



ESF 8 HAZARD ANNEX

All Hazards Mass Fatality Management Plan

Version 3 2012

Record of Changes

Version No.	Change Description	Date Entered	Posted By
2	Updated to reflect lessons from Yakima mutual aid.	2009	O. Lien
3	Significant revision to all aspects of the plan.	2011/2012	A. Kolberg

Table of Contents

Record of Changes	ii
Table of Contents	iii
Tables	iv
Attachments	v
Quick Guide to the King County Mass Fatality Plan	viii
I. Introduction	1
II. Purpose	3
III. Scope	4
IV. Situation Overview	4
V. Planning Assumptions	6
VI. Decision-Making	8
A. Mass Fatality Incident Threshold	8
B. Notification	9
C. Activation of Plan	10
D. Command and Control	12
E. Policy Decisions	13
VII. Concept of Operations	13
A. Safety	15
B. Security	15
C. Death Investigation	16
D. Morgue and Disposition Operations	22
E. Community Responsibilities and Opportunities to Assist	31
F. Religious and Cultural Considerations	32
G. HMAC Support to KCMEO Mass Fatality Response	33
H. KCMEO Continuity of Operations	35
I. Scenario-Specific Disaster Response Plans	36
J. Response Demobilization	36
VIII. Guidance for Cities	37
IX. Mutual Aid	39
X. Public Communications	39
A. Communicating Directly with Family and Friends	39
B. Public Information Contact Center	39
C. Media Management	40
D. Discussing Number of Decedents	40
XI. Authorities	41
XII. References	43
XIII. Public Health Emergency Preparedness Capabilities	43
XIV. Training & Exercises	43
XV. Mass Fatality Plan Maintenance	43

Tables

Table 1: Disaster Levels	5
Table 2: Basic Activation Tasks	11
Table 3: Additional Activation Tasks - Medium Event	11
Table 4: Additional Activation Tasks - Large or Catastrophic Event	11
Table 5: Local and State Roles	12
Table 6: Federal Roles	13
Table 7: Operations Tasks	14
Table 8: Potential State Resources	33
Table 9: Potential Federal Resources	33
Table 10: Demobilization Tasks	36

Attachments

Introduction

Glossary and Acronyms

Decision-Making

Duty Officer Guidelines – King County

Duty Officer Guidelines – Mutual Aid

Internal MEO Notifications – King County

Internal MEO Notifications – Mutual Aid

Lines of Succession and Contact Numbers (under revision)

Medical Examiner Questions

Command and Control

Organizational Charts

Safety

OSHA Recommendations for Personnel Handling Human Remains

Personal Protective Equipment for MFI Response

Security

Physical Security Assessment (under revision)

Security Plan Template (under revision)

Traffic Control Plan Templates (under revision)

Initial Response

MFI Kit List

Needs List

Photo Log

Scene Assessment

Human Remains Recovery and Transport

Death Investigation Action Plan Template

Human Remains Recovery Equipment and Supplies

Human Remains Recovery Staging (under revision)

Human Remains Recovery Strategy Details

Transportation Guidelines

Vehicle Log

Morgue Operations

Autopsy Station Set-Up

Communications and Technology Requirements

DMORT Morgue Protocols

Forms for Examination Group

Mass Fatality Morgue Services Flow Chart

Morgue Cover Sheet

Morgue Operations Action Plan

Morgue Operations Strategy Details

Morgue Services Equipment and Supplies
Morgue Site Assessment
Morgue Site Requirements
Morgue Staffing Guidelines
Surge Capacity (under revision)
Viewing Guidelines

Decedent Population and Condition of Remains

Linking MFI to Missing Persons (under revision)
Methods of Identification

Mass Fatality Information Systems

MFI Number Tracking

Community Responsibilities and Opportunities to Assist

Body Bag Distribution (under revision)
Death Occurring in a Healthcare Facility Flow Chart
Decedent Information Tag
Decedent Information Form
Dry Ice Distribution (under revision)
Healthcare Fatality Management Guidelines
Patient Identification Form
Personal Effects Tracking Form

Religious and Cultural Considerations

Religious/Cultural Considerations – UK Document
Spiritual Advisor Contact Information

Logistics

Human Remains Recovery Logistics (under revision)
Morgue and Disposition Operations Logistics (under revision)
NTSB Guide to Supporting Aviation
Process for KCMEO to Request Assistance
State and Federal Assets and Locations

Planning Section

Conference Call Agenda
Rumored Fatalities Grid

Finance and Administration Section

Confidentiality Agreement
Death Investigation Staffing Chart
Job Action Sheets
Morgue Staffing Chart
Overall Staffing Plan
Staff Request Form

Scenario-Specific Disaster Response Plans

Public Health-Seattle & King County All Hazards Mass Fatality Management Plan

Managing Increased Numbers of Deaths (under revision)
Managing Contaminated Decedents: Biological, Radiological, Chemical, and Nuclear (under revision)
Managing Incidents in Large Bodies of Water or On Board Ships (under revision)
Managing Incidents with Large Numbers of Missing and Presumed Dead, Bodies Unrecoverable (under revision)

Guidance for Cities

911 Guidelines (under revision)
Body Bag Cache procedure (under revision)
Catastrophic Fatality Management Guidelines
Cities Remains Procedure Flow Chart
Deaths Occurring Outside a Healthcare Facility Flow Chart
Decedent Identification Tag
Decedent Information Form
Personal Effects Tracking Form

Public Communications

Communications Template and Cheat Sheet
Draft Missing Persons Call Intake Form (under revision)
Initial Press Release Components
JIC Reporting Template and Cheat Sheet
Media FAQ Sheet
Messaging Tips

Training and Exercises

KCMEO and Public Health Mass Fatality Training (under revision)
Mandatory Trainings for HMAC Staff (under revision)

Quick Guide to the King County Mass Fatality Plan

Introduction

Overview of Public Health Seattle & King County and the Plan. Provides list of participating organizations, their roles and their responsibilities.

Purpose

Reason for the Plan.

Scope

Listing of areas covered by the Plan.

Situation Overview

Background on potential Mass Fatality incidents and their predicted impacts on King County.

Planning Assumptions

Concepts that inform the plan, including specific assumptions about death investigation, morgue and disposition operations, and public communications.

Decision-Making

- Mass Fatality Incident Criteria: Circumstances under which the Plan will likely be activated.
- Notification: Process for notifying Public Health and KCMEO of the potential for Plan activation.
- Activation of Plan: Steps involved in activating the Plan.
- Command and Control: Specific roles and responsibilities in implementing the Plan.

Concept of Operations

- Safety: Public and worker safety overview.
- Security: Overview of security at KCMEO and alternate locations.
- Death Investigation: Specifics related to mass fatality scene response and the recovery of human remains.
- Morgue and Disposition Operations: Morgue flow and procedures, decedent remains and identification, and information management.
- Community Responsibilities and Opportunities to Assist: Ways in which various organizations may be called upon to assist. Include: medical and dental offices, funeral homes, owners and operators of incident locations, healthcare facilities, faith and cultural organizations, and law enforcement.
- Religious and Cultural Consideration: Confirmation of commitment to respect the various religious and cultural request to the extent possible.
- HMAC Support to KCMEO Mass Fatality Response: Outline of how Public Health's Health and Medical Area Command will provide direct assistance to KCMEO.
- KCMEO Continuity of Operations: How non-mass-fatality-related operations will continue.
- Scenario-Specific Disaster Response Plans: Overview of additional areas to be addressed by future planning.
- Response Demobilization: How to scale back and cease mass fatality operations.

Guidance for Cities

Information for cities to be better able to assist with mass fatality response at all levels, including catastrophic incidents.

Mutual Aid

Process for responding to mutual aid requests.

Public Communications

- Communicating Directly with Family and Friends: Reiteration of policies related to informing decedent relatives and friends prior to the general public.
- Contact Center: Process for managing requests from family and friends.
- Media Management: Overview of how to work with the media.
- Discussing Number of Decedents: Official fatality number release procedures.

Authorities

Ordinances and administrative codes governing mass fatality response.

References

Documents and plans referred to during the planning process.

Public Health Emergency Preparedness Capabilities

Centers for Disease Control capabilities addressed by the Plan.

Mass Fatality Plan Maintenance

High-level training goals and maintenance for the next three years.

I. Introduction

As the first priority in any disaster is addressing the needs of the living, the King County Medical Examiner's Office (KCMEO) and Public Health – Seattle & King County (Public Health) have prepared the King County All Hazards Mass Fatality Management Functional Annex (“the plan”) with family members and victims’ survivors in mind. The plan serves to provide guidance on handling large numbers of fatalities while maintaining respect for the dead, and to the extent possible, the wishes of family and friends of the victims of a disaster. The plan describes a coordinated response among city and county agencies involved with conducting fatality management operations to ensure that both the living and the dead are treated with utmost respect.

Public Health serves as the lead agency in the county for coordination of all Emergency Support Function (ESF) 8 tasks, which includes Health, Medical and Mortuary planning and response activities. KCMEO and Public Health will manage the response with regard to arranging for the investigation, recovery, transport, storage, tracking, processing and identification of decedents and communication with decedents’ families. KCMEO is housed within Public Health, the county-wide health department. As such, during emergency and disaster operations, the KCMEO operations are supported or led by Public Health and Medical Area Command (HMAC), which coordinates with the King County Emergency Coordination Center (ECC) and local city emergency operations centers as necessary.

The KCMEO's role is to manage mass fatality operations by certifying the cause and manner of death, establishing the accurate decedent identification, and conducting the notification of next of kin. This response requires extensive coordination between and among many public and private agencies. Additionally, Public Health has a Family Assistance Center Functional Annex (“FAC plan”) that is likely to be activated when the Mass Fatality Functional Annex is activated. The FAC plan addresses the needs of the family and friends of the missing and deceased. Throughout the Mass Fatality plan reference will be made to the FAC plan; if for some reason it is not activated due to the small nature of the incident, any references to tasks performed by the FAC will in those instances be performed by staff from the KCMEO.

Organizational Roles and Responsibilities

1. Lead Agency:

- King County Medical Examiner's Office
 - Document the context and coordinate the recovery of human remains.
 - Establish positive identity of all disaster related decedents by scientific means.
 - Determine and certify the cause(s) and manner of disaster related deaths.
 - Collect and preserve all medico-legal evidence, and release said evidence to appropriate law enforcement authorities.
 - Recover and document all personal property associated with the human remains and release to legal next of kin.
 - Responsible for ensuring appropriate notification of next of kin.
 - Coordinate the disposition of fatalities including interim storage of all human remains resulting from a disaster.
 - Maintain the official log of reported and confirmed deaths resulting from a disaster.
 - Serve as the lead agency for the release of all information regarding deaths resulting from emergencies or disasters.

2. Primary Agency:

- Public Health – Seattle & King County

- Coordinate all mass fatality operations via Health and Medical Area Command (HMAC).
 - Activate Family Assistance Center plan.
 - Responsible for developing public messaging content such as fatality numbers, names of decedents, and public guidance.
3. Support Agencies:
- Local:
 - Local Hospitals and Healthcare Organizations – Manage the disposition of casualties that become fatalities while in their custody. Report deaths to KCMEO.
 - Local Offices of Emergency Management – Serve as the primary emergency agencies for events occurring within their jurisdictions. Coordinate the jurisdiction-wide effort to support the Primary and Support Agencies for mass fatality. Respond to resource requests from within their jurisdictions and pass such requests on to the County when not able to fulfill them. Prepare emergency declarations. Upon request, assist with establishing contact with Consuls located within their jurisdiction.
 - Local Law Enforcement – Lead or support investigations into mass fatality incidents (MFIs). Provide or coordinate for security at incident scene and morgue. Provide assistance at the scene as needed, including mapping, photography, search, labeling, packaging and other tasks.
 - Local/District Fire Departments – Serve as the primary emergency medical services for events occurring within their jurisdictions. Serve as Safety Officer.
 - County:
 - King County Office of Emergency Management – Provide emergency support throughout the county. Serve as first point of contact for requests in unincorporated King County and as support for requests originating in incorporated cities.
 - King County Department of Executive Services – Prepare emergency declarations and requests for assistance from the State and federal government.
 - King County Sheriff's Office – Lead or support investigations into MFIs. Assist in the taking and running of fingerprints to facilitate identification through the Ten Print Unit.
 - State:
 - Washington State Patrol – Assist local law enforcement with traffic control, closing / rerouting streets in support of mass fatality operations. Assist in the identification of the deceased through Missing and Unidentified Persons Unit missing persons database using physical and dental information. Assist in the taking of samples for DNA and in the processing of those samples through the Crime Lab. Determine who to outsource to if testing cannot be done within capacity of lab and contract with that organization.
 - Washington State Department of Health – In concert with Emergency Management Division, manage federal resource requests and distribution of federal assets. Manage requests for state-purchased medical examiner resources.
 - Washington State Emergency Management Division – Respond to resource requests.
 - Federal and International
 - Law Enforcement Agencies (FBI, ATF) – Lead or support investigations into MFIs that are confirmed or suspected criminal events.
 - Federal Emergency Management Agency – Provide support in conjunction with federally declared disasters.
 - Department of Defense: Coast Guard – Provide support and expertise related to MFIs taking place in the water.

