

Texas Mass Fatality Operations Response Team

Mass Fatality Incident Rapid Assessment Guide

Date: _____ Time: _____

Location: _____

Incident Name: _____

Assessor(s) name: _____

Phone: _____ Email: _____

Step 1: Situational Awareness EVALUATION PAGE

The mass fatality incident (MFI) Rapid Assessment Guide is a tool to assist with initial evaluation of a local jurisdiction's MFI response capabilities and gaps as part of the broader emergency support function (ESF)-8 assessment performed by the Rapid Assessment Team (RAT). This assessment must be reconciled with other RAT assessment responsibilities and should be completed after more urgent ESF-8 assessments have been performed (e.g., hospital availability, EMS). The MFI should be assessed within the first 12-hour operational period.

How to Use this Guide:

- Navigate through the guide step-by-step to assess each MFI component.
- Ask your local contact the questions provided on the "Evaluation Page" for each "Step."
- Record the answers for each "Evaluation Page" question on the corresponding section in the opposing "Notes Page" (e.g., record details for directive 2 in blank 2 on the following page).
- Record point of contact (POC) data for the information gathered during each "Step" of the assessment on the appropriate "Notes Page," as requested (there may be more than one POC for each step).

General Guidance for the Assessor:

- Medicolegal death investigation is a local responsibility.
- Provide awareness of MFI response needs and resources and evaluate local capabilities relative to the specific incident.
- Do not attempt to provide medicolegal direction for the response.
- The Texas Mass Fatality Operations Response Team (TMORT) assistance to the local medicolegal and incident command authorities includes providing support and guidance (not operational command).
- Take into account the political considerations communicated by local responders.
- TMORT and RAT resources are representatives of the Texas Department of State Health Services (DSHS).
- The most valuable contact for information regarding fatality management capabilities may or may not be the local medicolegal authority. The Emergency Management Coordinator (EMC) or regional District Coordinator (DC) may be the best resource.
- Throughout the assessment process, maintain communication with the local medicolegal authority when possible.
- Monitor the behavioral and physical health conditions of the assessor before, during, and after deployment.
- MFI-specific information intended for public release should be routed to the State Medical Operations Center (SMOC) for release to the public (e.g., call center number, public information requests).

Situational Awareness Questions (record answers on Step 1 Notes Page):

1. What is the incident and type of population (e.g., closed [victim manifest available] or open [no manifest])? Record any special incident circumstances (e.g., international population, all children, contaminated).
2. What is the estimated number of fatalities? What is the source of this count?
3. Make contact with the local EMC or regional DC, local public health representatives, and local mental health authority representatives.
4. What type of medicolegal system is present (i.e., Medical Examiner or Justice of the Peace)? Provide details.
5. Record contact information for the medicolegal authority, if possible. Summarize level of engagement.
6. Does the jurisdiction have a contract with an external entity for autopsy services (e.g., other county medical examiner, private autopsy service)?
7. Does the jurisdiction have a mass fatality plan that will provide operational guidance during this response?
8. Does the jurisdiction have teams or assets that may be useful during an MFI response (e.g., voluntary organizations active in disaster (VOADs), local mental health teams, hotels, large funeral homes, call centers)?
9. Recommend that the public information officer (PIO) coordinate with the DSHS/Texas Division of Emergency Management (TDEM) PIOs to communicate the MFI assessment process to the public and how it informs the development of the response strategy.

Step 1: Situational Awareness NOTES PAGE

1	<u>Incident Type</u> <input type="checkbox"/> Natural (e.g., hurricane, tornado) <input type="checkbox"/> Manmade (e.g., explosion, building collapse) <input type="checkbox"/> Plane crash <input type="checkbox"/> Closed population (manifest) <input type="checkbox"/> Open population <input type="checkbox"/> Fragmented remains <input type="checkbox"/> Commingling likely Special circumstances: _____
2	Estimated number fatalities: _____ Source of count: _____
3	EMC/DC contact name: _____ Phone number: _____ Local public health contact name: _____ Phone number: _____ Local mental health authority contact name: _____ Phone number: _____
4	Medicolegal system type: <input type="checkbox"/> Medical Examiner <input type="checkbox"/> Justice of the Peace Notes: _____
5	ME/JP contact name: _____ Phone number: _____ Comments: _____
6	Contract for autopsy services? <input type="checkbox"/> Yes <input type="checkbox"/> No Agency name: _____ Contact information: _____ Notes: _____
7	Mass fatality plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Notes: _____
8	Possible local MFI response assets: <input type="checkbox"/> VOADs (list): _____ <input type="checkbox"/> Large funeral home(s): _____ <input type="checkbox"/> Mental health teams: _____ <input type="checkbox"/> Call center: _____ <input type="checkbox"/> Other: _____
9	Does your jurisdiction have a PIO in place that can address MFI questions? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact info: _____ Does this PIO need guidance specific to MFI? <input type="checkbox"/> Yes <input type="checkbox"/> No

STEP 1: SITUATIONAL AWARENESS

Step 2: Site Operations EVALUATION PAGE

Site Operations Questions:

