Public Health
Seattle & King County

**ESF 8 HAZARD ANNEX**

# Mass Fatality and Family Assistance Operations Response Plan

Version 4 2015

**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. Kelmore, O. Lien, R. Lis, K. Taylor |
| 4 | Three-year review and merge with Family Assistance Center plan | 2015 | A. Kelmore |

**Table of Contents**

Tables

## 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 the Preparedness Section of Public Health – Seattle & King County (Public Health[1]) have prepared the King County Mass Fatality and Family Assistance Center Operations Response Plan ("the plan") with family members and friends of the victims in mind. The plan serves to provide guidance on managing the disposition of large numbers of fatalities while maintaining respect for the dead. 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.

Attachments:
Intro 01 Glossary and Acronyms
Intro 02 Full Fatality Management Organizational Chart
Intro 03 Attachment List
Intro 04 Attachment Descriptions

## II. Purpose

The purpose of this plan is to guide the County in managing the recovery and identification of human remains while maintaining respect for and the 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.
- Outline operational areas and provide supporting guidelines and operational documents.
- Identify the roles and responsibilities of agencies and organizations likely to be involved.
- Specify the command and control structure, including activation of the plan.
- Describe the logistics operation and outline how to request resources.
- Outline the process to provide a private and secure place for families to gather and to receive information about the response and recovery.
- Outline the process for information sharing with hospitals to support family reunification with the injured.
- Specify the informational, psychological, spiritual, medical and logistical needs of families.

[1] While KCMEO is a section within Public Health, we refer to it as a separate entity throughout this plan to avoid confusion of roles.

- Centralize and coordinate missing person inquiries.
- Outline the process for collecting antemortem information on the missing or known deceased.
- Facilitate information exchange between the KCMEO and families.
- Provide death notifications and facilitate the processing of death certificates and the release of human remains for final disposition as needed.
- Protect families from the media and curiosity seekers.

A successful mass fatality response will treat the deceased and their loved ones with compassion and respect at all times; will resolve cases as rapidly and efficiently as possible while assuring 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
  - Response Modules
    - Contact Center
    - Reception Center
    - Death Investigation
    - Morgue Operations
    - Family Assistance Center (FAC)
    - Virtual Family Assistance Center
    - Victim Information and Identification Center
    - Disposition Operations
  - Safety
  - Security
  - Community Responsibilities and Opportunities to Assist
  - Religious and Cultural Considerations
  - HMAC Support to KCMEO Mass Fatality Response
  - KCMEO Continuity of Operations
  - Response Demobilization
  - Code of Conduct
  - Scenario-Specific Plans
- Mutual Aid
- Communications
- Authorities
- Organizational Responsibilities

The plan provides detailed operational information, templates, forms, organizational charts and contact lists by means of procedural documents, which are attached to the plan. The Family Assistance Center (FAC) component is applicable to all incidents not covered by federal legislation.

## 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, the Seattle Hazard Identification and Vulnerability Assessment (SHIVA) and Public Health's own Hazard Identification and Vulnerability Assessment, 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; Chlorine Tank Explosion; Blister Agent; Nerve Agent
  - Biological Attack: Aerosolized Anthrax; Plague, 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 the number of fatalities is not necessarily the best measure. When establishing how to classify the disaster from a mass fatality standpoint, the county will consider the estimated number of fatalities as well as 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. For example, fewer staff will be needed if the remains are intact and not severely traumatized (e.g. burned).

In this environment of uncertainty, worry, and need for information, FACs are an important resource for helping a community meet the needs of family and friends, and supporting the overall incident response. In addition to providing a safe, protected, and supportive environment for families to gather and receive updates and information, they can play a critical role in the reunification of victims and family members in addition to coordinating patient tracking and missing person information and ensuring that families have a mechanism for providing the critical information that will be pertinent to the Medical Examiner in identifying the victims.