- National Disaster Medical System – Provide Disaster Mortuary Operations Response Teams and Disaster Medical Assistance Teams.
- National Transportation Safety Board – Manage investigations into commercial air and rail incidents. Also serves as the lead for coordinating the Family Assistance Center in such events as outlined by legislation.
- FEMA Region X National Guard Fatality Search and Recovery Team (FSRT) – Assist in search and recovery, with expertise in recovering contaminated remains.
- National Guard CBRNE-Enhanced Ready Force Package (CERF-P) – Decontamination of contaminated recovered remains.
- Department of State – Offer assistance with identification of international decedents and coordination of the repatriation of remains.
- International
 - Interpol – Assist in the identification of the deceased by processing fingerprints through its database.
 - Consulates – Offer assistance with identification of international decedents and coordination of the repatriation of remains.
- Private / Non-Profit
 - American Red Cross: King & Kitsap Counties Chapter – Provide support (e.g. feeding, mental health) to first responders at the scene of the incident.
 - Private EMS providers – Provide support for emergency medical services and others at the direction of local jurisdictional fire and EMS department.
 - Washington Regional Dental Identification Team, upon activation, can assist in the taking of dental radiographs, the charting of antemortem and postmortem records, and in the positive identification of decedents by comparative dental radiography.
 - Regional mortuary service providers – Manage final disposition of human remains.

Attachments

Glossary and Acronyms

Full Fatality Management Organizational Chart

II. Purpose

The purpose of this plan is to guide the County in managing the recovery and identification of human remains while maintaining respect and dignity of the deceased. It outlines how the County will manage the response to a mass fatality incident, including investigation, recovery, transport, storage, tracking, identification and disposition of decedents.

The objectives of this plan are:

- To prepare the county for the management of a mass fatality incident.
- To outline operational areas and provide supporting guidelines and operational documents
- To identify the roles and responsibilities of agencies and organizations likely to be involved
- To specify the command and control structure, including activation of the plan
- To describe the logistics operation and outline how to request resources

A successful mass fatality response will treat the deceased and their loved ones with compassion and respect at all times; will close cases as rapidly and efficiently as possible and without sacrificing quality; and will provide loved ones with ready access to support and information throughout the process.

III. Scope

This plan provides general guidance in the following areas:

- Decision-Making
 - Roles and Responsibilities
 - Notification
 - Activation
 - Command and Control
- Concept of Operations
 - Death Investigation
 - Morgue and Disposition Operations
 - Staff / Volunteer Processing
 - Religious / Cultural Considerations
 - Scenario-Specific Plans
 - KCMEO Continuity of Operations
 - Administration and Finance
 - Logistics
- Guidance for Cities
- Public Communications
- Authorities

The plan provides detailed operational information, templates, forms, organizational charts and contact lists by means of procedural documents, which are attached to the plan.

It is to be used in conjunction with the Public Health Emergency Support Function 8 Basic Plan, of which it is an annex, and the King County Family Assistance Center Functional Annex. It may also be used in conjunction with the Public Health Pandemic Flu plan, Communicable Disease – Epidemiology Plan, and with state and federal response plans.

IV. Situation Overview

Many disasters result in at least some fatalities, and several types of hazards have the potential to produce multiple fatalities. Based on the Homeland Security Presidential Directive – 8, the National Preparedness Goals National Planning Scenarios and the Seattle Hazard Identification and Vulnerability Assessment (HIVA) there are more than 20 scenarios that have the potential to result in multiple fatalities for which King County must plan to respond, including:

- Natural Disasters
 - Earthquakes
 - Floods
 - Natural biological disease outbreak (e.g. pandemic influenza)
- Weapons of Mass Destruction Events
 - Chemical Attack: Toxic Industrial Chemicals
 - Chemical Attack: Chlorine Tank Explosion
 - Chemical Attack: Blister Agent

- Chemical Attack: Nerve Agent
 - Biological Attack: Aerosolized Anthrax
 - Biological Attack: Plague
 - Biological Attack: Food Contamination
 - Radiological Attack: Radiological Dispersal Device
 - Nuclear Detonation: 10 Kiloton Improvised Nuclear Device
 - Explosives Attack: Bombing using an improvised explosive device
- Technical or Human-Caused Disasters
 - Fires
 - Ferry crash
 - Airliner jet crash
 - Small plane crash
 - Cruise ship crash
 - Multiple homicide / shooting
 - Building collapse
 - Train crash
 - Bus crash
 - Cyber attack

The size of the disaster will help guide expected resource needs, but it is not necessarily determined by the number of fatalities. When establishing how to classify the disaster from a mass fatality standpoint, the County will consider the estimated number of fatalities as well as multiple other factors, including:

- Magnitude: Overall size
- Type: Earthquake, bombing, pandemic, etc.
- Population (open vs. closed)
- Condition of Remains: Burned, severely traumatized
- Rate of Recovery: Speed at which remains can be brought to the morgue from the scene
- Infrastructure Status: Availability of transportation as well as power and water at morgue site
- Contamination: Special precautions necessary
- Location of Incident: Hill, water, remote terrain, etc.

The disaster level will affect resource needs, including number of staff to fulfill all roles. The “Overall Staffing Plan” attachment provides further detail on staffing needs as they relate to these levels.

Table 1: Disaster Levels

Disaster Levels	
Small	<20 fatalities with intact remains
Medium	20-100 fatalities with intact remains OR fewer fatalities that are fragmented and / or highly dispersed
Large	101-500 fatalities with intact remains OR fewer fatalities that are highly fragmented and / or highly dispersed
Catastrophic	>500 fatalities

Demographics

King County is the most populous county in Washington State with approximately 1.9 million residents¹. The County has a diverse population including more than 6% black, 8% Hispanic and 14% Asian residents². The County is also home to two Tribal Nations, the Snoqualmie and the Muckleshoot.

King County's ethnic diversity is an important consideration for Mass Fatality operations given the range of cultural beliefs and practices regarding death and diverse language requirements. According to the 2010 U.S. Census more than one in five King County residents speaks a language other than English as the primary language at home. These are comprised of approximately 150 languages spoken in King County.

Per the 2010 census data, the following languages are spoken by at least 1% of the residents of King County aged five or older: Spanish; Chinese; Vietnamese; African Languages (including Amharic, Somali, and Tigrinya); Tagalog; Korean; Russian

V. Planning Assumptions³

The response operations discussed throughout this document were created against the background of certain assumptions and expectations related to disaster response.

Overall Key Assumptions

- The King County Medical Examiner's Office has legal authority over all deaths in King County.
- A mass fatality incident may require HMAC to transition immediately to a 24/7 operational cycle for an extended period of time.
- Failure to conduct an effective mass fatality investigation or to adequately provide for the family and friends of the deceased will erode the public's faith and trust in the response and recovery efforts.
- Responding to a mass fatality incident can be overwhelming, leading to traumatic stress. Support for responders is essential to monitoring and minimizing the impact. For guidance in addressing this issue see King County Disaster Behavioral Health Plan.
- The mass fatality investigation may continue for months or even years, depending on the scope of impact and identification process.

Key Assumptions underlying **Death Investigation** include:

- There will be multiple responders at the incident site.
- Law enforcement personnel will be needed to augment KCMEO personnel responsible for processing the scene. This might include mapping, photography, search, labeling, packaging and other tasks.
- The incident site will be treated like a crime scene until it has been formally determined that it is not one.
- Incident Site operations will be performed according to professional protocols to ensure accurate identification of human remains and, under certain circumstances (i.e., commercial airline accident and criminal or terrorist act), to preserve the scene and collect evidence.
- KCMEO staff assigned to an incident site will operate under the ICS and fit within the

¹ U.S. Census Bureau 2009 Estimate - <http://quickfacts.census.gov/qfd/states/53/53033.html>

² Ibid.

³ Some information for Key Assumptions takes from Santa Clara APC Mass Fatality Toolkit

established command structure on the scene.

- A mass fatality scene that is contaminated or extremely hazardous may prohibit KCMEO responders from evaluating in a timely manner and may require additional local, state or federal assistance and special chemical, biological, radiological detection equipment and personnel with personal protective equipment.
- Select federal agencies will be involved at the incident site under certain circumstances, e.g., a commercial airline accident or terrorist act.
- An accurate and reliable numbering system for all human remains is crucial to an effective response mission and will be implemented by KCMEO responders at the onset of the incident.
- Contaminated deceased victims may require decontamination on-scene prior to admitting to a temporary morgue. Local assistance or Mutual Aid from the fire department, Hazmat unit, DMORT, military, or other non-medical examiner disciplines may be needed.
- The collection, inventory, and return of personal effects to the decedent's family is important, especially in transportation incidents that involve mass fatalities.
- Depending on the natural or manmade disaster that produces the mass fatalities, the infrastructure may be severely impacted causing significant delays and progress in recovering and managing the dead.
- Access to the scene and other fatality management operations will be controlled by law enforcement/security. A credentialing system to monitor access will be employed.
- The bio-waste and other bodily fluids from human remains during phases of recovery may become hazardous, requiring collaboration with the Health Officer.

Key assumptions underlying **Morgue and Disposition Operations** include:

- The expectations of family members, the general public, politicians and the media concerning identification of victims and morgue services are high.
- In a mass fatality, decedents may not immediately be identifiable. As such it may take an extended period of time to identify them.
- Early on in the response a decision will need to be made regarding the disposition of remains that cannot be identified scientifically.
- Morgue services are performed according to legal standards and following KCMEO protocols to ensure accurate identification of human remains and, under certain circumstances (i.e., commercial airline accident and criminal or terrorist act), to preserve the scene and collect evidence. Waiving professional protocols will be a last resort that would only be used in extreme situations.
- Morgue operations will operate under ICS and within the Health and Medical Area Command structure.
- Additional personnel may be needed and obtained by mutual aid agreement or from a pool of prescreened volunteers as dictated by the Preparedness section of Public Health.
- Requests for resources, including refrigerated vehicles, are directed through the local EOC or Public Health HMAC depending on the incident.
- Refrigerated vehicles for the transportation and/or temporary storage of human remains may be in short supply.
- Additional local, regional, State and federal resources may be required to effectively perform morgue services.
- In the event of pandemic influenza or similarly contagious disease, some resources will be

unavailable and some services will need to be delivered via alternative means to reduce the spread of the disease.

Key assumptions underlying **Public Communications** include:

- There will be intense public and media interest in any mass fatality or potential mass fatality incident.
- KCMEO will be inundated with calls from the media, interfering with the ability of those who need to contact KCMEO to do so.
- In a potential mass fatality incident, such as a bus accident, where the number of fatalities is unknown, there will be an immediate need for a call center, regardless of the eventual designation.
- When the MFM plan is activated the HMAC Operations section will begin the process of standing up the call center as soon as possible, with content provided by PHSKC Communications staff.
- A transparent and open process that respects the privacy of those involved is essential if trust is to be established between the authorities and the families of the deceased.

VI. Decision-Making

- A. Mass Fatality Incident Criteria
- B. Notification
- C. Activation of Plan
- D. Command and Control

A. Mass Fatality Incident Threshold

The KCMEO has determined that any event consistent with the following mass fatality incident criteria warrants activation of the King County All Hazards MFM Plan. Final determination to activate the plan resides with the Chief Medical Examiner, Local Health Officer or their respective designees.