1. Who is responsible locally for the recovery, transport, and storage of human remains (HR)? Are these handled by a single agency? If so, record the POC information. If not, go to question 1a (below).
 - 1a. Are different agencies (people) responsible for recovery, transport, and storage? If so record the POC for each.
2. Is there an ongoing law enforcement investigation of this incident? Are law enforcement agencies on site? If so, record which agencies are present and the contact information for the on-scene commander.
3. Verify the estimated number of fatalities, the number of missing, and the source of the estimates.
4. Are the remains fragmented? If yes, to what degree: minimal (mostly intact bodies with a few amputations resulting in recognizable parts); moderate (significant dismemberment but parts are recognizable); significant (most or all remains are fragmented into small, unrecognizable parts)?
5. Is it possible that the HR are contaminated? If so, what is the suspected contaminant?
6. Are the remains burned? If yes, to what degree: minimal (smoke staining [soft tissue intact but discolored], burned clothing and hair); moderate (soft tissue damage [intact bodies or parts]); significant (destruction of soft tissue and bone [recognizable as HR]); extreme (unrecognizable as HR)?
7. Is it possible that individual HR are commingled? If so, to what degree: minimal (minor dismemberment but individual remains are mostly separate); moderate (potential is higher because of either larger number of decedents in small area with minimal fragmentation or more significant fragmentation of fewer decedents); significant (high number of remains and high level of fragmentation)?
8. What is the recovery environment: open area, collapse structure, confined spaces, debris pile, buried or partially buried, or other? Record notes regarding the environment.
9. What potential HR recovery assets/capabilities does the local jurisdiction have? List relevant assets.
10. Does the local jurisdiction have the capability to handle the unassociated personal effects (e.g., collect, label, track, refurbish, identify personal effects ownership, correspond with next-of-kin [NOK], return to NOK)?
11. Does the local jurisdiction have the capability to track HR through the recovery, morgue, and storage processes?
12. Does the local jurisdiction plan to request assistance with 1) HR recovery; 2) management of unassociated personal effects; 3) HR tracking; or 4) scene photography?

Step 2: Site Operations NOTES PAGE

1	Single point of contact for recovery/transport/storage of HR: Name: _____ Position: _____ Phone number: _____ Notes:
1a	Agency (person) responsible for: HR recovery: _____ Position: _____ Phone: _____ HR transport from site: _____ Position: _____ Phone: _____ HR storage after recovery: _____ Position: _____ Phone: _____ Notes:
2	Ongoing law enforcement investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No LE agencies on site: _____ Contact information: _____ Notes:
3	Estimated number of fatalities: _____ Missing: _____ Source of count: _____ Time of estimate: _____ Notes:
4	Fragmentation? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree of fragmentation: <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Significant Notes:
5	Contaminated? <input type="checkbox"/> Yes <input type="checkbox"/> No Suspected contaminant: _____
6	Burned? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree of burning: <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input type="checkbox"/> Extreme Notes:
7	Commingling? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree of commingling: <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Significant Notes:
8	Recovery environment: <input type="checkbox"/> Open space <input type="checkbox"/> Collapsed structure <input type="checkbox"/> Confined spaces <input type="checkbox"/> Debris pile <input type="checkbox"/> Buried/Partially buried remains <input type="checkbox"/> Other Notes:
9	Local HR recovery capabilities (list):
10	Can the local jurisdiction manage personal effects? <input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
11	Can local jurisdiction track HR? <input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
12	The local jurisdiction requests assistance with the following: <input type="checkbox"/> HR recovery <input type="checkbox"/> Personal effects management <input type="checkbox"/> HR tracking <input type="checkbox"/> Scene photography

STEP 2: SITE OPERATIONS

Step 3: Human Remains Transport and Storage EVALUATION PAGE

Human Remains Transport and Storage Questions:

1. Who is responsible locally for the transport of HR recovered at the site to the morgue or storage location? Record the POC information.
2. Does the local jurisdiction have the vehicles to transport HR from the site to the storage location in a timely manner? If yes, what type and how many? Are operators available?
3. What potential local transport contacts are available (e.g., funeral homes)?
4. Who is responsible locally for the storage of medicolegal HR? Record the POC information.
5. Does the local jurisdiction have the surge capacity for storage of HR? Record the non-hospital and non-funeral home storage capacity numbers and location.
6. Does the local jurisdiction have pre-existing arrangements for HR refrigerated storage (e.g., refrigerated trailers)?
7. Does the local jurisdiction have a location capable of accommodating HR storage assets (e.g., trailers, Mortuary Enhanced Remains Cooling System [MERCs])? If so, where (list possible locations)?
Note: Trailer specifications/requirements listed in the appendix.
8. Does the local jurisdiction have personnel who can maintain HR storage equipment (e.g., generators, refrigeration)? If so, record contact that information.
9. Does the local jurisdiction have personnel identified to maintain HR storage inventory (i.e., body inventory). Funeral directors, medical students are good candidates.
10. Does the local jurisdiction have a strategy/capability to store/manage unassociated personal effects? If so, who/ what agency has this responsibility? Do they have adequate storage?
11. Does the local jurisdiction intend to request assistance with HR transport from the scene after recovery, HR storage after recovery and during postmortem processing, personnel to maintain HR storage assets, personnel to maintain HR inventory, or personnel to manage unassociated personal effects?

