECTION CRITERIA

### *A SUMMARY OF CRITERIA FOR THE SELECTION OF A FAMILY ASSISTANCE CENTER (FAC)*

#### SITE SELECTION FACTORS:

- Type of disaster event and number of fatalities
- Location in relation to the disaster site and the morgue
- Availability of neutral, non-religious site (e.g., hotels, schools, etc.)
- Needs of the many participating agencies

#### AVAILABILITY OF THE FACILITY – IMMEDIATE AND LONG TERM

#### INFRASTRUCTURE:

- Electrical power
- Telephone service
- A sufficient number of toilets
- Controlled heat/air conditioning, water, and sewage
- Adequate parking
- Security options, including securing the media room
- Disability accommodations

#### SPACE AND FLOOR PLAN – ACCOMODATING THE PERFORMANCE OF MANY FUNCTIONS AND DELIVERY OF SERVICES. SPACE SHOULD BE PROVIDED FOR:

- Operations center and administrative offices
- Large general assembly room with a public address system
- A media area that is physically separated from the families to not allow media access to victims families
- Reflection room
- Death notification room
- Private counseling rooms for the staff members or response workers and for victims family members to use
- Medical area
- Reception area
- Kids play area with items to keep children occupied

## **ATTACHMENT 2 - TAB B: 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 EVENTS**

- 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 3 - TAB B: INFORMATION SHEET FOR DISASTER RESPONSE WORKERS

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

#### **NORMAL REACTIONS TO A DISASTER EVENT**

- No one who responds to a mass casualty event 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 have 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 4 - TAB B: DEPARTMENT OF HEALTH AND HUMAN SERVICES – SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) NATIONAL MENTAL HEALTH INFORMATION SHEET ON GRIEF

## *HOW TO DEAL WITH GRIEF*

### **WHAT IS GRIEF?**

Grief is the normal response of sorrow, emotion, and confusion that comes from losing someone or something important to you. It is a natural part of life. Grief is a typical reaction to death, divorce, job loss, a move away from friends and family, or loss of good health due to illness.

### **HOW DOES GRIEF FEEL?**

Just after a death or loss, you may feel empty and numb, as if you are in shock. You may notice physical changes such as trembling, nausea, trouble breathing, muscle weakness, dry mouth, or trouble sleeping and eating.

You may become angry - at a situation, a particular person, or just angry in general. Almost everyone in grief also experiences guilt. Guilt is often expressed as "I could have, I should have, and I wish I would have" statements.

People in grief may have strange dreams or nightmares, be absent-minded, withdraw socially, or lack the desire to return to work. While these feelings and behaviors are normal during grief, they will pass.

### **HOW LONG DOES GRIEF LAST?**

Grief lasts as long as it takes you to accept and learn to live with your loss. For some people, grief lasts a few months. For others, grieving may take years.

The length of time spent grieving is different for each person. There are many reasons for the differences, including personality, health, coping style, culture, family background, and life experiences. The time spent grieving also depends on your relationship with the person lost and how prepared you were for the loss.

### **HOW WILL I KNOW WHEN I AM DONE GRIEVING?**

Every person who experiences a death or other loss must complete a four-step grieving process:

1. *Accept the loss;*
2. *Work through and feel the physical and emotional pain of grief;*
3. *Adjust to living in a world without the person or item lost; and*
4. *Move on with life.*

The grieving process is over only when a person completes the four steps.

## ***HOW TO DEAL WITH GRIEF***

### **□ HOW DOES GRIEF DIFFER FROM DEPRESSION?**

Depression is more than a feeling of grief after losing someone or something you love. Clinical depression is a whole body disorder. It can take over the way you think and feel. Symptoms of depression include:

- A sad, anxious, or "empty" mood that won't go away;
- Loss of interest in what you used to enjoy;
- Low energy, fatigue, feeling "slowed down;"
- Changes in sleep patterns;
- Loss of appetite, weight loss, or weight gain;
- Trouble concentrating, remembering, or making decisions;
- Feeling hopeless or gloomy;
- Feeling guilty, worthless, or helpless;
- Thoughts of death or suicide or a suicide attempt; and
- Recurring aches and pains that don't respond to treatment.

If you recently experienced a death or other loss, these feelings may be part of a normal grief reaction. But if these feelings persist with no lifting mood, ask for help.