**Table 1: Disaster Levels**

| Incident Level | Size | Expected Family and Friends | Daily Capacity for Critical Services |
|---|---|---|---|
| Level 4: Small | Fewer than 20 fatalities with intact remains | Fewer than 120 | 3-5 interviewers/12 hours a day = 12-20 interviews per day |
| Level 3: Medium | 20-100 fatalities with intact remains OR fewer fatalities that are fragmented and / or highly dispersed | 120-600 | 5-10 interviewers/12 hours a day = 20-40 interviews per day |
| Level 2: Large | 101-500 fatalities with intact remains OR fewer fatalities that are highly fragmented and / or highly dispersed | 600-3,000 | 10-30 interviews/12 hours a day = 40-120 interviews per day |
| Level 1: Catastrophic | More than 500 fatalities | More than 3,000 | 30-50 interviewers/12 hours a day = 120-200 interviews per day |

**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 FAC, while also reiterating why the identification process may take more time than expected.

*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.

*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.

*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 and reassociating 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 injured or not involved in the incident. 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.

*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.

**Demographics**
King County Washington is the 14th most populous county in the US, with over 2 million people. King County represents 28.6% of Washington State's population, and as the largest population center in the State poses many opportunities and challenges.

The County includes Seattle, 38 other incorporated cities, and 19 school districts. It is home to the most diverse zip code[2] and the most diverse school district in the nation.[3] Immigrants and refugees from all over the world, including Asia, the Horn of Africa, Central America and the former Soviet Union, reside in King County. 2010 Census data show more than 1 in 3 residents is a person of color, increasing to almost half among children. The county, especially the southern suburbs, includes several cities and school districts in which racial minorities are now the majority population. One out of every five residents (over 420,000 adults and children) now lives below 200% of the federal poverty level[4].

Twenty-three percent of residents speak a language other than English, and 19% are foreign-born. Public Health has identified three language tiers to reflect the language needs of Limited-English Proficient populations. This information will be consulted when the plan is activated to get a better sense of interpretation services needed and languages for FAC material translations. When deciding on interpreter services and translations for FACs by location and populations involved in the incident, staff will refer to the King County language maps in the Public Health Translation Manual[5].

One major consideration for choosing a location for FAC operations will be ADA compliance. Additionally, staff will secure American Sign Language interpreters and braille assistance as needed.

More information can be found on King County's website:
http://www.kingcounty.gov/healthservices/health/data.aspx and
http://www.kingcounty.gov/healthservices/health/data/maps.aspx

## V. Planning Assumptions[6]

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.[7]
- The mass fatality investigation may continue for months or even years, depending on the scope of impact and policy decisions regarding the identification process.
- The funding source for many services will not be known at the time operations begin.

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[2] AOL News. America's Most Diverse ZIP Code Shows the Way. http://www.aolnews.com/2010/03/25/opinion-americas-most-diverse-zip-code-shows-the-way/

[3] Remade in America. Diversity in the Classroom. *The New York Times*. http://projects.nytimes.com/immigration/enrollment

[4] http://www.insurance.wa.gov/legislative/reports/2011-uninsured-report.pdf

[5] http://kingcounty.gov/healthservices/health/languages/~/media/health/publichealth/documents/translation/PHTranslationManual.ashx Available in Spanish, Vietnamese, Russian, Chinese, Korean and African languages

[6] Some information for Key Assumptions takes from Santa Clara APC Mass Fatality Toolkit

[7] For guidance in addressing this issue see King County Disaster Behavioral Health Plan.

Key Assumptions underlying **Death Investigation** include:

- There will be multiple responders at the incident site.
- KCMEO personnel may need law enforcement to assist in 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 cleared.
- Law enforcement/security will control access to the scene and other fatality management operations. Public Health will employ a credentialing system to monitor access.
- 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 Incident Command System and fit within the established command structure on the scene.
- 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.
- The collection, inventory, and return of personal effects to the decedent's family is important.
- Depending on the natural or manmade disaster that produces the mass fatalities, infrastructure may be severely impacted causing significant delays in recovering and managing decedents.
- 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. Local assistance or Mutual Aid from the fire department, Hazmat unit, DMORT, military, or other non-medical examiner disciplines may be needed.
- The bio-waste and other bodily fluids from human remains during phases of recovery may become hazardous, requiring additional discussion about disposition.
- Select federal agencies will be involved at the incident site under certain circumstances, e.g., a commercial airline accident or terrorist act.