- Any event that yields 7 or more fatalities.
- Any situation in which there are more human remains to be recovered and examined than can be handled routinely by KCMEO resources.
- Any situation in which there are human remains contaminated by chemical, biological, radiological, nuclear or explosive agents or materials.
- Any incident or other special circumstance requiring a multi-agency response to support mass fatality operations.
- Any incident involving a protracted or complex human remains recovery operation.

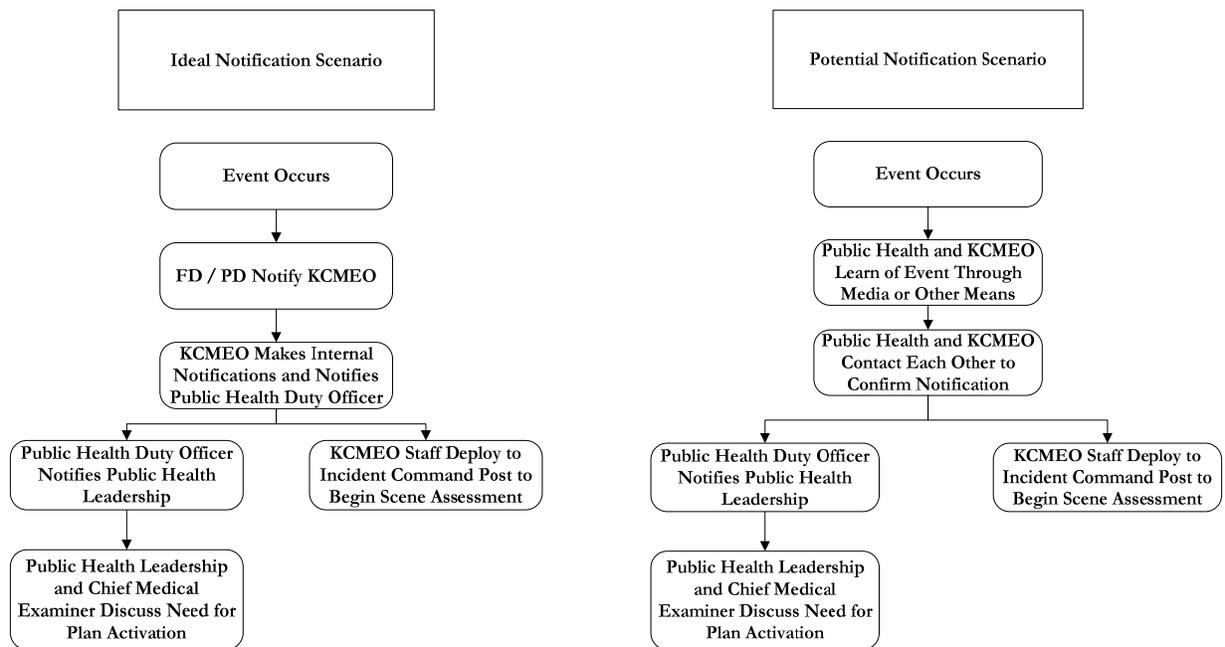
The plan can be activated modularly; activation of one component does not necessitate activation of the whole. Additionally, while the above criteria generally apply, components of the plan, including public information, as well as components of the Family Assistance Center plan, may be needed for as few as five fatalities, depending on the circumstances of the incident.

B. Notification

When a potential mass fatality incident occurs, it is vital that the KCMEO is notified as early as possible to determine if the event should be characterized as a mass fatality incident and warrants activation of the MFM Plan. The earliest stages of mass fatality response require coordination of public information and activation of the Family Assistance Center plan, which includes activation of the missing persons call center to serve the families and friends of the deceased or the missing. These operations should begin as soon after the mass fatality incident as possible.

When notified, both the KCMEO and Public Health Duty Officer will contact each other to confirm that the other is aware of the situation. The Public Health Duty Officer will then follow the protocol for Public Health notifications found in the Public Health Duty Officer binder. KCMEO will follow its internal notification procedures. The below flow charts outline the ideal notification process as well as steps to take should notification not take place as requested.

Figure 1: Notification



When receiving notification, both KCMEO and the Public Health Duty Officer should be prepared to ask questions to gain situational awareness. The entity notifying KCMEO or the Public Health Duty Officer should be prepared to give KCMEO an estimate of expected fatalities, the location of the Incident Command Post, and other pertinent information as outlined in the Duty officer notification.

Additionally, as part of the PHSKC ESF 8 Basic plan, HMAAC will notify healthcare, hospitals and other interested partners as needed.

Attachments

Duty Officer Guidelines – King County

Duty Officer Guidelines – Mutual Aid
Internal MEO Notifications – King County
Internal MEO Notifications – Mutual Aid
Lines of Succession and Contact Numbers (under revision)
Medical Examiner Questions

C. Activation of Plan

When notifications have been made, the Chief Medical Examiner (or designee), the Local Health Officer, in consultation with the Area Commander/Preparedness Section Chief and other relevant parties, will determine the need for activation of the plan. The decision to activate all or parts of the plan will be made by the Chief Medical Examiner and Local Health Officer after evaluating the initial information received from the field and will depend on many factors, including the size and type of the incident, as previously discussed.

In any potential mass fatality incident, Public Health staff will begin taking the steps necessary to activate the Family Assistance Center plan, which includes establishing a call center. The leadership will also consider any potential staffing and resource needs likely to arise from the incident, including the need for a temporary off-site morgue or outside resource assistance (such as DMORT).

Activation of the MFM plan requires the concurrent activation of the Public Health HMAC, per the guidelines found in the ESF Basic Plan, and likely the FAC plan. The Basic Plan governs the day-to-day tasks of Public Health emergency response and enables Public Health to support the tasks outlined in the MFM plan. While it is understood that staffing levels may be stretched, especially if the activation of this plan takes place during a major incident affecting other aspects of the healthcare system, the Area Commander is responsible for ensuring that HMAC staff members are assigned to serve as the main point of contact for implementing each piece of this plan.

As the various components of the plan are activated, the leadership must be cognizant of the timing of the implementation of the plan. Scene / field and morgue operations should commence at the direction of the Chief Medical Examiner (or designee), and the Family Assistance Center and call centers should be activated according to the protocols of the FAC plan.

Other issues will require that decisions be made early on in the investigation and recovery process. This includes decisions such as:

- DNA identification (i.e. the minimum size of fragments to be processed, if all fragments are to be processed, if DNA will be used at all)
- From whom antemortem data will be collected to identify missing persons
- Jurisdiction
- Communication with families
- Need for mutual aid

The Chief Medical Examiner or designee will serve as the decision maker for these issues, and may coordinate with the Local Health Officer and Law Enforcement.

Table 2: Basic Activation Tasks

Basic Activation Tasks	
Fire Department / Police Department	<ul style="list-style-type: none"> □ Notify KCMEO and Public Health Duty Officer of potential mass fatality incident. □ Establish Incident Command Post for scene response.
KCMEO	<ul style="list-style-type: none"> □ Confirm that Public Health Duty Officer is informed of incident. □ Coordinate with the Incident Command at the scene □ Respond to scene when requested and assess situation from a mass fatality management perspective. □ Begin to compile potential needs, including staff, supplies, and outside assistance.
Public Health Leadership	<ul style="list-style-type: none"> □ Discuss activation of plan components and activation of FAC plan. □ Activate Health and Medical Area Command. □ Reach out to local or county emergency management to discuss the need for emergency declaration.
Public Health Health and Medical Area Command	<ul style="list-style-type: none"> □ Begin public information and media outreach. □ Ensure local DMCC, hospitals and healthcare facilities are notified. □ Coordinate with local and County EOCs.
Local and County Emergency Management Office	<ul style="list-style-type: none"> □ If event takes place within locality’s jurisdiction, prepare for possible activation of EOC to support Public Health and KCMEO in case incident escalates.

Table 3: Additional Activation Tasks - Medium Event

Additional Activation Tasks – Medium Event	
Local Emergency Management Office	<ul style="list-style-type: none"> □ If event takes place within locality’s jurisdiction, activate EOC to support Public Health.
KCOEM	<ul style="list-style-type: none"> □ Activate to provide support to localities and Public Health. □ Stand by for possible resources requests to take place in consultation with Public Health.

Table 4: Additional Activation Tasks - Large or Catastrophic Event

Additional Activation Tasks – Large or Catastrophic Event	
Local Emergency Management Office	<ul style="list-style-type: none"> □ If event takes place within locality’s jurisdiction, activate EOC to support Public Health.
KCOEM	<ul style="list-style-type: none"> □ Activate to provide support to localities and Public Health. □ Prepared to request assistance (e.g. DMORT in consultation with Public Health. □ Work with State Emergency Management to initiate process for requesting additional federal resources.

Reference

Area Command Operations guide
Family Assistance Center plan

D. Command and Control

MFM response follows the Incident Command Structure and is focused on two primary groups within the operations section structure: Death Investigation operations (including Initial Response and Human Remains Recovery and Transport) and Morgue and Disposition operations. Unless otherwise specified, response operations will function on a 12-hour operational period, with two shifts per day. For details see the “Fatality Management Org Chart for MFM.”

A Fatality Management Branch supervisor will be located at HMAC and provide support to the two primary field groups (incident scene and morgue). While resources will be managed through HMAC, on-scene staff will report directly to supervisors as per ICS. The Human Remains Recovery Group will report to the Operations Chief at the incident scene, and the Morgue Operations and Information Processing Groups will report to the Morgue Incident Commander.

Table 5: Local and State Roles

Local and State Roles	
KCMEO	Has jurisdiction over human remains, remains recovery strategy and decedent identification. The Chief Medical Examiner is responsible for requesting the activation of the MFM plan, and KCMEO staff members are responsible for managing the Scene/Field and Morgue operations.
Public Health	Responsible for providing support to KCMEO via resource requests and working as a liaison between other divisions of King County government and other local government agencies.
Public Health Area Command	Responsible for coordinating Public Health’s response efforts.
Local Governments	Responsible for activating their own emergency response plans and providing support to KCMEO when incidents occur within their jurisdictions
King County OEM	Responsible for coordinating resource and logistical support to KC departments and providing support to cities and special purpose districts when local capabilities have been or are expected to be exceeded.
State Department of Emergency Management	Monitor the situation and activate as needed to provide support to King County OEM.
State Department of Health	In concert with State DEM, monitor the situation and activate as needed to provide support.

Coordination of incident site operations is critical and is accomplished through a unified command. If roles and responsibilities of responding agencies have not been predetermined, the on-scene commanders will need to define them at the earliest possible moment.

In some special circumstances other government organizations will assume control over mass fatality response. In such instances KCMEO and Public Health will work directly with the organizations in charge to provide support as needed, and will still activate some or all components of the MFM plan.

Table 6: Federal Roles

Federal Roles	
National Transportation Safety Board	Responsible for investigation of overall rail and aviation cases.
Department of Justice - FBI	Oversees investigations into cases that might be the result of terrorism, including weapons of mass destruction incidents.

E. Policy Decisions

Early on in the mass fatality response, the Chief Medical Examiner, Local Health Officer, Area Commander/Preparedness Section Leader and other subject matter experts will need to consider how to best address some larger policy questions. While these issues will likely require much more information to resolve than is available at the start of an incident, it is crucial that they begin considering them so they can ensure they have the best information available when decisions are needed.

Potential policy issues include:

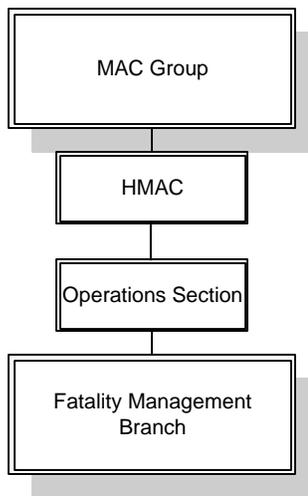
- Activating the Family Assistance Center Functional Annex
- Securing temporary morgue space within or outside of King County
- Coordinating response with other affected counties
- Requesting mutual aid or other assistance
- Size of remains to identify
- Use of DNA for scientific identification
- Disposition of unidentified remains

Attachments

Organizational Charts

VII. Concept of Operations

- A. Safety
- B. Security
- C. Death Investigation
- D. Morgue and Disposition Operations
- E. Community Responsibilities and Opportunities to Assist
- F. Religious and Cultural Considerations
- G. HMAC Support to KCMEO Mass Fatality Response
- H. KCMEO Continuity of Operations
- I. Scenario-Specific Disaster Response Plans
- J. Response Demobilization



As part of HMAC response, a Fataality Management Branch will be stood up to provide support to all mass fatality operations, including scene response, morgue operations, public information and family assistance. This includes providing subject matter expertise on the contents of this plan, assisting with procuring supplies and staff, and facilitating discussions with the Chief Medical Examiner, Local Health Officer and other interested parties around important policy discussions. Policy-level decisions will be made by the Chief Medical Examiner and Local Health Officer in consultation with other subject matter experts.