### **□ WHERE CAN I FIND HELP?**

The following list of organizations and web sites provides information and support for coping with grief:

- **The Compassionate Friends** <http://www.compassionatefriends.org> - A national, self-help support organization for those grieving the loss of a child or sibling.
- **Fernside** <http://www.fernside.org> - Grief information, resources, and support for grieving children and their families.
- **RENEW: Center for Personal Recovery** <http://www.renew.net> - A grief counseling center for individuals and families that are experiencing loss, with a specialty in grief recovery counseling for traumatic deaths.
- **GriefNet** <http://www.griefnet.org/> - GriefNet is a professionally directed, on-line grief support community. It has over 50 monitored support groups covering the loss of a parent, of a child, of a sibling, of a friend, of a spouse, of a pet, loss due to military service, and other unique losses.
- **Growth House, Inc.** <http://www.growthhouse.org> - A source of quality information and resources on death and dying issue.
- **Transformations** <http://www.transformations.com> - A web site about self-help, support, and recovery issues.

## ATTACHMENT 5 - Tab B: MISSING PERSON IDENTIFICATION 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	<b>Other Jewelry:</b>			
		Keys/Key Chain		Wallet	Purse	Cellular/Smart Phone	Music Player	Camera		
		<i>Description/Other:</i>								
<b>Identifying habits:</b>		<b>Tobacco:</b>	Chewing	Pipe	Cigarettes	<b>Type:</b>		<b>Amount:</b>		
		Recreational Drug user		<b>Type:</b>			<b>Amount:</b>		<b>Other:</b>	
		<i>Description/Other:</i>								
<b>Skin markings, include quantity, location on the body, side of the body, along with any evidence of past skin markings (mark photos taken and provide location):</b>		<b>Scars</b>		<b>Moles/Birthmarks</b>		<b>Piercings</b>		<b>Tattoos</b>		
		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>			<i>DOB:</i>	
<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>			<i>DOB:</i>	
<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>			<i>DOB:</i>	
<b>Relationship to Missing Person:</b>		Mother	Father	Daughter	Son	Aunt	Uncle	Cousin	Grandmother	Grandfather

## **TAB C: TRACKING SYSTEM ACTIVATION**

- A tracking system needs to be developed and implemented to record the chain of custody for all human remains. This ensures that decedents can be located and accounted for at any time during every stage of response.
- Tracking systems can also aid in the process of identifying decedents, notifying the next of kin and returning decedents to their families.
- The jurisdiction's medico-legal authority will likely already have a jurisdictional tracking system in place that may be used for MFI response.
- Attachment 1 contains DSHS's recommendation for the minimum information required.
- Tracking systems can be paper based or computer based.
- There may be electronic tracking systems available for free or for purchase if a jurisdiction wants to pursue this option, like the Unified Victim Identification System (UVIS) developed by the Office of the Chief Medical Examiner in New York City, New York.
  - 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 in exercises.
  - It is important that whatever the tracking system, consistent language needs to be in place and 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 that is used in the tracking system should be unique to each decedent recovered at the scene. This number should be the sequential number for the remains being logged. 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 in the scene.
- The tracking system should also have a redundancy plan in place to check that all the assigned identification numbers for tracking match the numbers on the tags on the bodies, the tags on the body bags and all evidence associated with the body.