Step 3: Human Remains Transport and Storage NOTES PAGE

1	HR transport contact name: _____ Position: _____ Phone number: _____ Notes:
2	Does local jurisdiction have transport vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ Number: _____ Available vehicle operators? <input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
3	Potential local HR transport capabilities (list):
4	HR storage contact name: _____ Position: _____ Phone number: _____ Notes:
5	Maximum decedent storage capacity: _____ Location: _____ Notes:
6	Pre-existing decedent storage arrangements? <input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
7	Location for HR storage deployment? <input type="checkbox"/> Yes <input type="checkbox"/> No Possible location(s): _____ Notes:
8	Personnel to support HR storage assets? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact information: _____ Notes:
9	Personnel to support HR storage inventory? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact information: _____ Notes:
10	Unassociated personal effects storage strategy: <input type="checkbox"/> Yes <input type="checkbox"/> No Agency responsible for managing PE: _____ Contact information: _____ Sufficient PE storage capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No
11	The local jurisdiction intends to request assistance with: <input type="checkbox"/> HR transport from the scene <input type="checkbox"/> HR storage after scene recovery <input type="checkbox"/> Personnel to maintain HR storage assets <input type="checkbox"/> Personnel to maintain HR inventory <input type="checkbox"/> Personnel to manage unassociated personal effects

STEP 3: HUMAN REMAINS TRANSPORT AND STORAGE

Step 4: Morgue Operations EVALUATION PAGE

Morgue Operations Questions:

1. Who has the local responsibility for morgue operations? Record the contact information.
2. Does the local jurisdiction have an arrangement for morgue operations? If so, what services do they provide?
3. Does the number of real or projected fatalities exceed the local jurisdiction's capacity/capability?
4. Does the local jurisdiction have facilities (via local resources or arrangement with an outside agency) necessary to handle morgue operations without assistance?
5. Does the local jurisdiction have the staff (via local resources or arrangement with an outside agency) necessary to handle morgue operations without assistance?
6. Which of the following supplemental staff is needed: photographers; radiographers; pathologists; anthropologists; fingerprint technicians; HR trackers (i.e., individuals who accompany a single set of remains through the morgue process [preference is given to individuals with medical background, such as med students, MRC]); data entry personnel (preferably with medical knowledge); safety; security?
7. Which of the following supplemental equipment is needed: complete morgue facility, radiograph equipment, fingerprint equipment, autopsy equipment, PPE? List others as needed.
8. Identify potential locations to activate the Disaster Portable Morgue Unit (DPMU), if necessary, in the following order of preference. Record the contact information for the responsible parties.
 - Inside existing local structure (e.g., warehouse)
 - Inside tent structure (e.g., Zumro)Note: DPMU specifications and requirements listed in the appendix
9. Identify potential locations to activate the Mobile Autopsy Suite, if necessary. Record the contact information for responsible party.

Step 4: Morgue Operations NOTES PAGE

1	Morgue operations contact name: _____ Position: _____ Phone number: _____ Notes:
2	Morgue operations agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No Services provided: <input type="checkbox"/> Autopsy services only <input type="checkbox"/> Transport <input type="checkbox"/> Storage Notes:
3	Can local medicolegal jurisdiction handle the number of fatalities? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Does local jurisdiction have a facility sufficient to manage morgue operations without assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
5	Does local jurisdiction have sufficient staff to manage a disaster morgue without assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
6	Morgue personnel Needs (check all that apply): <input type="checkbox"/> Photographers <input type="checkbox"/> Radiographers <input type="checkbox"/> Pathologists <input type="checkbox"/> Fingerprint techs <input type="checkbox"/> Odontologists <input type="checkbox"/> Anthropologists <input type="checkbox"/> HR Trackers <input type="checkbox"/> Support staff (e.g., data entry, safety, security) Notes:
7	Local morgue equipment gaps: <input type="checkbox"/> Complete morgue facility <input type="checkbox"/> Radiograph equipment <input type="checkbox"/> Fingerprint equipment <input type="checkbox"/> Autopsy equipment <input type="checkbox"/> PPE <input type="checkbox"/> Others: _____ Notes:
8	Possible DPMU location(s): Warehouse deployment locations: _____ Address(s): _____ Contact information: _____ Tent deployment locations: _____ Address(s): _____ Contact information: _____ Notes:
9	Possible Mobile Autopsy Suite locations: _____ Address: _____ Contact information: _____ Notes:

STEP 4: MORGUE OPERATIONS

Step 5: Call Center and Public Information EVALUATION PAGE

Missing Persons expectations:

Communicate to local jurisdiction that historically a jurisdiction can expect between 10 and 100 calls per 1 missing person in the first 24 hours following a mass fatality incident. These callers have information that will be valuable in the identification effort, and management of these calls is critical to the overall success (and perception) of the response.

Missing Persons Call Center Questions:

1. Does the local jurisdiction have a call center available for the management of missing persons calls? If yes, record the contact information for the agency that operates it. If not, answer N/A to questions 2 and 3 and move to question 4.
2. Does the local call center have the facilities to accommodate the anticipated call volume (ask the question using the ratio of 10–100 calls per missing person)?
3. Does the local call center have the personnel to accommodate the anticipated call volume? If yes, do the operators require a script to facilitate call prioritization?

Public Information Questions:

4. Does the local jurisdiction require assistance with ESF-8 public information? If yes, record the appropriate point of contact.
5. Does the local jurisdiction require fatality management subject matter assistance with public information release? If yes, record the appropriate point of contact.
6. Does the local jurisdiction plan to request assistance in corresponding with the families of the deceased/missing? If yes, record the contact information who intends to submit the request.