Table 7: Operations Tasks

Operations Tasks	
KCMEO	<ul style="list-style-type: none"> <input type="checkbox"/> Monitor progress of implementation of Death Investigation and Morgue and Disposition Operations components of plan. <input type="checkbox"/> Communicate any concerns to Public Health Area Command. <input type="checkbox"/> Identify and submit resource requests through Public Health Area Command to local OEM or KCOEM.
Public Health Area Command	<ul style="list-style-type: none"> <input type="checkbox"/> Provide resource and information support to KCMEO <input type="checkbox"/> Liaise with local emergency management to provide non-medical support to MEO operations <input type="checkbox"/> Activate and operate call center functions <input type="checkbox"/> Activate and operate FAC <input type="checkbox"/> Coordinate demobilization planning with KCMEO. <input type="checkbox"/> Provide situational awareness updates to partners.
Public Health Communications	<ul style="list-style-type: none"> <input type="checkbox"/> Manage public information and media requests. <input type="checkbox"/> Coordinate public information message development with KCMEO, the Local health Officer, healthcare organizations and other jurisdictions
City / County Government	<ul style="list-style-type: none"> <input type="checkbox"/> Respond to resource requests. <input type="checkbox"/> Coordinate with the JIC and Public Health on messaging.

A. Safety

1. Public Concerns

The public may have concerns regarding human remains based on misinformation. Public Health will need to counter misinformation with facts about human remains, including direction on the appropriate way to handle remains.

2. Worker Concerns and Risks

To ensure the safety of all who respond to a mass fatality incident, a Safety Officer will be present at the scene of all mass fatality operation sites to identify hazards and provide guidance. The Safety Officer will provide direction to recovery workers as to personal protective measures they must take. This will take place via regular briefings on scene.

Responders should undertake standard personal protective measure when handling remains. Further information is outlined in the Safety attachments.

If the remains are contaminated via radiation or biological or chemical agents, and deemed unsafe to be handled by mortuary response personnel, KCMEO death investigators will rely on local HAZMAT or outside resources (e.g. Department of Defense or DMORT-WMD) to decontaminate the human remains, as determined by Incident Command. Only when the remains are considered safe to handle will death investigators and morgue staff members begin the process of identification and determining cause and manner of death. If the bodies cannot be decontaminated, KCMEO will work with family members and the Safety Officer to determine how to proceed with identification.

During a mass fatality incident responders may also find themselves working in physically precarious circumstances, including adverse weather, biohazards, confined spaces, and building debris. These concerns should be addressed ahead of time through training and discussion of expectations and of safety precautions responders should take, and workers should at minimum undertake normal protective measures.

Resources will be made available to address mental health concerns of responders and other fatality management staff members have related to the stress of the tasks they perform. Mental health services for responders will be coordinated through HMAAC in partnership with existing services provided by local response organizations such as law enforcement and the fire service.

Attachments

OSHA Recommendations for Personnel Handling Human Remains
Personal Protective Equipment for MFI Response

B. Security

Security will be at the incident scene, holding areas, temporary morgue facilities, KCMEO headquarters and the FAC. KCMEO and Public Health will rely on law enforcement to make necessary arrangements for security, including closing streets, airspace and providing officers or contract officers to various locations.

KCMEO

If morgue operations take place at KCMEO facilities, additional security may be needed. Harborview currently provides building security, but additional security resources may be called upon to provide back-up if necessary. If the incident is large enough to stretch beyond initial capabilities, HMAC will work through local emergency managers to coordinate further security resources.

Other locations

The agencies responsible for providing law enforcement within jurisdictions will provide security at the incident scene and morgue operations locations. If private security is needed, HMAC will request local law enforcement agency assistance via local EOCs to develop a security plan and select a private contractor.

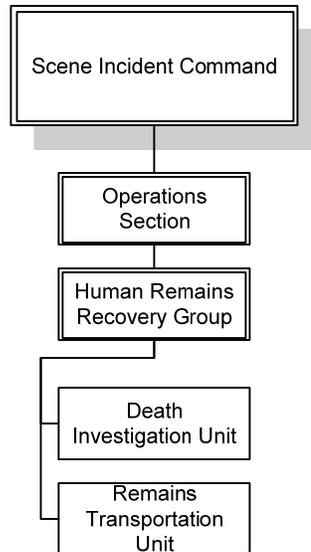
Security Objectives

- Establish and maintain a secure perimeter
- Staff controlled access points
- Provide standby security for bag, body and vehicle searches as needed
- Operate a badge system for access to secure areas
- As needed, provide onsite response capability
- Preserve evidence
- Protect response personnel and volunteers
- Protect the public from potential physical dangers
- Protect the deceased
- Investigate harassment or attempts to defraud victims' families or loved ones
- Escort vehicles transporting human remains or evidence

Attachments

Physical Security Assessment
Security Plan Template
Traffic Control Plan Templates

C. Death Investigation



KCMEO response to the scene will include the same functions it fulfills on a daily basis under normal operating circumstances, but at an expanded level. This will include providing teams to photo-document and map the scene with the assistance of law enforcement and to locate and recover human remains and associated personal effects. Depending on the scale of the event and assessment of resource needs, the response teams may be comprised of additional city, county state, federal and out-of-area groups, such as specialized search and rescue or recovery teams. Requests for resources will be made via HMAc according to standard ICS protocols.

Additionally, in incidents involving chemical, biological, or radiological contamination, local assets including decontamination teams from the local Hazmat units may be used; if resource needs or capabilities exceed local capacity, HMAc may request federal assets through KCOEM, if requested by the scene Incident Commander and law enforcement. These assets may assist with specialized search and recovery and decontamination of remains and personal effects at the incident site.

The KCMEO responsibilities at the scene include:

- Investigation (scene evaluation and investigation);
- Search and Recovery (collection and documentation of human remains, property, and evidence at the incident site); and
- Transportation (transportation of human remains, property, and evidence to the incident morgue).

1. Initial Response

When KCMEO is notified of a mass fatality incident, staff members work with the Chief Medical Examiner to determine how they will work with Incident Command once they arrive on scene. Part of this initial discussion may involve deploying a senior Death Investigator or pathologist to the scene (or scenes) as soon as possible.

On scene, this representative from KCMEO will report to Incident Command to evaluate the scene from a human remains recovery and identification perspective. This representative will gather information to complete the “Scene Assessment” attachment, which will provide KCMEO and

HMAC with information that will assist in determining possible death investigation resource needs. He or she will also be prepared to advise Incident Command on scene as to what responders should or should not do with fatalities they encounter (e.g. do not remove identification, do not move remains unless necessary, etc.).

Soon after, the Death Investigators will come to the scene to be prepared to begin recovery when law enforcement opens the scene to release the remains. It is the intent of this plan to encourage a KCMEO presence at the incident scene as soon as practical. It is understood that fatality management operations may not commence at the scene for several hours while higher priority life safety or stabilization operations are underway

a. Small and Medium

In all incidents regardless of size the Chief Medical Examiner will assess resource needs via on-scene representatives working with the Incident Command through the scene Operations Section Chief. If necessary, additional death investigation staff may be requested through the Finance and Administration Section of HMAC to assist in scene evaluation and initial response. Staff may include Public Health personnel, PHRC volunteers, or personnel from other county or city agencies to assist with investigation, search and recovery, and transportation of remains.

b. Large and Catastrophic

In large and catastrophic events the Chief Medical Examiner will require significant assistance in managing the initial response to the scene. KCMEO will likely request federal assistance and resources to supplement locally available staff and volunteers. Such requests will be handled by HMAC, which will in turn make requests to King County Emergency Coordination Center (KCECC).

Attachments

MFI Kit List

Needs List

Photo Log

Scene Assessment

2. Human Remains Recovery & Transport

After the initial scene assessment is complete and the human remains are released to the care of the KCMEO, death investigators will access the scene and begin field work. They will be assigned to the Operations Section, Human Remains Recovery Group, Death Investigation Unit. Initial steps will include reporting to the incident command, developing a plan (“Death Investigation Action Plan Template”), holding a field safety and procedural briefing, and scene imaging.

It is important to be clear that the Action Plan prepared by the Death Investigation Unit is a tactical plan that can be used to both inform and be informed by the overall scene Incident Action Plan. Its focus is on the work being performed by the Human Remains Recovery Group in the Operations section, and includes locating, documenting, packaging, and recovering all remains and associated property, decontamination of the remains if necessary, setting up a temporary storage facility, and transporting the remains to the morgue for examination.

Detailed and specific information on Human Remains Recovery Strategy Details is discussed in the attachment of the same name.

- a. Reporting To Incident Command
Upon arrival at the scene, the Death Investigation Unit Lead will report to Incident Command to confirm arrival of the medical examiner team and to be briefed on any information relative to field recovery operations, including radio channels available for scene communication.
- b. Developing the Death Investigation Action Plan
The Morgue Incident Commander (discussed below) will work in concert with the Death Investigation Unit Lead to use information from Incident Command and the scene assessment prepared by the initial KCMEO representative on scene to devise a field recovery action plan, per the authority of the Chief Medical Examiner. Items detailed in the action plan include:
 - i. Scene Safety
 - ii. Search Strategy
 - iii. Work Period Duration
 - iv. Number and Composition of Recovery Teams
 - v. Method and Frequency of Communication Between Teams
 - vi. Mapping Technique
 - vii. Scene Imaging
 - viii. Recovery Procedures
 - ix. Location of Holding Area
 - x. Transporting Remains to Holding Area and to Temporary Morgue
- c. Scene Safety
The action plan will consider and address accordingly any identified risks to recovery team members' safety during the recovery operation.
- d. Search Strategy:
The search strategy will define the area to be searched, determine the intensity of the search, determine the search pattern, and determine how many search teams to deploy.
- e. Work Period Duration
The work period is defined as the time during which search teams are actively involved in the search and recovery process. Duration of a work period is determined by the working conditions (i.e. in excessively hot weather, work periods would be shorter to allow frequent hydration breaks). There will be multiple work periods in a single operational period.
- f. Documentation
When human remains, items of property, or items of evidence are located they are assigned an MFI number and a flag or stake bearing the number is placed in the ground. At no time will spatially related fragments be considered part of the same individual. Every fragment is assigned its own number. Documentation of each marked item includes photo documentation and written documentation.
- g. Field Safety and Procedural Briefing

The Death Investigation Unit Lead will hold a field safety and procedural briefing with all team members to disseminate necessary information.

h. Number and Composition of Recovery Teams

The number of recovery teams is determined by the number of staff available, the size of the area to be searched (specifically the size and number of primary search areas) and any identified time restraints on recovery efforts.

The composition of the recovery teams is dependent on the size of the search area and the staff available to make up the teams. At the very minimum, each team should include: Team Lead; Logger; Photographer; Bagger; and Transporter. If enough staff is available, additional positions include: Photography logger; Equipment holder and additional Transporters.

i. Method and Frequency of Communication Between Teams

Depending on the number of teams and the size of the search area, teams may be able to communicate easily or may have to rely on radios. If 800 MHz radios are distributed to team leads, each team will need a call designation (i.e. Team 1, Team 2 or Team Alpha, Team Bravo etc) and a designated channel on which to communicate that does not interfere with other components of scene operation. A schedule for status updates with the death investigation unit lead will need to be established.

j. Mapping Technique

Three types of scene mapping are possible, and the method chosen will depend on available resources, size of the scene, and type of terrain. These include Total Station (preferred); triangulation; and grid.

k. Scene Imaging

Scene imaging involves recording overall views of the scene including wide-angle, aerial, 360-degree with a designated photographer to relate items spatially within the scene and relative to the surrounding area. A combination of still photography, videotaping, and other techniques is most effective

l. Locating Human Remains, Property and Evidence

The search strategy, intensity of search, and number of search teams is outlined in the action plan. The Death Investigation Unit Lead will be responsible for maintaining a map of the scene and checking off areas as they are searched.

m. Recovery Procedures

Recovery procedures include determining how MFI numbers will be used if multiple teams are operating simultaneously. Additional considerations for recovery procedures include the order in which documentation will occur, what will be recorded, and whether stakes or flags will be used to mark the field. It also includes the systematic removal of remains, personal effects, and evidence.