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

- The expectations of family members, the general public, politicians and the media concerning identification of victims 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 Public Health will need to make a decision 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 is a last resort that will 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 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:

- Public and media will have intense 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.
- A call center will need to be activated as soon as possible to systematically collect missing persons information in a potential mass fatality incident where the number of fatalities is unknown, regardless of the eventual designation as a mass casualty or mass fatality incident.
- When this plan is activated the HMAC Operations section will begin the process of opening the call center as soon as possible.
- 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.
- Speculative information (accurate and inaccurate), including about the identity of decedents, will spread quickly via social media.
- While media will not be allowed in the FAC, space will need to be provided nearby for media briefings and for family members who do wish to speak to the media.
- Large media presence will necessitate on-site PIO assistance.

Key assumptions underlying **FAC Operations** include:

- Activation:
  - Establishing a Joint Family Support Operations Center (JFSOC) is essential. The JFSOC serves as the command and control center where participating organizations are brought together to monitor, plan, coordinate, and execute a family assistance operation.
  - The activation of a FAC may occur as a result of many different types of incidents.
  - The FAC should open within 24 hours of the decision to activate it.
  - A FAC will be part of a larger emergency response, requiring coordination and information sharing among multiple organizations and agencies.
  - Coordination among responding agencies about family member welfare inquiries, missing persons reports and patient tracking will be necessary.
  - A FAC may be virtual (e.g. via call center or online), in person or both.
  - The National Transportation Safety Board (NTSB) will be the lead agency for coordinating family assistance operations following air carrier and passenger rail accidents resulting in a major loss of life (per 49 USC 1136 and 1139).
  - FBI Office for Victim Assistance will participate in family assistance operations for federal crimes.
- Family Care:
  - On average 3-6 family members for each potential victim will interface with family assistance operations.

    - Not all family members will come to the FAC. Services will need to be available virtually to support and provide information to those who are not physically on site at the FAC.
    - A short term Family Reception Center may need to be established to give families a place to convene until a FAC is established. This may occur at a hospital, airport, or other community site, and should be established within two hours of the incident.
    - After an incident family members will immediately call or self-report to many agencies/locations seeking information about their loved ones. This could include the incident site, 911, 211, hospitals, clinics, fire departments, police stations, or the KCMEO.
    - Assistance for families may come from many organizations, including not-for-profits and offices for victims of crime, including the Prosecuting Attorney's Office (PAO).
    - Assistance may also be available elsewhere for victims who were otherwise impacted by the incident but did not lose a loved one, possibly creating confusion about where those people should go to receive that assistance.
    - Depending on the populations affected by the incident, translators and interpreters may be needed for all aspects of FAC operations.
    - After the FAC closes, continuing case management may be required to address ongoing needs.
- Logistics:
    - When selecting a FAC site, whenever possible it will be apart from and not within viewing distance of the incident scene.
    - The FAC can be scaled up or down depending on the need.
    - The FAC may need to operate 24 hours/day during the initial days/weeks after an incident.
    - Providing security to ensure that only those working in or receiving services at the FAC are allowed access will be a challenge, especially with respect to media.
    - The FAC operations may be long-term, depending on the nature of the incident.
- Identification:
    - An open population incident will likely require more work to narrow down the list of truly missing people.
    - Victim identification may take multiple days, weeks, months or a year or more depending on the nature of the incident.
    - Some decedents or remains may not be able to be identified.

Key Assumptions Underlying **Family Concerns** include:

- Family members will expect that:
    - The deceased will be identified expeditiously and without error;
    - Their loved-ones remains will be returned in a compassionate and expedient manner;
    - They will be provided information that is accurate and free of speculations; and
    - They will be provided with contact information of personnel that will be able to address their questions.
    - Ability to visit the scene of the incident
- Not all families will grieve or process information in the same way.
- Family dynamics may pose different challenges and needs, especially regarding security and staff work load.
- Ethnic and cultural practices will be important factors in how the families grieve and communicate about death, as well as how they handle remains.