### **ATTACHMENTS TO TAB C:**

1. Decedent Tracking Sheet



## **TAB D: REMAINS RECOVERY**

- Upon arrival to a MFI, Incident Command and the 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 medico-legal authority to collect evidence. Therefore, it is recommended that the assessment team include a:
  - Fire Fighter and Trained Hazmat Technician
  - Medico-legal authority (JP or ME) or an investigator for the medico-legal authority
  - Law Enforcement evidence technician
- If a MFI is due to a suspected crime, evidence collection should be done by law enforcement personnel that have had the proper legal and technical training in the appropriate handling and processing of evidence at a potential crime scene to ensure that any evidence discovered at the scene will be legally admissible in a court of law.
- All remains recovery should be conducted by personnel that have been trained on the appropriate personal protective equipment (PPE) and handling measures that need to be taken to safely recover remains from the scene. The medico-legal authority should determine the proper protocols for the type, amounts and standards of use for all PPE. See the information provided in Attachment 1 for Personal Protective Equipment (PPE) and the Safe Handling of Human Remains.
- All remains recovery personnel need to also be aware of Infection Control Measures and Decontamination procedures that may need to be taken on the recovery scene depending on the circumstances and situation of the MFI. See Attachment 2 for more details of Infection Control and the Decontamination of Human Remains
- The Body Process Pathway, shown in Attachment 3, provides an example flowchart showing the path that human remains recovered from the incident scene will likely follow throughout a mass fatality incident before reaching the point of release for final disposition.
- All response personnel conducting remains recovery should note that any animal remains discovered should not be collected or processed with human remains. Local animal control agencies may need to consult with the medico-legal authority for how to process and dispose of animal remains if the incident is considered to be due to criminal activity because they could be considered part of the crime scene.
- All personnel working on recovery of human remains need to document findings on a form similar to the Recovery Site Report in Attachment 4. This records detailed information about the recovery may help determine how the incident occurred or what caused the incident.
- Remains recovery personnel need to be aware that any dismembered human remains need to be treated as individual bodies and documented, collected and processed as they are recovered from the scene. Attempts to match body parts at the scene should not be made.
- Any remains recovered from the scene need to be logged in on a field log at the recovery site to keep record of all the remains recovered along with brief information about how the remains were recovered. A sample form that can be used is provided in Attachment 5.

### **ATTACHMENTS TO TAB D:**

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

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

- Workers face a variety of health hazards when handling, or working around, human remains, including contagions and infectious diseases, like blood borne viruses or bacterial diseases.
- PPE 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 protecting 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: Should be worn to protect against splashes of bodily fluids and tissues. This can be accomplished by wearing a plastic face shield or eye protection with a surgical mask.
  - 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.
    - Respiratory protection is not normally required unless the local medico-legal authority deems it essential to protect personnel from biohazardous materials. If respiratory protection is required then a respirator, along with the appropriate eye protection, should be worn.
  - Body protection: Impervious disposable gowns, aprons, jumpsuits, etc. 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 is anticipated. Additional heavy duty head gear may be needed in situations where rubble and debris may be falling from above.
  - Foot protection: Rubber boots or appropriate shoes covers should be worn where there is potential for footwear to become contaminated. Additional 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 involved in the recovery efforts so having more than one person involved in lifting human remains will help to reduce the potential for injury especially when appropriate lifting techniques are followed. If available, using mechanical lifts or other devices will help minimize risks of injury to workers. Additionally, human remains that have been in water for some time are likely to be heavier than normal.
- *SUGGESTIONS FOR THE PPE THAT SHOULD BE WORN FOR SPECIFIC HUMAN REMAINS HANDLING TASKS:*

Task or Activity	Gloves	Eyewear	Mask	Gown or Apron	Head Cover	Shoe Cover
Handling human remains	Yes	No <sup>1</sup>	No <sup>1</sup>	Yes	No <sup>1,2</sup>	No <sup>1,2</sup>
Extricating human remains or personal effects from wreckage <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 D: Infection Control and the Decontamination of Human Remains**