If responders are among the deceased, an ad-hoc honor guard may escort their remains when they are moved. A representative of the involved responder agency will be

consulted to plan movements and coordinate honor guard operations. If civilians are among the deceased as well, similar respectful observations should also be undertaken.

i. Decontamination

- Contaminated remains will not be transported to the incident morgue until they are decontaminated.
- When remains are contaminated (from a chemical, biological or radiological incident), Hazmat teams and/or other resources will be called in to manage search, recovery, and decontamination of remains at the incident site.
- Note: If the remains cannot be cleaned after a number of attempts decided by the Human Remains Recovery Group Supervisor in consultation with Hazmat personnel or additional resources brought in to assist, alternative arrangements for disposition of the remains will have to be made. This may include sealing the remains in a container that can be externally decontaminated and which will not be opened again at any time prior to the final disposition in accordance with incident directives.

n. Location of Holding Area

- i. A holding area will be established if necessary to secure remains until transport to the KCMEO (or temporary morgue) can be facilitated. The chosen location should be easily accessible, secure, and not impeding vehicle movement or search efforts.

Requirements for a holding area include:

- A permanent or semi-permanent structure near the incident site. This would include a tent or vehicle(s)/trailer(s).
 - Locked and/or with ongoing security.
 - Ability to screen from public view movement of remains into and out of the holding area.
 - If the holding area is intended to hold remains for a significant period of time, additional considerations include:
 1. Consistent 35-38 F temperature
 2. Shelves (no higher than waist height, unless a lift is available) to store remains. At no time will remains be stacked.
- ii. A holding area at the scene will be used to store remains until they are transported to the morgue. The size of the holding area will depend on the anticipated number of decedents and the duration of storage.
- iii. The Remains Transportation Unit Lead will be responsible for signing remains into the holding area and assigning them to trucks for transport to the morgue.

o. Transporting Remains: General

- i. If remains are to be transported from the secure incident scene to a holding area or temporary morgue, consider requesting assistance in route planning from law enforcement and transportation agencies. A law enforcement escort should be considered to resolve any unexpected traffic delays, provide security and as a gesture of respect for the deceased.
- ii. If contract drivers are used, they will be asked to sign a confidentiality agreement.
- iii. Remains movement will be shared with the Joint Information Center.

- p. Transporting Remains to Holding Area
- i. Two possibilities exist for when to transport remains from the recovery site to the temporary morgue/holding area:
 - Bagged items or remains can be transported immediately after documentation provided enough personnel are available to facilitate this
 - Bagged items are left in-situ until the entire search area is covered and then all team members work to transport remains from the scene to the temporary morgue/holding area.
- q. Transporting Remains from Holding Area to Temporary morgue
- i. KCMEO scene response vehicles or refrigerated vehicles are parked in a secure area near the site with easy access to load remains.
 - ii. Remains that have been bagged and tagged are loaded into the vehicle (never stacked).
 - iii. The driver fills in a transportation log at the vehicle is loaded and reviewed for completeness prior to leaving the incident site.
 - iv. When not in use, vehicle doors are locked and remains locked while human remains are inside.
 - v. The driver transports the remains following an assigned route to the incident morgue with no deviations. A police escort may be arranged.

Attachments

Death Investigation Action Plan Template
Human Remains Recovery Equipment and Supplies
Human Remains Recovery Staging (under revision)
Human Remains Recovery Strategy Details
Transportation Guidelines
Vehicle Log

D. Morgue and Disposition Operations

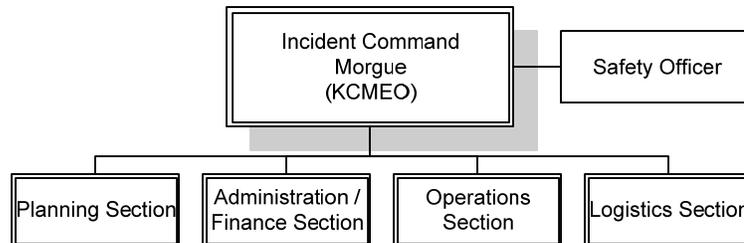
The first location choice for morgue operations for small and medium events is the KCMEO headquarters in Seattle. However, mass fatality morgue operations would only be one piece of what would be taking place at the headquarters, so it is important to use the term “morgue” and not simply “KCMEO” when discussing these operations.

Large and catastrophic events, or small or medium events that render KCMEO headquarters unable to operate, will require the securing of one or more alternate morgue locations. Facilities that can serve this purpose must meet the standards listed in the “Morgue Site Requirements” attachment, especially if DMORT and/or DPMU resources are expected.

Additionally and especially with a catastrophic incident, morgue operations may take place outside of King County while remaining under the Chief Medical Examiner’s jurisdiction. The decision to locate a morgue outside of the County will be left to the Chief Medical Examiner, Local Health Officer, and other affected jurisdictions.

1. Morgue Operations

The KCMEO establishes morgue operations to ensure the proper collection, labeling, examination, identification, preservation, and transportation of recovered remains. Morgue sites will be established separate from the incident site. Morgue operations will be managed under ICS and will include an Incident Commander, Safety Officer and all General Staff positions (Planning, Operations, Logistics, and Finance & Administration). HMAC will provide resource and information support to Morgue Sites through the Fatality Management Branch within the Operations Section in HMAC.



The Finance Section Chief will coordinate with the Finance Section at HMAC by providing information such as timesheets, costs and inventory information. Additionally, this role will serve to check in morgue staff and answer questions such staff may have regarding the administrative side of the response.

The Planning Section Chief will provide information to HMAC related to Morgue Operations. This includes completing the Situation Status template each operational period and, following approval by the Morgue Site Incident Commander, returning it to the Fatality Management Branch Supervisor in HMAC. This person will also be responsible for reconciling fatality numbers across jurisdictions by working with law enforcement from the respective affected jurisdictions.

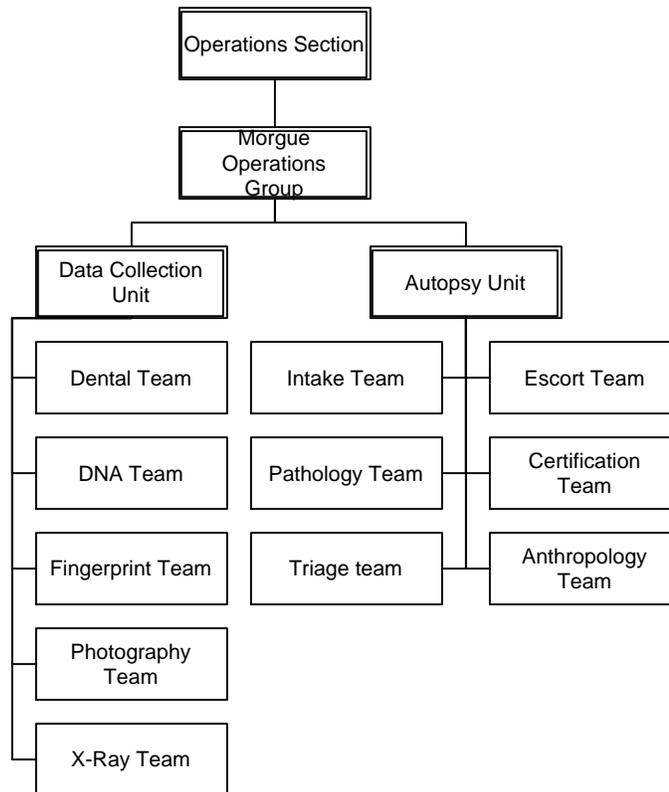
The Logistics Section Chief at the Morgue Site will be responsible for keeping track of and communicating any logistics needs back to the HMAC logistics section. This role will also serve as the on-site contact for support services provided to the morgue by HMAC, such as laundry contracting, feeding and janitorial services.

Prior to the initiation of morgue operations, the Morgue Incident Commander will establish operational objectives for all staff serving in the site, and will make decisions on the following issues in consultation with Operations Section Chief, Morgue Operations Group Supervisor and Morgue Information Processing and Disposition Group Supervisor:

- Staffing of each station (numbers and expertise).
- Shift length and rotation schedule.
- Data base vs. hard copy data entry.
- Number of escorts assigned to autopsy room.
- Tracking method (station log-in vs. record of stations).
- FAC established:
 - How and when updates will be provided to family members.
- FAC not established:
 - Who will speak to next of kin and how is antemortem data collected.

During morgue operations, the Incident Commander for the Morgue Site will address, in consultation with the Chief Medical Examiner for King County, policy issues such as:

- Final disposition of unidentified material (common tissue)
- Final disposition of non-associated property
- Criteria for collecting and analyzing DNA material
- Determining and coordinating with the lead agency for DNA analysis
- Antemortem data collection strategy
- Family coordination
- Family wishes around disposition of body and property



A. Tracking of Mass Fatality Incident (MFI) numbers

When remains are brought in from the field, there are two options for tracking them through the facility:

- Each station maintains a log of MFI numbers processed at that station
- Each MFI number has a log that travels with it and stations are checked off as they are visited.

Remains arriving at the morgue facility can be:

- Whole or nearly whole bodies removed from the scene by KCMEO personnel, tagged with an MFI number, and contained in separate body bags.
- Fragmentary remains removed from the scene by KCMEO personnel, with each fragment bagged separately and tagged with an MFI number, and multiple bags transported in a single body bag.

- Whole or nearly whole bodies arriving from out of county (not KCMEO jurisdiction). The bodies may be individually bagged but may or may not be tagged.
- Fragmentary remains arriving from out of county that may or may not be tagged individually. Remains may be comingled within a single body bag.

In most cases, remains will move through the KCMEO according to the Medical Examiner's Office Facility Flow Chart. (An off-site morgue or use of DMORT services may require a different flow; see DMORT Morgue protocols attachment). Detailed procedures and directions for morgue operations can be found in the Morgue Operations Strategy Details attachments.

Stations include (in order):

B. Intake

Intake occurs when the remains arrive at the KCMEO (or temporary morgue location). The body bag is assigned a body bag number, the body bag or container is opened and initial photographs are taken.

C. Weighing

Each body bag will be weighed in its entirety and the weight recorded on the body bag tag. Body bags will then be moved to the storage area / cooler to await triage.

D. Triage

Triage is the first step in the examination process. The pathologist dictates the body bag number and a description of each MFI number contained within the body bag. Any fragments are separated and receive separate MFI numbers while a scribe records the description of each MFI number. An MFI number could re-enter triage if radiography shows commingled fragments.

Staff at the triage station include two clean (pathologist, scribe) and two gloved (autopsy technician(s) and/or investigator). If staffing allows, an anthropologist will also be assigned to triage to assist in the identification of fragmented material.

E. Radiography

Radiographic examinations are necessary to provide postmortem radiographs for comparison with antemortem clinical radiographs and to detect evidence. The KCMEO operates digital radiography with storage of images in a PACS system. Full body radiographs will be taken when possible, with each image inputted into the computer using MFI number. Films are reviewed and any evidentiary findings or potential identification markers are brought to the attention of relevant staff.

Staff at the radiology station consists of a minimum of one x-ray technician. If staffing permits, a second technician or anthropologist would be preferable.

F. Photography

In addition to the initial photographs taken at intake, each MFI number will be photographed to include an overall photo, close-ups of physical characteristics (e.g. scars, tattoos, dentition, etc.); personal effects and items of evidence. All photos are stored by MFI number.

Staff at the photography station consists of one photographer. Escorts are used to handle the remains and position for photo documentation.