Step 5: Call Center and Public Information NOTES PAGE

1	<p>Local call center available? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to question 4)</p> <p>Contact name: _____ Position: _____ Phone number: _____</p> <p>Notes:</p>
2	<p>Can the local call center facility accommodate the call volume? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Notes:</p>
3	<p>Does the local call center have sufficient personnel? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Is a mass fatality script needed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Notes:</p>
4	<p>Does the local jurisdiction require PIO support? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Local public information contact: _____ Phone: _____</p> <p>Notes:</p>
5	<p>Subject matter experts to support public information strategy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Local point of contact: _____ Phone: _____</p> <p>Notes:</p>
6	<p>Support for family correspondence? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Local point of contact: _____ Phone: _____</p> <p>Notes:</p>

Step 6: Family Reception Center and Family Assistance Center EVALUATION PAGE

Family Reception Center Questions:

The Family Reception Center (FRC) is a temporary location to which the families of victims can 1) gather and receive information from the responders before the public/media; 2) be protected from the media and general public; and 3) get basic behavioral health services. The FRC requires a large facility that is near to where spontaneous gatherings have begun but out of the way of responders.

1. Are the families of the victims/missing gathering somewhere? If so, where? Are they protected from the media?
2. Does the local jurisdiction need assistance activating the FRC? If so, does it need assistance in the form of guidance or personnel? What personnel needs do they have: behavioral health specialists, security, PIO support? Record point of contact information for FRC operations.
3. Does the local jurisdiction have a location appropriate for the activation of an FRC? If so, record location data and point of contact.

Family Assistance Center Questions:

The Family Assistance Center (FAC) is the designated location/facility established to exchange accurate, timely information and render support services for victim family members of mass fatalities and friends who travel to the incident location while protected from the media and general public. The medicolegal authority (and his/her staff) will conduct interviews and gather antemortem data and DNA samples to facilitate identification. Support services include behavioral health, childcare, and spiritual services. The FAC is a much larger operation than the FRC and requires that entrants be credentialed prior to entry. The media is not permitted to enter the FAC (see appendix 2 for a sample layout of the FAC).

4. Can the local jurisdiction activate an FAC if needed? If so, record the POC information for the responsible agency.
5. Record the POC for the local mental health authority.
6. Does the local jurisdiction have personnel who can perform antemortem interviews? If so, record POC.
7. Does the local jurisdiction have personnel to provide support services? Check the capabilities that cannot be handled locally: behavioral health, spiritual care, crime victim assistance, mass care (food), childcare, security, data entry, IT support.
8. Does the local jurisdiction have a facility that can be used to activate an FAC (appendix 2 includes a sample FAC layout).

Step 6: Family Reception Center and Family Assistance Center NOTES PAGE

1	Victims families gathering? <input type="checkbox"/> Yes <input type="checkbox"/> No Gathering location: _____ Protected from media? <input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
2	Does local jurisdiction need assistance with FRC operations? <input type="checkbox"/> Yes <input type="checkbox"/> No Personnel assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No Guidance? <input type="checkbox"/> Yes <input type="checkbox"/> No Personnel needs: <input type="checkbox"/> Behavioral health <input type="checkbox"/> Security <input type="checkbox"/> PIO support FRC point of contact: _____ Phone: _____ Notes:
3	Potential FRC location(s): _____ Address: _____ Point of contact: _____ Phone: _____ Notes:
4	Define FAC to local authority (see Evaluation Page) Can the local jurisdiction activate a FAC? <input type="checkbox"/> Yes <input type="checkbox"/> No Point of contact: _____ Phone: _____ Notes:
5	Local mental health authority point of contact: _____ Phone: _____ Notes:
6	Does local jurisdiction have personnel to conduct antemortem interviews? <input type="checkbox"/> Yes <input type="checkbox"/> No Point of contact: _____ Phone: _____ Notes:
7	The local jurisdiction needs the following FAC support services assistance: <input type="checkbox"/> Behavioral health <input type="checkbox"/> Spiritual care <input type="checkbox"/> Mass care <input type="checkbox"/> Crime victim assistance <input type="checkbox"/> Childcare <input type="checkbox"/> Security <input type="checkbox"/> Data entry <input type="checkbox"/> IT support Notes:
8	Does the local jurisdiction have a location that can accommodate a FAC? <input type="checkbox"/> Yes <input type="checkbox"/> No Potential FAC location(s): _____ Address(es): _____ Are these locations currently occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No Point of contact: _____ Notes:

Close Out Steps

1. Review the assessment for completeness; follow up on any questions still pending.
2. When complete, send assessment NOTES PAGES to the SMOC for review. Transmission methods:
 - Scan and email
 - Fax
 - Smartphone photos and email or message
3. Wait for additional guidance from the SMOC.

Appendices

1. Definitions
2. Family Assistance Center (FAC) Sample Layout
3. Refrigerated trailer specifications/requirements
4. DPMU specifications/requirements

Mass Fatality Management Definitions

Antemortem: Prior to death.

Anthropologist: An individual who is qualified to analyze human skeletal remains. Anthropologists can resolve commingling, develop a biological profile from skeletal remains (estimate sex, age, ancestry and stature), and perform HR identifications.

Casualty: A person who is injured in a mass fatality incident but does not die.

Cause of Death: A formal, certified opinion by an attending physician or the medicolegal authority of the internal medical condition and/or external incident or chain of incidents that resulted in death.

Direct Reference: A DNA sample obtained from the deceased or their personal effects used for comparison with other DNA samples in laboratory identification procedures.

Disaster Morgue: An existing morgue facility that has been reconfigured to accommodate a mass fatality incident or a temporary facility established inside of an existing structure (e.g., warehouse, hangar) or tented structure.

Emergency/Disaster Declarations: Official emergency declarations made by specified elected officials at the local, state, or federal level authorizing the use of equipment, supplies, personnel, and resources as may be necessary to cope with a disaster or emergency. Formal declarations are made when the incident requires more assets and resources than exist within the jurisdiction.