### ***Infection Control***

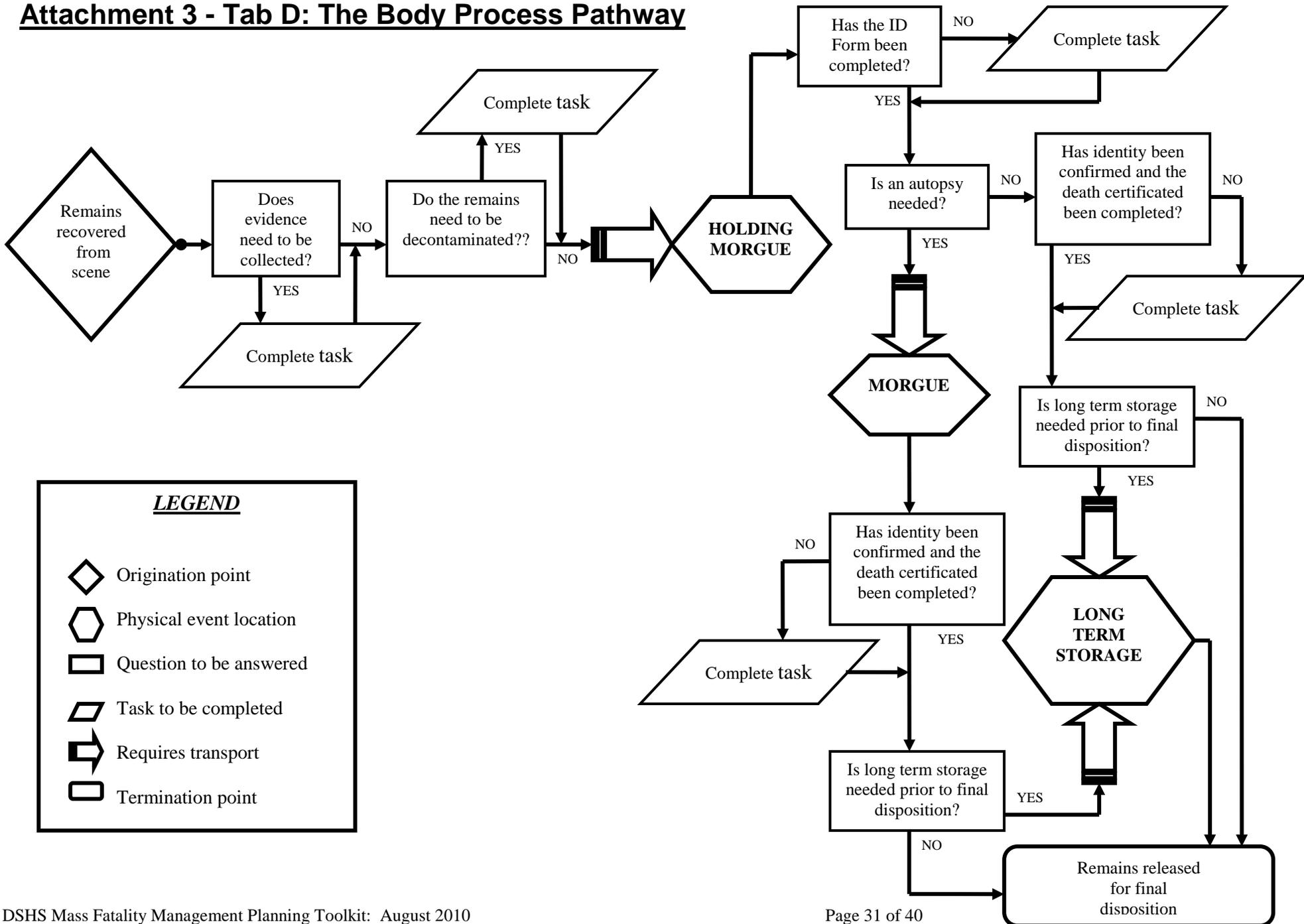
- The risks to the general public from dead bodies due to a natural disaster is negligible since the cause of death is generally not due to reasons associated with communicable diseases.
- In the event of an intentional release of a biological agent or of a natural pandemic resulting in mass fatalities, the greatest risk would come from live victims since these diseases need live human hosts to continue to spread the disease.
- However, there is a small risk for contamination of drinking water if fecal material from human remains enter any local the water sources. This can be mitigated with routine disinfection of drinking water to prevent any water borne 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.
- The safety of personnel performing functions involving the human remains is paramount so 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 body tissues.
- For people handling human remains, there is a small risk of diseases; however, the diseases do not last more than a few days without a live human host. Any risks from handling human remains can be reduced with barrier protection by wearing the appropriate personal protective equipment (PPE) and practicing basic hygiene.
- As an infection control measure, all used PPE should be disposed of appropriately following all biohazard guidelines and cross-contamination should be avoided at all times.
- Prompt care should be given to any wounds sustained during work handling human remains, including immediate cleansing with soap and water. It is recommended that workers get vaccinated against hepatitis B and get a tetanus booster, if indicated.
- The smell from decaying 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 if the smell becomes a problem for workers and it may give workers some psychological relief.
- Human remains pouches will help reduce any risk of infection or exposure and are extremely helpful in the transport of decedents that have been badly damaged.