G. Property/Evidence

The KCMEO will safeguard the valuables and property of decedents to ensure proper processing and eventual return to the legal next of kin. All evidence on or associated with remains will be collected, inventoried and released to the appropriate law enforcement agency.

Staff members at the property/evidence station include a minimum of one clean individual to handle logging and one gloved to handle the evidence and property.

H. DNA

The DNA station is where samples are obtained for DNA testing for the purpose of establishing positive identification or matching fragments. A DNA sample will be taken for each MFI number by qualified staff capable of assessing the suitability of the sample. Preferred samples include blood, soft tissue and hard tissue.

Positive identification by DNA analysis is often cost and time prohibitive. All effort should be made to establish identification of bodies and body parts by other means before reliance on DNA.

Staffing of the DNA station includes a minimum of one clean individual for logging specimens and one gloved for doing the extraction.

H. Pathology

The Pathology station is where complete or partial autopsies are performed. The decision to do a complete or partial autopsy resides with the pathologist responsible for death certification.

Staffing of the pathology station is dependent on volume. Each station staffed requires a minimum of one pathologist and one autopsy technician.

I. Anthropology

The Anthropology Station provides comprehensive forensic anthropological documentation of human remains. This includes examination of fragmented, incomplete, charred, and commingled remains.

Staffing of the anthropology station requires a minimum of one anthropologist.

J. Fingerprints

The Print Station is where finger/palm/foot printing of the remains is performed. The KCMEO is trained to take prints with ink. If additional methods are necessary, print technicians from law enforcement agencies will be called upon for assistance. Procedures for taking prints are outlined in the Investigators manual, section 7.

Staffing of the fingerprint station requires a minimum of two fingerprint technicians.

K. Dental

The Dental Section performs the dental autopsy, including dental charting and radiography. Dental remains can be referred to the dental section as fragments of dentition or as full or partial dentition

still contained in the body. The dental section will clean remains to facilitate charting and radiography, visually examine and chart dentition, and examine radiographs.

Staffing of the dental station requires a minimum of one clean person (preferably an odontologist who can chart the dentition, make data entry and handle the NOMAD portable x-ray unit) and one gloved person to manipulate the specimens.

L. Storage

Storage is the refrigerated area where remains that have been processed are held until release. All human remains (identified, unidentified, and common tissue) will be stored with an easily seen label indicating the MFI or case number. Should additional storage be needed outside the KDMEO headquarters in Seattle, HMAC Logistics will be responsible for securing that location according to the requirements detailed in the Guidelines for Cities / Guidelines for Healthcare facilities attachments.

M. Embalming

Use of embalming is likely to occur only with DMORT involvement. Embalming involves disinfection, preparation of the remains, and minor reconstructive surgery procedures for each body or body part when authorized by the NOK or appropriate legal authority.

N. Identification

There are two components to identification in a mass fatality event:

- Establishing positive identification of the decedent
- Matching MFI numbers to a single decedent

To accomplish this, there are three phases of identification:

- Antemortem data collection: Data on presumed decedents is obtained from family members either through the FAC or through the investigative section of the KCMEO. The data is either entered directly into the antemortem database, if available, or recorded on a decedent information form. Antemortem data collection also involves the following:
 - Locating dental and medical records by telephone or fax. Obtaining any and all antemortem dental or medical radiographs and relevant medical/dental charting either through pick-up or Federal Express delivery.
 - Entering dental charting directly into the antemortem database, if available, or transcribing onto the KCMEO Antemortem Dental Data form.
 - Evaluating medical radiography for utility in positive identification. Requesting additional postmortem radiographs, if necessary to match the angle and view of the antemortem films.
 - Scanning non-digital image information (radiographs and photographs).
- Postmortem data collection: Postmortem data including physical description, medical radiographs, dental charting and radiographs, documentation of scars/marks/tattoos, and determination of biological profile is collected during the postmortem examination process.
- Comparison Section: The comparison section is responsible for comparing antemortem and postmortem data to establish positive identification of a decedent and to assign as many MFI numbers to an individual decedent as possible. Determination of positive identification is certified by the Chief Medical Examiner with consultation with representatives from

pathology, anthropology, odontology, radiology, prints and DNA. Positive identification of decedents is achieved through:

- Prints.
- Comparative dental radiography.
- Comparative medical radiography.
- Distinctive physical characteristics or tattoos.
- Serial numbers on permanently installed devices.
- DNA.
- Preponderance of circumstantial evidence (including combinations of photo comparison, associated personal effects etc).

Positive identification of individual body parts or fragments is accomplished by the above methods as well as by exclusionary principles.

Body parts or fragments that cannot be positively identified are labeled “common tissue” and subsequent disposition will be in consultation with victim/family groups and consistent with laws and resources.

Once positive identification is achieved, death notification is initiated either through direct contact with family members or through the FAC.

O. Grouping MFI’s into Case Numbers

Once positive identification is established, a KCMEO case number is assigned to the decedent and all MFI numbers identified to that decedent are recorded in the case. Likewise, body bags containing each identified MFI number are combined for release to the funeral home.

Attachments

Autopsy Station Set-Up
Communications and Technology Requirements
DMORT Morgue Protocols
Forms for Examination Group
Mass Fatality Morgue Services Flow Chart
Morgue Cover Sheet
Morgue Operations Action Plan
Morgue Operations Strategy Details
Morgue Services Equipment and Supplies
Morgue Site Assessment
Morgue Site Requirements
Morgue Staffing Guidelines
Surge Capacity (under revision)
Viewing Guidelines

2. Decedent Population and Condition of Remains

Identifying human remains and returning the deceased to the next of kin is the top priority of the KCMEO, and it strives to do this with the utmost respect and speed. Public Health will communicate this to family members via the Family Assistance Center, while also reiterating why the identification process may take more time than expected.

a. Decedent Population

The list of potential decedents is of great importance to those identifying human remains. There are two types of populations: closed and open.

- A closed population is the result of an incident in which a list of those involved is available. It is most often associated with commercial airline incidents, as tickets are purchased ahead of time and security checks confirm the identities of all who were aboard the aircraft.
- An open population is the result of an incident where the list of victims is unknown, and is the more likely scenario the KCMEO will encounter. It is common in non-aviation transportation incidents, earthquakes, and other large-scale disasters. In these situations the manifest is compiled through missing persons reports and information provided by those familiar with the location where the incident takes place.
- It is likely that an incident may result in a mixed population, where there are some known and some unknown victims.

b. Condition of Remains

The remains may be intact (whole bodies) or not intact (fragmented). Whole bodies are likely in incidents like pandemic flu, while fragmented remains are possible in transportation incidents, building collapses and other sudden or violent incidents.

c. Identification Process

The speed of the identification process is dependent on the size of the event, the resources available, the type of event and the condition of the remains. In an incident with a closed population with whole bodies, staff members focus on matching the remains to the list of victims. In an incident with a closed population with fragmented human remains, staff members are focused on identifying as many of the fragments as possible and matching them to the list of victims.

Open populations are more challenging as some people who are missing and feared dead may be receiving treatment for injuries at hospitals or are otherwise not harmed. In an incident with whole bodies, the number of victims is clear and can be matched to missing persons reports. In an incident with fragmented human remains and an open manifest, KCMEO must focus on missing persons reports to try to determine how many victims there are, and then match fragments to each other and eventually to antemortem data collected through the Family Assistance Center.

d. Family Considerations

There are two parts to identification that are of strong interest to family members: determining that someone was a victim and identifying that person among the remains. In incidents with highly fragmented human remains the KCMEO will discuss with family members the process for identifying multiple remains from the same individual and address how family members would like the notification process to be handled after initial confirmation that their loved one was one of the victims.

In instances with highly fragmented human remains, KCMEO will need to make a determination as to the specifications for remains identification. As resources are likely to be limited in such instances, KCMEO may need to set a size limit on identifying extremely small fragmented remains. Additionally, there may be situations where remains are comingled and unidentifiable. KCMEO will work with families to address the concerns that arise in those instances.

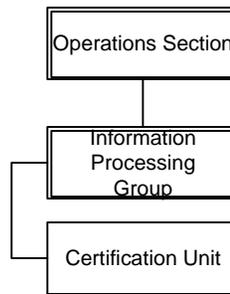
In all circumstances families will be notified of such decisions prior to the information being shared with the media.

Attachments

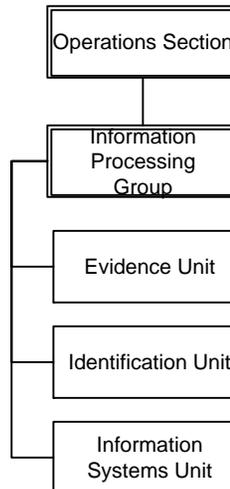
Linking MFI to Missing Persons
Methods of Identification

3. Death Certificates and Disposition Permits

During a mass fatality incident, the number of death certificates to be completed and permits for burial or cremation to be issued may be so large that it poses a challenge to normal systems operated by the Office of Vital Statistics within KCMEO. In that instance, KCMEO and Public Health will work with the Washington Department of Health to determine whether temporary permits can be issued while the backlog of certified copies is cleared to allow families to move their loved ones to their final resting places. Vital Statistics staff members will work with the FAC to ensure that the issuing of certificates and permits is coordinated.



4. Mass Fatality Information Systems



Via Excel:

This is the system that will be used in an event without DMORT assistance:

- FAC staff:
 - Collect all antemortem information and input into master Excel spreadsheet.

- Make copies/scan all information (antemortem data forms, dental records, medical records, postmortem information) and keep a paper case file as well as a digital case file for every missing person.
- Code all case files according to the Family Liaison Team to which the family is assigned.
- Morgue Identification Team
 - Input all postmortem information into a separate tab of the master Excel spreadsheet. Information to be inputted includes:
 - Where remains (whole or fragmented), property and clothing originated at the incident scene
 - Information on remains gathered during examination and autopsy process
 - Where all remains, property and clothing are stored
 - Where all remains, property and clothing are ultimately released
 - Compare antemortem and postmortem data.

Via Database:

When a computer data system beyond Excel is secured, information will be stored through that system, which should serve to reduce the time needed to.

If DMORT is brought in to assist with an MFI of a medium or larger size, their data management system (VIP) will be used to assist in identifying decedents. That system has the ability to search and match 800 different item categories, such as dental x-rays and clothing.

Attachments

MFI Number Tracking

E. Community Responsibilities and Opportunities to Assist

There are many different groups who can both provide assistance and information as well as groups that will be requesting information when it may not yet be publically available.

1. Medical and Dental Offices

When a person is missing and suspected to be a victim of an MFI, family members will be asked to provide contact information for the medical and dental offices of the missing person so that FAC or KCMEO staff can contact them to secure items that might be useful, including medical and dental imaging, medical tests, and blood work. Per RCW 70.02.050 the KCMEO has the authority to access medical/dental records for the purpose of investigation of death without family consent, and according to the King County Ordinance #5057, the Chief Medical Examiner has the authority to subpoena all medical and dental records, documents, and/or specimens that are necessary for the full investigation of any case

2. Funeral Homes

Families of victims choose the funeral home that will manage the final disposition of their loved ones, and once that decision is made, funeral homes should follow standard operating procedures to manage the disposition of remains. Funeral homes should contact the KCMEO directly or via the FAC to schedule a time to collect the remains. Depending on the nature of the incident they may

also need to work with KCMEO and the family to determine how future identified remains will be handled.

3. Owners and Operators of Incident Locations

In nearly every possible incident there will be a building owner or a transportation operator who may be able to provide crucial information as to the potential number of victims and their identities. Owners of buildings or transportation vessels where incidents have occurred should be prepared to provide electronic or paper versions of floor plans or schematics and information on building or vehicle occupants.

4. Healthcare Facilities

Depending on the size of the incident, KCMEO may ask that healthcare facilities manage decedents onsite until they can be removed and taken into custody. As such, facilities need to be prepared with their own mass fatality plans. Attached are guidelines and a template to facilitate the creation of these plans.

5. Other Organizations

Requests for information from other government, private industry or non-profit agencies will be managed through HMAc to local emergency operations centers or directly to appropriate agencies. If requests for information will involve coordinating with elected officials, HMAc will activate the External Affairs Liaison to facilitate those requests.

6. Faith and Cultural Organizations

If requested, provide assistance to families and advise the KCMEO on handling remains.