- Family members may travel to the FAC and need assistance with basic resources such as lodging, toiletries, clothes, prescriptions, etc.
- Family members that live locally may chose to remain overnight at the FAC, especially in the initial days after an incident.
- Family interviews may need to be conducted with multiple family members in order to collect sufficient antemortem information to assist with the reunification or victim identification.
- Mental health and spiritual care resources will be necessary at the FAC.
- Responding to a mass fatality incident can be overwhelming and lead to traumatic stress. Support for responders and staff at the FAC will be essential.

## VI. Decision-Making



### A. Mass Fatality Incident Criteria

The KCMEO has determined that any event consistent with the following mass fatality incident criteria warrants activation of this plan. Final determination to activate the plan resides with the Chief Medical Examiner and Local Health Officer (or their respective designees).

- Any event that has the potential to yield 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 may be needed for fewer than seven fatalities, depending on the circumstances of the incident.

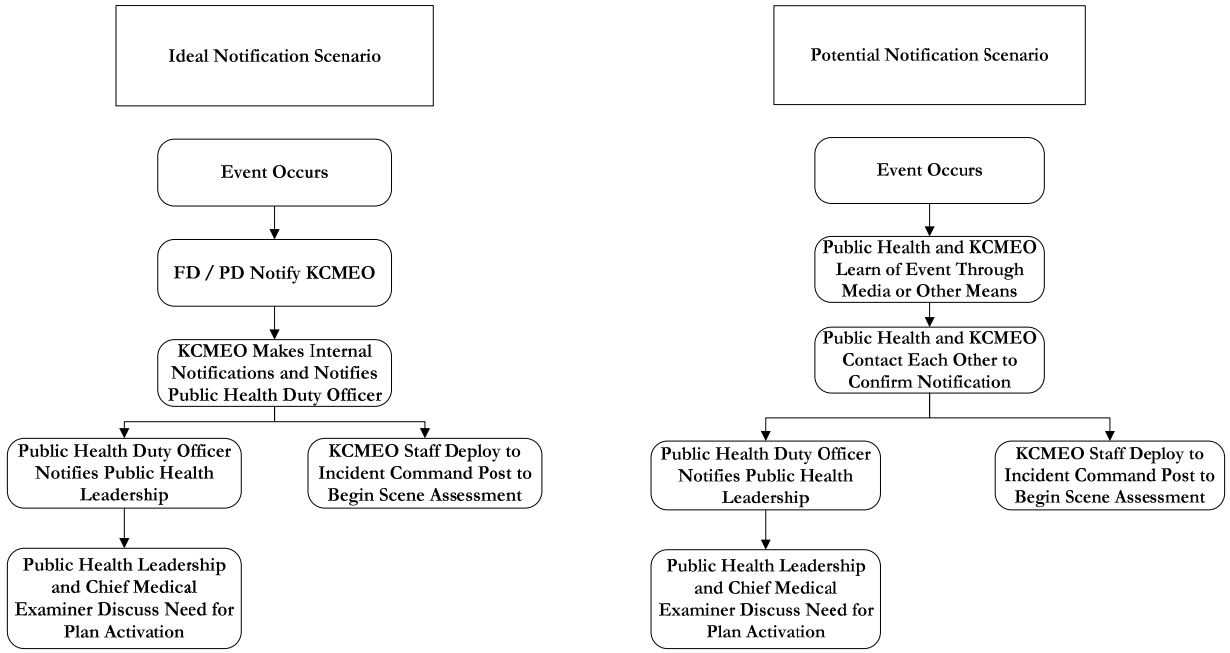
### B. Notification

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 that warrants activation of this plan. The earliest stages of mass fatality response require coordination of public information and activation of the contact center and reception centers 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 the 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.

The KCMEO or the Duty Officer may also receive calls requesting mutual aid to assist at mass fatality incidents outside of King County. They should follow the instructions in the guidelines attached to this plan, and in all cases notify the Preparedness Section Manager before deploying resources.