### ***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 some factors to take into consideration are the desired degree of microorganism removal, type of surface that needs to be decontaminated, the expenses involved, and the ease of disinfectant to use.
- Typical procedures used on the body, clothing or other items to remove, neutralize or degrade any offending agents or substances and to provide bactericidal action are:
  - Manually washing and rinsing
  - Spraying with a soft spray that minimizes spatter and aerosolization
  - Submersing the body or items in a tank, pot or trench to “soak”
    - However, the spraying method alone does not guarantee that all decontaminants, like remains soiled with greasy or proteinaceous materials, will be removed or neutralized. Also, 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 (MSDS) for directions and safety information to ensure that the appropriate personal protective equipment (PPE) is worn so to avoid contact with hands, eyes, face, mouth, lungs, etc.
- Decontamination of remains and items recovered from the scene should only be done after forensic investigation requirements have been met. However, if decontamination of bodies and/or items from the scene poses additional risk to personnel, it may be best to seal items in containers or remains in body bags after adequate documentation and forensic analysis has been completed. The outside of the container or body bag will then need to be decontaminated by washing or spraying after it has been sealed.
- Decontamination of the remains and any items that are recovered with and on the remains (clothing, shoes, etc.) should be done separately. Separate decontamination procedures for items other than the body, accomplish:
  - The unclothed body will be easier to decontaminate
  - The packaged clothing or items will be easier to process and decontaminate under controlled circumstances
  - The clothes or items and the bodies may be sent to separate facilities for processing and documentations
  - Personal effects may be more readily examined for identification purposes
- When cleaning instruments, make sure to open, disassemble and completely submerge them to ensure direct contact between all surfaces and disinfectant.
- Decontamination procedures need to also include washing and decontamination of all vehicles and any equipment used in the movement and transportation of remains and items recovered from the scene that may have been contaminated. Additionally, procedures should include any storage locations where contaminated remains or items were housed along with any locations where decontamination took place.
- If a 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, used cleaning utensils, etc.

# Attachment 3 - Tab D: The Body Process Pathway



**LEGEND**

- Origination point
- Physical event location
- Question to be answered
- Task to be completed
- Requires transport
- Termination point

## ATTACHMENT 4 - 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	Hispanic/Latino			Unknown	
<b>Recovery Location Details:</b>		<b>Date &amp; Time Discovered:</b>			<b>Date &amp; Time Recovered:</b>			No Decomposition			
		<b>Possible Name(s)</b>						Mild Decomposition			
		<b>Street Address</b>						Severe Decomposition			
		<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>Verichip Placed</b>		Yes	No	<b>Verichip #:</b>		<b>Other:</b>			
		<b>Remains Tagged</b>		Yes	No	<b>Pouch Tagged</b>				Yes	No
		<b>Remains Delivered to Holding Morgue</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 Holding Morgue:</b>											
Agency:			Name:			Signature:			Date/Time:		
<b>Holding Morgue Recipient:</b>											
Agency:			Name:			Signature:			Date/Time:		

## ATTACHMENT 5 - TAB D: 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	Field Assigned Body ID #	Date & Time Recovered	Name & Initials of Recoverer	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							
17							
18							
19							
20							

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

- Identified holding morgue locations should be in close proximity to the scene and, if possible, to where morgue operations will be because any delays between death and autopsy hinder the medico-legal authority's processes. All storage options should compare the storage requirements against the time it takes to collect biometric data necessary for identification, determination of the cause and circumstances of death, and next of kin notification.
  - Considerations should be made for the possible delay in autopsy potentially creating a back up in the holding morgue area. If a large back up is created, alternative longer term storage methods may be required.
- All remains and items recovered at the scene should be transported in a safe and respectful manner between the various response locations.
- The routes between these locations should be made inaccessible to all people and vehicles except those driving transport vehicles and any workers who must supply support services to the vehicles or drivers.
- The Decedent Tracking Sheet, see Attachment 1 to Tab C, should reflect each current and subsequent location the remains are at during any step of the incident.
- Plans for the transport of remains and the various locations of work and storage sites should minimize the amount of times remains are transported and moved.
- To minimize the risk of re-contamination or cross-contamination, any remains that have not been decontaminated should be stored separately from those that have been processed and are awaiting autopsy. These remains should also be kept separate from remains that have been autopsied.
- It is imperative that the holding morgue have adequate storage for all the remains recovered because completion of the Decedent Identification Form in Attachment 1 will still need to take place, even if the decision is made to not autopsy certain remains.
  - Completing this form will help document and identify all remains associated with the incident and also help address any factors impacting the identification of remains.
- At the holding morgue, each body, prior to autopsy, should go through a thorough external examination to include written and photographic documentation, and the collection and processing of appropriate external specimens and evidence. Completion of the Decedent Identification Form will document findings.
- Please remember that the process of identifying remains and notifying next of kin in a timely manner needs to be balanced with the importance of following all legal procedures for processing and identifying remains when the MFI is due to criminal activity.
- When processing remains, it is important that all personal property and/or evidence found with or on a decedent's body be identified, catalogued, and stored appropriately.
  - If the incident is suspected to be due to criminal activity, all evidence needs to be collected, logged and transferred to the appropriate authority for processing while ensuring that chain of custody is maintained at all times.
  - All personal property needs to be catalogued and stored where it can be located so that upon identification and notification of next of kin, the decedent's personal property can be returned to the family, as long as it is not evidence in a crime.