Family Assistance Center (FAC): The designated location/facility established to exchange accurate, timely information render support services for victim family members of mass fatalities and friends who travel to the incident location.

Family Reception Center (FRC): A temporary location established minutes or hours after incident notification—before the FAC is operational—to avoid the unmanageable congregation of family members at the medical examiner's office or the incident site.

Family Reference: A DNA sample taken from a biological relative (only one generation removed) or a spouse of the deceased used for comparison with other DNA samples in laboratory identification procedures. Also referred to as indirect references.

Fatality: A person who dies as a direct or indirect result of a mass fatality incident (interchangeable with victim, decedent).

Fatality Management: The process of locating, recovering, processing, identifying, and releasing for final disposition deceased victims of a mass fatality incident.

Human Remains (HR): A deceased body or fragmented parts from a deceased body.

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

Incident Command System: A prescribed method of command, control, and coordination within the National Incident Management System to provide a common organizational structure designed to aid in the management of facilities, equipment, personnel, supplies, and information.

Identification: The process of identifying HR via the comparison of antemortem records (e.g., x-rays, photographs, physical attributes, DNA samples, circumstantial data) collected from families (preferably at the FAC) to the same data collected during the postmortem period (in the morgue). Identifications can be performed by a variety of individuals including anthropologists, pathologists but must be approved by the medicolegal authority.

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

Just-in-Time Training: Instruction provided to capable individuals with general skills enabling them to perform task-specific functions immediately following the instruction.

Manner of Death: A classification of the fashion or circumstances that resulted in death—either homicide, suicide, accidental, natural, or undetermined.

Mass Fatality Incident: Any incident that results in more fatalities than a local jurisdiction can adequately manage, whether natural or manmade, accidental or intentional.

Medicolegal: Of or pertaining to law as affected by medical facts.

Missing Person: Those persons whose whereabouts are unknown to family or friends following an incident.

Morgue: The facility location where decedents undergo external and internal physical examinations.

National Incident Management System: The part of the National Response Framework that outlines how the government and private entities at all levels can work together to manage domestic incidents, regardless of their cause, size, location, or complexity.

Next-of-Kin: As per the Texas Health and Safety Code (Title 8, Subtitle C, Chapter 711.002), (a) except as provided by Subsection (l), unless a decedent has left directions in writing for the disposition of the decedent's remains as provided in Subsection (g), the following persons, in the priority listed, have the right to control the disposition, including cremation, of the decedent's remains, shall inter the remains, and are liable for the reasonable cost of interment:

- (1) the person designated in a written instrument signed by the decedent;
- (2) the decedent's surviving spouse;
- (3) any one of the decedent's surviving adult children;
- (4) either one of the decedent's surviving parents;
- (5) any one of the decedent's surviving adult siblings; or
- (6) any adult person in the next degree of kinship in the order named by law to inherit the estate of the decedent.

Non-Governmental Organization: Independent organizations free from government control.

Non-Profit Organization: A business or enterprise that does not distribute its surplus funds to owners or shareholders but instead uses them to help pursue its goals.

Odontologist: A dentist who is qualified to perform dental examinations. These individuals can perform HR identifications through the comparison of antemortem and postmortem dental radiographs.

Pathologist: A medical doctor who is qualified to perform autopsies. These individuals are responsible for approving positive decedent identifications and making cause and manner of death recommendations to the medicolegal authority.

Personal Effects: Belongings of an individual including clothing, clothing accessories, jewelry, and other property on their person or otherwise in their possession.

Postmortem: After death.

Radiographer: Technicians qualified to take x-rays of HR remains during the morgue process for comparison to antemortem x-rays and for use in triage.

Situational Orphan: A child, due to circumstances of a mass fatality incident, who has been involuntarily separated or otherwise detached or displaced from their immediate family, relatives, or designated caregivers. The child may or may not have actually been orphaned as a result of the MFI.

Spontaneous Unaffiliated Volunteers: An individual not associated with any recognized disaster response agency—who may or may not have special skills, knowledge, or experience—who arrives, unsolicited, at an incident to render assistance.