7. Law Enforcement

In addition to the roles of law enforcement listed previously, including providing security at all scenes and managing the missing persons operations, Law Enforcement will also be responsible for confirming fatality numbers with KCMEO. For larger incidents spanning multiple cities, the respective law enforcement agencies will be responsible for working with the Morgue Planning Section Chief to confirm fatality numbers.

Attachments

Body Bag Distribution
Death Occurring in a Healthcare Facility Flow Chart
Decedent Information Tag
Decedent Information Form
Dry Ice Distribution
Healthcare Fatality Management Guidelines
Patient Identification Form
Personal Effects Tracking Form

F. Religious and Cultural Considerations

Family and friends of victims and missing persons may have concerns about the treatment of the decedents, including worries that religious and cultural traditions will not be upheld. While the KCMEO will always treat each victim with respect, it may not be possible to accommodate all

religious and cultural requests. Many factors affect this ability, including the number and condition of human remains.

The FAC plan sets out processes for addressing family member concerns by engaging the assistance of religious representatives from affected communities. Information regarding special requests related to the disposition and treatment of the remains will be communicated by FAC representatives directly to KCMEO morgue operations staff.

Attachments

Religious/Cultural Considerations – UK Document
 Spiritual Advisor Contact Information

G. HMAC Support to KCMEO Mass Fatality Response

1. Logistics

The Logistics Section within HMAC will provide logistics support to the human remains recovery teams and morgue operations via the processes outlined in the HMAC ESF 8 Basic Plan and EOC functional annex. The Section will work with any activated EOCs, as well as KCOEM, to secure needed supplies, equipment and services. This includes ensuring the basic needs of staff are met, including providing food and water at the scene and morgue.

Table 8: Potential State Resources

Potential State Resources	
Washington State Search and Rescue	<input type="checkbox"/> Teams to search for victims and collect evidence
Washington State Patrol	<input type="checkbox"/> Missing and Unidentified Persons Unit
National Guard	<input type="checkbox"/> Fatality Search and Rescue Team <input type="checkbox"/> Region X National Guard Fatality Search and Rescue Team <input type="checkbox"/> CBRNE Enhanced Ready Force
Various Agencies	<input type="checkbox"/> Cadaver Dogs

Table 9: Potential Federal Resources

Potential Federal Resources ⁴⁵	
Department of Homeland Security (DHS)	<input type="checkbox"/> Emergency Response Teams <input type="checkbox"/> Catastrophic Incident Coordination <input type="checkbox"/> Stafford Act Funding
Department of Health and Human Services	<input type="checkbox"/> DMAT – Disaster Medical Assistance Team <input type="checkbox"/> DMORT – Disaster Mortuary Operational Response Team <input type="checkbox"/> FMS – Federal Medical Stations <input type="checkbox"/> US Public Service Corps <input type="checkbox"/> DPMU – Deployable Portable Morgue Unit

⁴ HHS Fatality Management Concept of Operations

⁵ http://www.fas.org/irp/doddir/dod/jp4_06.pdf

	<ul style="list-style-type: none"> <input type="checkbox"/> Federal Family Assistance support team
Department of Defense	<ul style="list-style-type: none"> <input type="checkbox"/> Armed Forces Institute of Pathology (Dover, DE) <input type="checkbox"/> US Army Central Identification Laboratory <input type="checkbox"/> Mortuary Affairs Assistance
FBI / DOJ	<ul style="list-style-type: none"> <input type="checkbox"/> Evidence Response Team Unit <input type="checkbox"/> Disaster Squad <input type="checkbox"/> Critical Incident Response Group <input type="checkbox"/> Laboratory Services <input type="checkbox"/> Hazardous Materials Response Unit <input type="checkbox"/> Office for Victim Assistance
NTSB Office of Transportation Disaster Assistance	<ul style="list-style-type: none"> <input type="checkbox"/> Technical assistance for victim identification <input type="checkbox"/> Family assistance coordination during legislated transportation incidents
Department of Veterans Affairs	<ul style="list-style-type: none"> <input type="checkbox"/> Bury eligible veterans <input type="checkbox"/> Provide advice on interment methods <input type="checkbox"/> Medical record archives
U.S. Coast Guard	<ul style="list-style-type: none"> <input type="checkbox"/> Expertise related to water incidents
Various Agencies	<ul style="list-style-type: none"> <input type="checkbox"/> Incident Management Teams

In an incident that is medium in size or larger, the County may need to call on outside organizations to provide disaster mortuary assistance. This may include assets from other counties, state agencies, other states, or federal assets. Requests for state or federal assets will follow standard resource ordering protocols through HMAc to KCOEM and then to the State Emergency Operations Center.

One commonly discussed asset is the Disaster Mortuary Operational Response Team. In incidents without a Stafford Act declaration, it is likely that the state will be responsible for the costs associated with bringing in the federal DMORT, or any of the increasingly prevalent state DMORT-type teams.

Attachments

- Human Remains Recovery Logistics
- Morgue and Disposition Operations Logistics
- NTSB Guide to Supporting Aviation
- Process for KCMEo to Request Assistance
- State and Federal Assets and Locations

2. Planning Section

The Planning Section within HMAc will provide support as outlined in the HMAc guidelines, serving primarily to manage documentation and maintain situational awareness. The section will also work with the Planning Section Liaison located at the morgue to manage information gathering.

In many circumstances at the start of operations information on the reporting of deaths in the media will not match what has been reported to or confirmed by the KCMEo. In order to ensure that the response to the incident is adequate it is crucial that localities report this information as early in the incident as possible. To assist this process, the Planning Section will hold a conference call early in

the response to address issues in multi-jurisdictional incidents. The call will serve to gain situational awareness as well as push information out to city emergency managers.

Attachments

Conference Call Agenda
Rumored Fatalities Grid

3. Finance and Administration Section

The Finance and Administration Section within HMAc will provide support to the KCMEo and Morgue Sites as outlined in the HMAc ESF 8 Basic Plan and EOC functional annex. Specific responsibilities of the Finance and Administration Section include mobilizing staff and volunteers to fill resource requests, time sheet reconciliation, cost accounting, and coordination with Public Health Human Resources Section on labor issues or Public Health employee mental health concerns.

All volunteers directed to respond to a KCMEo facility in support of the response will initially report to a Public Health Assignment Center (PHAc) for check-in and processing. HMAc will activate and operate the PHAc. At the end of the day all volunteers will return to the PHAc and check out before returning home.

KCMEo may request, through HMAc, the assistance of Public Health Reserve Corps surge teams consisting of volunteers who have been trained in specific aspects of mass fatality response, including death investigation, autopsy and administration. Additionally, HMAc has the ability to call upon Medical Reserve Corps members registered in neighboring counties via statewide mutual aid agreements. It is expected that any incident larger than a small one will require additional staff.

Any staff not already assigned to Public Health Preparedness Section or KCMEo must be requested through HMAc. They are not to self-deploy, nor is an entity other than HMAc to request them.

Attachments

Confidentiality Agreement
Death Investigation Staffing Chart
Job Action Sheets
Morgue Staffing Chart
Overall Staffing Plan
Staff Request Form

H. KCMEo Continuity of Operations

An MFI may occur that renders KCMEo headquarters inoperable. The most likely situation in which this would take place is a large earthquake that impacts the structural integrity or utility supply of Harborview Medical Center. In such instances, the MFM plan will be implemented in conjunction with KCMEo's Business Continuity plan, also known as the Medical Examiner's Emergency Operations Plan. This plan is maintained by KCMEo directly.

Additionally, even if KCMEo headquarters are not impacted by the MFI, KCMEo operations will need to continue as normal outside the mass fatality response. Daily operations, including death investigation, must continue to ensure KCMEo fulfills its statutory obligations. Surge teams may be

called upon to fill the regular KCMEO roles, freeing staff to respond to the MFI. This includes not only administrative tasks, but also death investigation. If the MFI morgue is the KCMEO office, a schedule will be established by the KCMEO Planning Section to ensure that non-MFI deaths are examined during the operational period as well. PHRC currently has a fully trained Death Investigation Response team and is in the process of training an Autopsy Response team.

References

Medical Examiner’s Emergency Operations Plan

I. Scenario-Specific Disaster Response Plans

While the goal of this plan is to be widely applicable and address the most likely mass fatality incidents, there are types of incidents that will require specific and potentially different response actions. These may include pandemic outbreaks, contaminated decedents, and incidents taking place in locations such as Lake Washington or Elliot Bay. If such an incident occurs, staff should refer to the relevant attachments to ascertain what additional protocols and steps need to be implemented to properly address the issues should such incidents raise.

Attachments

- Managing Increased Numbers of Deaths
- Managing Contaminated Decedents: Biological, Radiological, Chemical, and Nuclear
- Managing Incidents in Large Bodies of Water or On Board Ships
- Managing Incidents with Large Numbers of Missing and Presumed Dead, Bodies Unrecoverable

J. Response Demobilization

Deactivation will commence when the Chief Medical Examiner (or designee) has determined that operations are returning to normal and no longer require the daily support of HMAAC. This does not preclude the continuation of long-term response aspects, including delayed identification of human remains or case management services for family members of missing persons or decedents.

Table 10: Demobilization Tasks

Demobilization Tasks	
KCMEO	<ul style="list-style-type: none"> <input type="checkbox"/> Determine that outstanding issues can be addressed via normal operations, including regular working hours and staffing levels. <input type="checkbox"/> Work with Public Health Area Command on transition plan. <input type="checkbox"/> Begin After Action Reviews. <input type="checkbox"/> Provide opportunities for staff to debrief with King County mental health providers.
Public Health Area Command	<ul style="list-style-type: none"> <input type="checkbox"/> Identify organization to continue any long-term case management. <input type="checkbox"/> Establish schedule for providing updates on outstanding issues. <input type="checkbox"/> Set transition plan and communicate plan to participating

	<p>agencies.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Oversee After Action Review process. <input type="checkbox"/> Transition Joint Information Center call center to normal media relations operations. <input type="checkbox"/> Transition family inquiries to KCMEO.
Public Health Communications	<ul style="list-style-type: none"> <input type="checkbox"/> Publicize the closing of Family Assistance Center

VIII. Guidance for Cities

Throughout this plan the general assumption is that the incident is taking place in a contained location or locations, such as a building collapse, a transportation incident, or other situation which easily lends itself to traditional on-scene incident command. However, it is important to note that in some situations, such as an earthquake or pandemic, traditional incident and scene control will not be maintained. In those instances Public Health recognizes that members of the community may become actively involved in assisting with the removal of the deceased, either by taking care of the deceased within their homes until the medical examiner is available, or, in locations that may be temporarily cut off from infrastructure, by setting up temporary morgues within the community.

Assumptions

- KCMEO and Public Health will first seek resource assistance by contacting local emergency operations centers. If they are not able to assist, the localities will work with KCOEM to secure the resources.
- Localities will not have all resources needed to provide support for Medium, Large and Catastrophic incidents.
- Regardless of where within the County the incident occurs, KCMEO and Public Health retain the duties outlined in this plan, including responsibility for standing up a Public Information Contact Center to support inquiries around missing persons and opening a Family Assistance Center.

City Government Tasks – Pre-Incident

The following tasks should be undertaken in anticipation of any mass fatality incident, not just those that might result in limited KCMEO resources.

- Ensure that the local comprehensive emergency management plan includes a section on mass fatality incidents in line with the information provided in this plan.
- Have processes in place to manage resource requests that may come from within the city and from KCMEO and/or Public Health.
- Identify staff members who could serve as liaisons to KCOEM and HMAC.
 - Compile contact list for these staff members and include in comprehensive emergency management plan.
- Ensure staff members are familiar with the King County Mass Fatality Management Plan.
- Consider working with other cities to determine locations for potential regional temporary morgues, using the “Morgue Site Assessment” attachment as guidance. KCMEO staff will be available to provide subject matter expertise on a limited basis as well.
- Identify potential locations for off-site morgues to be opened by Public Health using the “Morgue Site Assessment” attachment as guidance. KCMEO staff will be available to provide subject matter expertise on a limited basis as well.