### **ATTACHMENTS TO TAB E:**

1. Decedent Identification Form

## ATTACHMENT 1 – TAB E: DECEDENT IDENTIFICATION FORM

<b>Incident Name:</b>		<b>Prepared by (date/time/initials):</b>		<b>Photos attached:</b>	Yes	No	
<b>Body Id Number:</b>		<b>Operational Period (date/time):</b>		<b>Fingerprints attached:</b>	Yes	No	
<b>Recovery Details:</b>							
<b>A. Physical Description</b>							
<b>A.1</b>	<b>General Condition: (mark one)</b>	<b>A)</b>	Complete body	Incomplete body (describe):			Body part (describe):
		<b>B)</b>	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. Personal Affects										
B.1	<b>Clothing</b> (Type of clothes, colors, fabrics, brand names, sizes, repairs) Describe in as much detail as possible all items.									
B.2	<b>Footwear</b> (Type, color, brand, size) Describe in as much detail as possible.									
B.3	<b>Eyewear</b> (Glasses (color, shape), contact lenses) Describe in as much detail as possible.									
B.4	<b>Habits</b> (Smoker (cigarettes, cigars, pipes), chewing tobacco, betel nut, alcohol, etc.) Please describe findings, including quantity.									
B.5	<b>Personal Items</b> (Watch, jewelry, wallet, keys, photographs, mobile phone (include number), medication. Cigarettes, etc.) Describe in as much detail as possible.									
B.6	<b>Identity documents:</b> (Identification card, driving license, credit card, video club cards, etc.) Take photocopy, if possible. Describe the information contained on the documents.									
C. Status of the Body										
C.1	<b>Identification verified or confirmed by:</b>	Drivers License:	State ID:	Passport:	Birth Certificate:	Other:				
		State:	State:	Country:	City/State:					
	<b>Name &amp; Date:</b>	#:	#:	#:	#:					
C.2	<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 Time:</b>	
C.3	<b>Next of Kin:</b>	<b>Name:</b>				<b>Contact Information:</b>		<b>Notified by (date/time/initials):</b>		
		<b>Relationship to deceased:</b>								