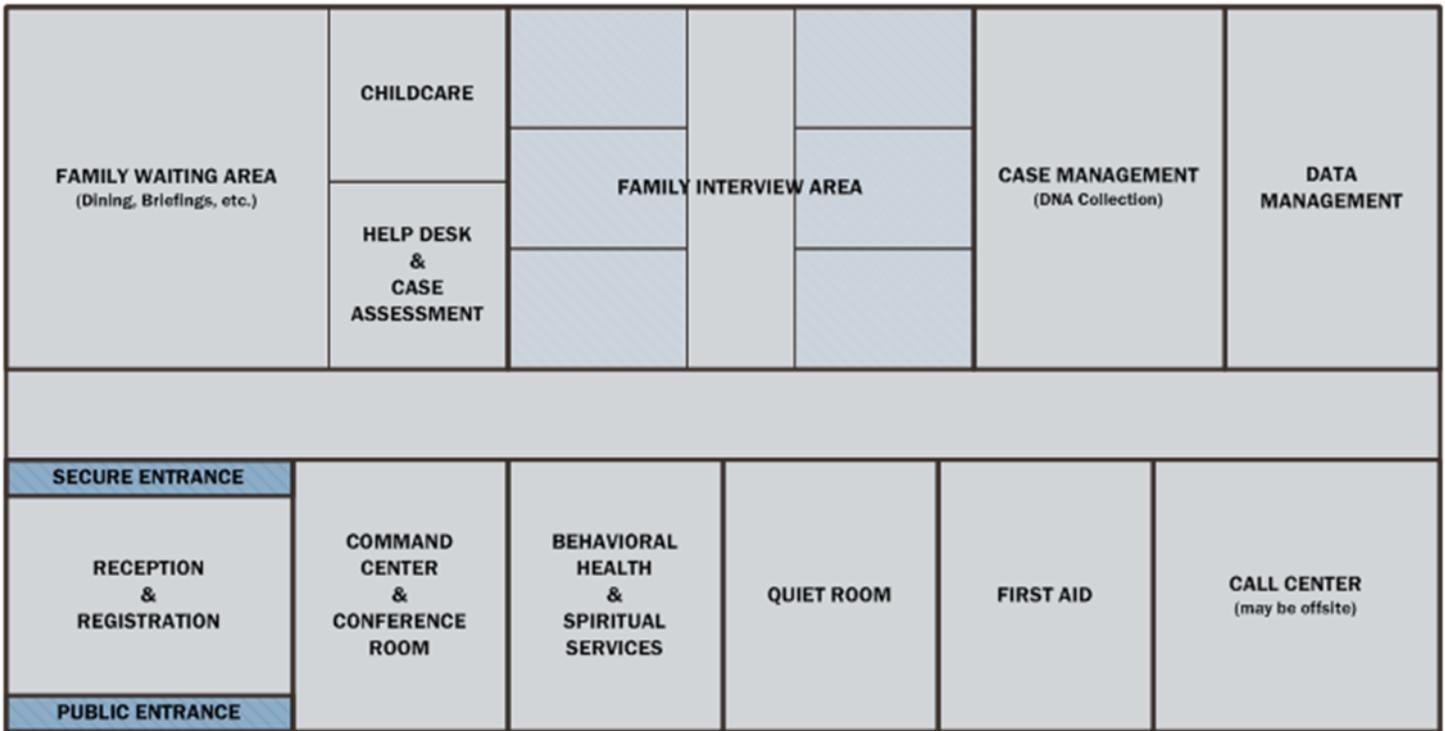
Survivor: Anyone who is exposed to or otherwise encounters a mass fatality incident that does not perish as a result of the incident.

Temporary Morgue (Disaster Portable Morgue Unit): An ad hoc morgue operation established specifically to process and identify HR resulting from a mass fatality incident.

Victim: A person who dies as a result of a mass fatality incident (interchangeable with fatality, decedent).

Victim Identification Program: A disaster management computer software program designed to collect personal information of known and unknown individuals and then conduct comparative analysis to suggest best probable matches or exclusions of ante- and post-mortem information to aid in identification processes of unidentified individuals.

Family Assistance Center Sample Layout



Refrigerated Storage Specifications/Requirements

Refrigerated Truck Trailer HRCP Specifications	
General characteristics:	<ul style="list-style-type: none"> • Refrigerated • Watertight • Rear door equipped with locking door handle(s) that can accommodate a padlock; padlock to be provided by the HCF • Rear door must have framed opening with watertight cover • Holes in the containers will be welded shut • No decals • Unit can be switched out for an empty unit when full • Kingpin must not exceed 36 inches from setback; this is to ensure appropriate cab can hook up the HRCP when it is removed from the HCF. • A HRCP Recovery Team and Contract support will switch out a full HRCP of this type with an empty one, providing there are enough resources; otherwise, the HRCP Recovery Team will transfer decedents from the HRCP to another transport vehicle to transport bodies to HCIFS.
Color:	<ul style="list-style-type: none"> • White (interior and exterior)
Length:	<ul style="list-style-type: none"> • 48' to 53'
Width:	<ul style="list-style-type: none"> • 8' 6".Maximum Width
Height:	<ul style="list-style-type: none"> • 12' 6".DOT Maximum Height Restriction
Loading point height from the ground:	<ul style="list-style-type: none"> • 52"
Floor type:	<ul style="list-style-type: none"> • Metal/steel
Temperature:	<ul style="list-style-type: none"> • 37 degrees Fahrenheit
Energy power:	<ul style="list-style-type: none"> • Diesel fuel, electrical, or dual powered
Diesel fuel power requirement:	<ul style="list-style-type: none"> • 50 gallons/week
Electrical power requirement:	<ul style="list-style-type: none"> • 230 volt, 3-phase, 50 amp circuit
Electrical specifications:	<ul style="list-style-type: none"> • Appropriate breaker box, exterior disconnect • Two 2/96 industrial fluorescence light figures; one wall switch with a through-the-wall nipple • Two 110 electrical 4-position electrical outlets
Limitations associated with delivery:	<ul style="list-style-type: none"> • Front-end cab off hitches storage unit • Delivery requires large space to maneuver • Optimal location should accommodate two HRCPs to drop off an empty unit and pick up a full unit.
Engine maintenance:	<ul style="list-style-type: none"> • Every 6 months
Shelving:	<ul style="list-style-type: none"> • Unit does not come with shelves • Shelves can be retrofitted • HCIFS will arrange for shelf retrofitting when deemed appropriate.
Limitations associated with temperature:	<ul style="list-style-type: none"> • Must be monitored with a temperature gauge placed inside the unit; temperature gauge to be provided by HCF • External environment temperature may affect HRCP temperature
Forklift required:	<ul style="list-style-type: none"> • Yes
Maximum number of decedents without the use of shelving:	<ul style="list-style-type: none"> • 44
Noise consideration:	<ul style="list-style-type: none"> • Diesel-powered units do make considerable noise
Body placement considerations:	<ul style="list-style-type: none"> • Place decedents on each of the long sides of the unit leaving an aisle down the middle for handlers