- Identify community members who could help with reception center and temporary morgue operations, such as spiritual care workers, mental health professionals, interpreters, Community Emergency Response Teams, local security assets, community policing groups, Rotary and other volunteer organizations and encourage them to register with the Public Health Reserve Corps.
- Identify community assets (areas that might be able to serve a mass fatality response purpose) and vulnerabilities (areas where a large number of fatalities might result from a catastrophic incident like an earthquake), including hospitals, nursing homes, adult care homes, schools, community centers, sports facilities and funeral homes.
- Identify and begin to address issues unique to locality (e.g. isolation, islands).
- Plan for use of body bags or other materials that can be used to contain human remains. Know where your body bags are located, how many you have and what condition they are in.

City Government Tasks – During the Incident

- Notify KCMEO and Public Health if an incident has taken place within your jurisdiction.
- Activate local comprehensive emergency management plan.
- If requested, provide non-medical resource support to KCMEO operations.
- If requested, provide liaison to KCOEM or HMAC
- Participate in interagency meetings and conference calls to discuss strategy and tactics as needed.
- Have local JIC refer media requests regarding the MFI to Public Health Public Information Officers.
- Refer inquiries about missing or deceased persons to Public Health call center once established.
- Implement local mass fatality plan if directed by KCMEO.
- Ensure that workers have access to and are made aware of services to assist with managing the stress and trauma associated with working in mass fatality incidents.

City Government Tasks – Public Messaging

- PHSKC will serve as a main developer of content to be shared publicly for mass fatality incidents in King County. Materials will be made available by the PHSKC Communications Team to cities providing information to residents, including managing bodies at home, KCMEO procedures, and cultural considerations.
- Only KCMEO will establish and report fatality numbers; cities should avoid reporting unconfirmed estimates.
- All media calls should be referred to the King County Joint Information Center (JIC) or, if a JIC has not been opened, to PHSKC PIOs.

In Extreme Situations

There may be times when cities will need to care for the deceased until KCMEO is able to respond to the scene. Cities should only undertake fatality management operations when directed by KCMEO or in such catastrophic situations when it is impossible to reach KCMEO directly.

There are three scenarios that could result in KCMEO being unable to respond to a city in a timely manner:

- A mass fatality incident has occurred in one jurisdiction and KCMEO does not have the resources to send staff to respond to recover non-disaster-related deaths in other jurisdictions.
- There is a mass fatality incident within a city but the city is isolated due to the nature of the incident (e.g. infrastructure breakdown after an earthquake).

- There is a catastrophe throughout the region.

Cities should refer to the attachment “Catastrophic Fatality Management: Guidelines for Cities” for detailed information on actions to be taken should cities be instructed to engage directly in fatality management operations.

Attachments

911 Guidelines (under revision)
Body Bag Cache procedure
Catastrophic Fatality Management Guidelines
Cities Remains Procedure Flow Chart
Deaths Occurring Outside a Healthcare Facility Flow Chart
Decedent Identification Tag
Decedent Information Form
Personal Effects Tracking Form

IX. Mutual Aid

Mass fatality incidents may occur in neighboring jurisdictions that overwhelm local capabilities. Consequently, Public Health and KCMEO may be called upon to provide assistance. The Leadership, as referenced in the “notification” section of this plan, will discuss how to move forward in providing assistance. This may require partial implementation of this plan, including activation of the HMAC and calling upon additional staff to report to the scene outside of King County. HMAC staff will work with staff from the local jurisdiction, as well as representatives from the state, to address questions related to funding of operations and liability concerns.

X. Public Communications

There will be strong media interest in any mass fatality incident. Members of the public will want to know where to go to get information on missing or deceased family and friends. PHSKC serves as the lead agency in King County for developing public messaging content during a mass fatality incident related to human remains recovery, morgue operations and the Family Assistance Center. All King County jurisdictions will coordinate through a Joint Information Center (JIC) or, in the absence of a JIC, with PHSKC, to ensure consistency of messaging.

A. Communicating Directly with Family and Friends

All releasable information will first be provided by KCMEO to the relatives and friends of potential victims before being shared with the media. KCMEO will coordinate with PHSKC Public Information Officers to provide information on the specifics of the incident to the friends and family, including expected duration and any unique challenges, as soon as reasonable, and prior to releasing the information to the media. In addition to in-person discussions with family members, PHSKC will utilize existing means (e.g. website, press releases) to share information related to the incident, including the recovery process, the identification process, and the release of decedents to their families, so families can have the information firsthand. PHSKC will also oversee the Call Center. If a FAC is activated, KCMEO will coordinate with the PHSKC PIO assigned to the FAC to communicate this information.

B. Public Information Contact Center

Following an incident HMAC may activate a Call Center to answer queries from the public. The Call Center will consist of a traditional PICC (Public Information Contact Center) and a Missing Persons Call Center. The PICC will serve to answer questions related to the overall incident, while the latter will provide a critical communications link to families and members of the public who are seeking information about missing or deceased loved ones and FAC operations. The Call Center will be activated as soon as possible following an incident, ideally within two hours, and will operate 24/7 in the initial phases of the response. Information provided will include:

- Description of the FAC, including who should make use of it
- Description of how the FAC process will work
- List of questions that may be asked of family members
- List of items that family members may be asked to provide to FAC staff to assist in identification
- How to access information not related to healthcare

C. Media Management

All media will be directed to contact the King County Joint Information Center (JIC). If a JIC is not opened, media will be directed to the PHSKC PIO. KCMEO will not take any media calls regarding the mass fatality incident directly; however the KCMEO media line will be operational as always for non-disaster-related KCMEO operations. All information related to the mass fatality recovery process, including human remains recovery, morgue operations, FAC operations, and total fatality numbers will be provided directly by PHSKC PIOs. PIOs from cities within King County should also refer media requests for information directly to PHSKC.

While mass fatality operations are underway at the incident scene, PHSKC Communications will be in communication with the PIOs from the responding agencies to provide message content and coordinate as needed.

In order to protect the dignity of the decedents and show respect for the families and friends of the victims, PHSKC will provide as much information to the media as possible while reiterating the sensitivity of the situation.

In order to facilitate information management, a press release template has been prepared for use by the Communications Section. Additionally, a JIC template has been created to consolidate information for daily briefings, press releases and JIC and Call Center phone calls.

D. Discussing Number of Decedents

Deaths related to the mass fatality will be reported daily at a regular press briefing, and will include estimated and/or confirmed deaths, positive identifications, and the names of those whose next of kin have been notified. Deaths that occur daily and are not associated with the mass fatality incident will be reported using normal systems maintained by the KCMEO. All calls received outside the regular press briefings will be managed by PHSKC PIOs.

Attachments

Communications Template and Cheat Sheet
Draft Missing Persons Call Intake Form (under revision)
Initial Press Release Components
JIC Reporting Template and Cheat Sheet
Media FAQ Sheet

XI. Authorities

King County Ordinance #2878 and the Revised Code of Washington RCW 68.50.010 provide the legislative foundation for the office and function of the Medical Examiner. King County Ordinance #2878 authorizes the Medical Examiner to assume jurisdiction over human remains, perform autopsies, and other functions authorized by the RCW 68.50.010. Additionally, the Medical Examiner is authorized to institute procedures and policies to insure investigation into the deaths of persons so specified to assure the public health. Washington State laws delineate which classes of death are to be investigated.

RCW 70.02.050: The KCMEO has the authority to access medical/dental records for the purpose of investigation of death without family consent

King County Ordinance #5057: The Chief Medical Examiner has the authority to subpoena directly all medical and dental records, documents, and/or specimens that are necessary for the full investigation of any case, provided the medical and dental providers are located within the state of Washington.

Per RCW 68.50.010 the following cases must be reported to the KCMEO:

1. Persons who die suddenly when in apparent good health and without medical attendance within thirty-six (36) hours preceding death.
 - This category includes:
 - Sudden death of an individual with no known natural cause for the death;
 - Death during an acute or unexplained rapidly fatal illness, for which a reasonable natural cause has not been established;
 - Deaths of individuals that were not under the care of a physician;
 - Deaths of persons in nursing homes or other institutions where medical treatment is not provided by a licensed physician.

2. Circumstances indicate death caused entirely OR IN PART, by unnatural or unlawful means.
 - This category includes, but is not limited to:
 - Drowning, suffocation, smothering, burns, electrocution, lightning, radiation, chemical or thermal injury, starvation, environmental exposure, or neglect;
 - Unexpected deaths during, associated with, or as a result of, diagnostic or therapeutic procedures;
 - All deaths in the operating room whether due to surgical or anesthetic procedures;
 - Narcotics or other addictions, other drugs including alcohol or toxic agents, or toxic exposure;
 - Death thought to be associated with, or resulting from, the decedent's occupation. This includes chronic occupational disease such as asbestosis and black lung;
 - Death of the mother caused by known or suspected abortion;
 - Deaths occurring from apparent natural causes during the course of a criminal act, e.g., victim collapses during a robbery;
 - Deaths that occur within one year following an accident even if the accident is not thought to have contributed to the cause of death;

- Death following all injury producing accidents, if recovery was considered incomplete or if the accident is thought to have contributed to the cause of death, (regardless of the interval between accident and death).
- 3. Suspicious circumstances.
 - This category includes, but is not limited to deaths under the following circumstances:
 - Deaths resulting from apparent homicide or suicide;
 - Hanging, gunshot wounds, stabs, cuts, strangulation, etc.;
 - Alleged rape, carnal knowledge, or sodomy;
 - Death during the course of, or precipitated by, a criminal act;
 - Deaths that occur while in a jail, prison, in custody of law enforcement, or other non-medical public institutions.
- 4. Unknown or obscure causes.
 - This category includes:
 - Bodies that are found dead. (See criteria #1 above);
 - Deaths during or following an unexplained coma.
- 5. Deaths caused by any violence whatsoever, whether the primary cause or any contributory factors in the death.
 - This category includes but is not limited to:
 - Injury of any type including falls;
 - Any deaths due to, or contributed to, by any type of physical trauma.
- 6. Contagious disease.
 - This category includes only those deaths wherein the diagnosis is undetermined, and a contagious disease, which may be a public health hazard, is a suspected cause of death.
- 7. Bodies that are not claimed.
 - This category is limited to deaths where no next of kin or other legally responsible representatives can be identified for disposition of the body.
- 8. Premature and stillborn infants.
 - This category includes only those stillborn or premature infants whose birth was precipitated by maternal injury, criminal or medical negligence, or abortion under unlawful circumstances.

In King County all deaths that result from any natural or human caused emergency or disaster are reportable to the King County Medical Examiner.

Per the National Transportation Safety Board (NTSB) Reauthorization Act of 2006 (enacted December 21, 2006⁶) the NTSB has authority over aircraft accidents, railway accidents with fatalities, pipeline accidents with fatalities, and highway accidents (selected in cooperation with the state). § 1134 and § 1136 provides direction to the NTSB to conduct autopsies and provide assistance to families.

⁶ http://www.nts.gov/alj/NTSB_statute.htm

XII. References

NYC Mass Fatality Management Plan
Santa Clara APC Toolkit
DMORT SOP

XIII. Public Health Emergency Preparedness Capabilities

Emergency Operations Coordination
Emergency Public Information and Warning
Fatality Management

XIV. Training & Exercises

It is crucial to the success of this plan that staff members be regularly trained in its implementation, and that table-top and full-scale exercises that might have a fatality component include the response as outlined in this plan. It is also crucial that the plan or parts of the plan be shared with those organizations that are expected to play a part in mass fatality response and management.

Over the next three years:

- Public Health Preparedness Staff will receive an orientation of the plan each time significant revisions are made.
- Potential mass fatality response staff, including PHRC volunteers, KCMEO staff, and death investigation and autopsy response team members, will receive topical training on different sections of the plan.
- Facilitated discussions or table-top exercises will be scheduled at regular intervals to validate different components of the plan.
- A functional or full-scale exercise will be held as funding allows or as directed by grant requirements. The next functional exercise will be held in 2013.

Attachments

KCMEO and Public Health Mass Fatality Training (under revision)
Mandatory Trainings for HMAC Staff (under revision)

XV. Mass Fatality Plan Maintenance

The MFM plan and its attachments will be maintained by the Preparedness Section of Public Health. Edits to operational documents are ongoing; the plan in its entirety will be reviewed and revised every three years. The next revision is scheduled for 2015.