Form Revised: April 2010

Original on File with MFI Unit

Copy with Decedent

2E1

## **TAB F: MORGUE OPERATIONS**

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

## **TAB G: POST PROCESSING STORAGE OF HUMAN REMAINS**

- After remains have been processed by the medico-legal authority and the death certificate has been completed, the remains can be prepared for final disposition. If there is a need to delay the release of a decedent's remains, post processing storage may be required.
- Post processing storage needs to take into account any cultural, spiritual or religious considerations expressed by the decedent's next of kin.
- The refrigeration capacity of most morgues will be exceeded during a disaster, especially if there are many unidentified remains recovered during the first hours of an event.
- Large refrigerated transport containers used by commercial shipping companies can be used to store human remains; however, enough containers are seldom available at the disaster site and only 30 bodies can fit in one container when the remains are lying on the floor with walkway space between.
  - There are lightweight temporary racking systems that can be used to increase each container's capacity by up to 3 times.
  - Stacking of bodies (without racking systems) is not recommended because it demonstrates a lack of respect for individuals and it can make managing the decedents difficult. It can also cause issues with identification since stacking in really cold temperatures can irreversibly distort the faces of the victims that have been stacked together. Stacking can also cause problems with reading the identification tags on the decedents stacked together.
- Decomposition is the disintegration of the body and all its tissues after death occurs, and begins at the moment of death.
  - These processes release gases that are the chief source of the characteristic odor of dead bodies, as well as the cause for the body to swell.
    - Autolysis: self dissolution by body enzymes released from disintegrating cells.
    - Putrefaction: action of bacteria and other microorganisms.
  - Factors affecting decomposition: temperature, humidity or dryness, the surface where the body lies, burial, wrapping, insect or scavenger activity, indoor versus outdoor, water, fire, condition of the person prior to death.
- Refrigeration does not halt decomposition, it only delays it. However, refrigeration will help to preserve the body for about 1-3 months, depending on humidity levels (low levels are best). Refrigeration of human remains also comes with the potential for mold problems which can hinder visual identification, if not make it impossible, which interferes with the medico-legal authorities processes.
- Freezing is not recommended because it can cause tissues to dehydrate which will change the colors of the tissues, negatively impacting the interpretation of injuries as well as visual identification attempt. Rapid freezing of bodies as well as handling of bodies that have been frozen can cause post-mortem injury, like cranial fractures, that will negatively influence the investigation and make the medico-legal interpretation of the examination difficult. Additionally, the process of freezing and thawing will accelerate decomposition of the remains.
- Packing in ice is not recommended because it will be difficult to manage the weight of the ice and associated transportation issues due to the amount of ice that would be needed to preserve a body, even for a short time. Additionally, ice is often a priority for emergency medical units making it a difficult resource to obtain during an emergency. Ice also creates large areas of runoff water which may be contaminated.
- Packing in chemicals, such as formaldehyde, is not recommended for storing intact human remains because the chemicals would only preserve a decedent for a short period of time and they have strong odors that could irritate workers. Some chemicals may be useful for preserving fragmented remains but care and safety must be taken when considering using these methods.
- Embalming is the most common method of preserving human remains for longer term storage; however, it is not possible when the integrity of the corpse has been compromised (decomposed or fragmented). Embalming also requires a licensed professional which can be expensive and takes a considerable amount of time for each case.
  - When considering embalming as an option, the risks associated with embalming remains need to be addressed.

- Embalming involves chemicals that can pose a direct risk to workers, an indirect risk with the chemicals react with other chemicals being used, and can retard decomposition processes which may facilitate the elimination of infectious agents.
  - Embalming can cause some agents that were formerly on the inside of the body to resurface on to the exterior of the body or any associated surfaces.
- Benefits of embalming do include:
  - Refrigeration for up to three weeks is not required for remains that are embalmed,
  - Embalmed remains only need to be stored in a cool area, thus
  - The number of refrigeration units is reduced.
- Although embalming has some advantages there are some instances when embalming should not be performed. For example, instances where remains contain residual hypochlorite because there is potential for the generation of dangerous gases when mixed with embalming fluid.
- Temporary internment or burial may need to be explored when other storage methods have been exhausted or where longer-term temporary storage is needed. This method is considered a viable option when there will be a great delay in certifying deaths or facilitating final disposition. Underground temperatures are lower than at the surface which provides natural refrigeration. Temporary burial sites should be constructed in a way to help ensure future recovery of the remains that have been buried:
  - Trench burial should be used for larger numbers of decedent.
  - Burial should be 5 feet deep and at least 600 feet from drinking water sources.
  - Leave 1 foot between bodies.
  - Lay bodies in 1 layer only. Do not stack.
  - Clearly mark each body and mark their positions at ground level.
  - Each body must be labeled with a metal or plastic identification tag.
- All refrigerated storage containers and any interim in-the-ground storage sites used for remains that have yet to be processed need to be kept separate from sites storing remains that have already been autopsied and processing has been completed.
- In order to minimize the distance between scene locations and the amount of times decedents are handled by personnel, the distance between the morgue and any storage locations being utilized needs to be as short as possible.
- There are instances when cremation will be the recommended disposition of remains. For example, the smallpox virus can survive in buried bodies in the lesion so cases involving smallpox virus should be cremated.

## **ATTACHMENTS TO TAB G:**

1. Post-Processing Storage Log

## ATTACHMENT 1 – TAB G: POST-PROCESSING STORAGE LOG

<b>Incident Name:</b>				<b>Prepared by:</b>			<b>Operational Period (date/time):</b>
<b>Storage:</b>				<b>Decedent Information</b>			
Log #	Date & Time Stored	Name & Initials of Person Storing	Transferred to: (Trailer #, Morgue, Interim, etc.)	Location (Marker, Grid, Rack number)	Body ID 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							
17							
18							
19							
20							

## **TAB H: REMAINS RELEASE FOR FINAL DISPOSITION**

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

### **ATTACHMENTS TO TAB H:**

1. Remains Released for Final Disposition Log

## ATTACHMENT 1 - TAB H: 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	Body ID 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						
18						
19						
20						