Refrigerated CONEX HRCP Specifications

General characteristics	<ul style="list-style-type: none">• Refrigerated• Watertight• Structurally sound• Steel container• Two swing doors on one end• Doors to accommodate padlock; padlock to be provided by HCF• Double swing door to have strip curtain• Holes in the containers to be welded shut• No decals• Unit will not be switched out when full of decedents to avoid disruption of bodies placed inside the unit. An HCIFS HRCP Recovery Team will come to the facility and remove bodies from the unit and transport them to the HCIFS
Color:	<ul style="list-style-type: none">• White (interior and exterior)
Length:	<ul style="list-style-type: none">• 20' 1" and 40'
Width:	<ul style="list-style-type: none">• 8'
Height:	<ul style="list-style-type: none">• 8' 6"
Loading point height from the ground:	<ul style="list-style-type: none">• Level
Floor type:	<ul style="list-style-type: none">• Metal/steel
Temperature:	<ul style="list-style-type: none">• 37 degrees Fahrenheit
Energy power:	<ul style="list-style-type: none">• Electrical powered
Diesel fuel requirement:	<ul style="list-style-type: none">• N/A
Electrical requirement:	<ul style="list-style-type: none">• 380/460 volt, 3-phase, 50/60 Hz, 50 amp circuit
Electrical specifications:	<ul style="list-style-type: none">• Appropriate breaker box, exterior disconnect• Two 2/96 industrial fluorescence light fixtures with one wall switch with a through-the-wall nipple.• Two 110 electrical 4-position outlets
Limitations associated with delivery:	<ul style="list-style-type: none">• Unit arrives as a roll-off unit via a tilt-bed truck• Delivery requires large space to maneuver
Engine maintenance:	<ul style="list-style-type: none">• Every 6 months
Shelving:	<ul style="list-style-type: none">• Unit does not come with shelves• Shelves can be retrofitted• HCIFS will arrange for shelf retrofitting when deemed appropriate
Limitations associated with temperature:	<ul style="list-style-type: none">• Must be monitored with a temperature gauge placed inside the unit• External environment temperature may affect internal HRCP temperature
Forklift required:	<ul style="list-style-type: none">• No
Maximum number of decedents without the use of shelving:	<ul style="list-style-type: none">• 16–29
Noise consideration:	<ul style="list-style-type: none">• N/A
Body placement considerations:	<ul style="list-style-type: none">• Place decedents on each of the long sides of the unit leaving an aisle down the middle for handlers

Non-Refrigerated CONEX HRCP (with MERC) Specifications

General characteristics	<ul style="list-style-type: none">• Watertight• Structurally sound• Steel container• Two swing doors on one end• Doors to accommodate padlock; padlock to be provided by HCF• Double swing door to have strip curtain• Holes in the containers to be welded shut• No decals• Unit will not be switched out when full of decedents to avoid disruption of bodies placed inside the unit. An HCIFS HRCP Recovery Team will come to the facility and remove bodies from the unit and transport them to the HCIFS
Color:	<ul style="list-style-type: none">• White (interior and exterior)
Length:	<ul style="list-style-type: none">• 20' 1" and 40'
Width:	<ul style="list-style-type: none">• 8'
Height:	<ul style="list-style-type: none">• 8' 6"
Loading point height from the ground:	<ul style="list-style-type: none">• Level
Floor type:	<ul style="list-style-type: none">• Metal/steel
Temperature:	<ul style="list-style-type: none">• Ambient: NA, MERC controlled for decedents
Energy power:	<ul style="list-style-type: none">• Power for MERCs, lighting. No power to CONEX
Diesel fuel requirement:	<ul style="list-style-type: none">• N/A
Electrical requirement:	<ul style="list-style-type: none">• 380/460 volt, 3-phase, 50/60 Hz, 50 amp circuit
Electrical specifications:	<ul style="list-style-type: none">• Appropriate breaker box, exterior disconnect• Two 2/96 industrial fluorescence light fixtures with pull chain• Two 110 electrical 4-position outlets
Limitations associated with delivery:	<ul style="list-style-type: none">• Unit arrives as a roll-off unit via a tilt-bed truck• Delivery requires large space to maneuver
Engine maintenance:	<ul style="list-style-type: none">• Every 6 months
Shelving:	<ul style="list-style-type: none">• Unit does not come with shelves• Shelves can be retrofitted• HCIFS will arrange for shelf retrofitting when deemed appropriate
Limitations associated with temperature:	<ul style="list-style-type: none">• Must be monitored via MERC gauges• External environment temperature may affect internal HRCP temperature
Forklift required:	<ul style="list-style-type: none">• No
Maximum number of decedents without the use of shelving:	<ul style="list-style-type: none">• 16–29
Noise consideration:	<ul style="list-style-type: none">• N/A
Body placement considerations:	<ul style="list-style-type: none">• Place decedents on each of the long sides of the unit leaving an aisle down the middle for handlers

Non-Refrigerated Tent HRCP (with MERC) Specifications

General characteristics	<ul style="list-style-type: none">• Watertight• Steel reinforced• Two swing doors on one end• Doors to accommodate padlock; padlock to be provided by HCF• No decals• Unit will not be switched out when full of decedents to avoid disruption of bodies placed inside the unit. An HCIFS HRCP Recovery Team will come to the facility and remove bodies from the unit and transport them to the HCIFS
Color:	<ul style="list-style-type: none">• White (interior and exterior)
Length:	<ul style="list-style-type: none">• At least 20'
Width:	<ul style="list-style-type: none">• At least 10'
Height:	<ul style="list-style-type: none">• At least 8"
Loading point height from the ground:	<ul style="list-style-type: none">• Level
Floor type:	<ul style="list-style-type: none">• Metal/Plastic elevated
Temperature:	<ul style="list-style-type: none">• Ambient: NA, MERC controlled for decedents
Energy power:	<ul style="list-style-type: none">• Power for MERCs, lighting. No power to Tent
Diesel fuel requirement:	<ul style="list-style-type: none">• N/A
Electrical requirement:	<ul style="list-style-type: none">• 380/460 volt, 3-phase, 50/60 Hz, 50 amp circuit
Electrical specifications:	<ul style="list-style-type: none">• Appropriate breaker box, exterior disconnect• Two 2/96 industrial fluorescence light fixtures with pull chain• Two 110 electrical 4-position outlets
Limitations associated with delivery:	<ul style="list-style-type: none">• Compact, can be deployed in smaller areas• Access by large decedent transport vehicles, security etc. requires large space to maneuver
Engine maintenance:	<ul style="list-style-type: none">• Every 3 months
Shelving:	<ul style="list-style-type: none">• Unit does not come with shelves• Shelves can be retrofitted• HCIFS will arrange for shelf retrofitting when deemed appropriate
Limitations associated with:	<ul style="list-style-type: none">• Must be monitored via MERC gauges• External environment temperature may affect internal HRCP temperature
Forklift required:	<ul style="list-style-type: none">• No
Maximum number of decedents without the use of shelving:	<ul style="list-style-type: none">• At least 16
Noise consideration:	<ul style="list-style-type: none">• N/A
Body placement considerations:	<ul style="list-style-type: none">• Place decedents on each of the long sides of the unit leaving an aisle down the middle for handlers

Logistical Considerations for Deployment of the Disaster Portable Morgue Unit (DPMU)

General Properties

1. Hard, weather-tight roofed structure preferred
2. Separate accessible office space for Identification Team and database servers
3. Separate space for administrative needs/personnel
4. Non-porous floors, preferably concrete
5. Floors capable of being decontaminated (hardwood and tile floors are porous and not usable)
6. Airplane hangars and abandoned warehouses have served well as incident morgues
7. School gymnasiums, public auditoriums, or similar facilities used by the general public will not be used
8. The facility should not have adjacent occupied office or work space
9. Exact placement of the morgue stations within the facility is determined by:
 - Electrical source location
 - Water source location
 - Morgue accessibility by personnel
 - Placement of refrigerated trailers
 - The morgue flow plan
 - Security concerns

Floor Space

1. Minimum size of 10,000–12,000 square feet
2. DPMU re-supply and staging area, minimum of 5,000 square feet
3. More square footage may be necessary for casket storage or other mission-specific needs

Equipment Accessibility

1. Convenient to scene and Medical Examiner/Justice of the Peace office
2. Completely securable (away from families and media)
3. Easy access for vehicles and equipment
4. Tractor trailer accessible ingress and egress
5. 10 ft × 10 ft door (loading dock access is preferable or ground level with constructed temporary ramps)
6. DPMU contains one fork lift, 3,000 cap, 6 ft forks, (propane) used to move heavy equipment within the morgue during set-up and knock-down

Human Remains Refrigerated Storage (see section for trailer specifications)

1. Refrigerated trailers (53 ft) or alternative refrigerated space for human remains.
 - Number of decedents dictates the number of refrigerated trailers needed (typically 21 per trailer if not equipped with shelving)
 - Separate refrigerated trailers will be designated for processed vs. unprocessed human remains
2. Parking lot space for placement of refrigerated trailers with morgue personnel access to storage of human remains
3. Drivers with commercial driver's license (CDL) for moving trailers as needed
4. Service contract for trailer fuel and refrigeration maintenance

Electrical Services

1. Electrical equipment utilizes standard household current (110–120 volts)
2. DPMU cache contains two portable diesel generators
3. Power to be obtained from accessible on-site distribution panel (200 amp service)
4. Electrical connections to distribution panels to be made by local licensed electricians
5. DPMU may need 125K generator and a separate 70K generator for Administrative and Identification Team office areas

Fuel Services Contracts

1. Diesel for generators

Water Supply

1. Single source of cold water with standard hose bib connection
2. Water hoses, hot water heaters, sinks, and connectors are contained in the DPMU

Sanitation/Drainage

1. Pre-existing restrooms within the facility are preferable
2. Handicap equipped portable toilets may be required if existing restrooms are not available
3. Gray water will be disposed of utilizing existing sanitary sewer drainage

Waste Service Contracts

1. To be procured from local vendors
2. Regular, non-hazardous solid waste (dumpster service)
3. Biomedical waste, both liquid and dry, produced as a result of morgue operations will be disposed of according to local/state requirements or contractors

Communications Services

1. Telephone lines for telephone/fax capabilities
 - Expansion may occur as the mission dictates
 - If additional telephone lines are needed, only authorized personnel will complete any expansion and/or connections
2. Broadband Internet connectivity
3. V-Sat Internet connectivity (austere environments or limited cellular tower connectivity)

Logistics Staffing

1. Team of six recommended to set up DPMU and manage logistics throughout the operation