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

Attachments:
Notification 01 Duty Officer Guidelines – King County
Notification 02 Duty Officer Guidelines – Mutual Aid
Notification 03 Internal MEO Notifications – King County
Notification 04 Internal MEO Notifications – Mutual Aid
Notification 05 Lines of Succession and Contact Numbers (under revision)
Notification 06 Medical Examiner Questions
Notification 07 Contact List

## C. Activation of Plan and Modules

After all interested parties have notified each other, the Chief Medical Examiner (or designee) and the Local Health Officer, in consultation with the Area Commander/Preparedness Section Manager and other relevant parties, will determine the need to activate the plan. The decision to activate any plan modules 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.

Activation of the Mass Fatality response plan requires the concurrent activation of HMAC, per the guidelines found in the ESF Basic 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 Mass Fatality response plan.

**Table 2: Basic Activation Tasks**

| Basic Activation Tasks | |
|---|---|
| Fire Department / Police Department | □ Notify KCMEO and Public Health Duty Officer of potential mass fatality incident.<br>□ Establish Incident Command Post for scene response. |
| KCMEO | □ Confirm that Public Health Duty Officer is informed of incident.<br>□ Coordinate with the Incident Command at the scene.<br>□ Respond to scene when requested and assess situation from a mass fatality management perspective.<br>□ Begin to compile potential needs, including staff, supplies, and outside assistance. |
| Public Health Leadership | □ Discuss activation of plan components.<br>□ Activate Health and Medical Area Command.<br>□ Contact local or county emergency management to discuss the need for emergency proclamation. |
| Public Health's Health and Medical Area Command | □ Begin public information and media outreach.<br>□ Ensure local DMCC, hospitals and healthcare facilities are notified.<br>□ Coordinate with local and County EOCs. |
| Local and County Emergency Management Office | □ Prepare for possible activation of EOC to support Public Health and KCMEO in case incident escalates. |

**Table 3: Additional Activation Tasks – Level 3 Event**

| Additional Activation Tasks – Level 3 Event | |
|---|---|
| Local Emergency Management Office | □ Activate EOC to support Public Health. |
| KCOEM | □ Activate King County RCECC to provide support to localities and Public Health.<br>□ Stand by for possible resource requests to take place in consultation with Public Health. |

**Table 4: Additional Activation Tasks – Level 2 or 1 Events**

| Additional Activation Tasks – Level 1 or 2 Event | |
|---|---|
| Local Emergency Management Office | □ Activate EOC to support Public Health. |
| KC RCECC | □ Activate to provide support to localities and Public Health.<br>□ Prepare to request assistance (e.g. DMORT) in consultation with Public Health.<br>□ Work with State Emergency Management to initiate process for requesting additional federal resources. |

For specific tasks associated with activating each module, see the Concept of Operations.

Reference:
HMAC Manual

## D. Command and Control

Mass fatality response follows the Incident Command Structure and is focused on eight modules that all fall within the operations section structure: Contact Center, Reception Center, Death Investigation, Morgue Operations, Family Assistance Center, Virtual Family Assistance Center, Victim Information and Identification Center, and Disposition Operations. Unless otherwise specified, response operations will function on a 12-hour operational period, with two shifts per day.

A Fatality Management Branch supervisor will be located at HMAC and provide support to the primary field groups. While resources will be managed through HMAC, on-scene staff will report directly to supervisors as per ICS. If the incident involves a large mass fatality component, KCMEO should seek to have representation within Unified Command. Human Remains Recovery group and Reception Center staff will respond up through scene incident command. Morgue and Disposition Group staff, as well as Victim Information and Identification Center (VIC) staff will report to the Chief Medical Examiner. Contact Center staff from 211 will follow their own reporting structure, with a connection to the Fatality Management branch and the VIC.

Public Health will serve as the Incident Commander for all FAC operations, including the Virtual FAC. In some cases, such as if the incident is a criminal or suspected criminal event, the FAC will be managed under a unified command with representatives from Public Health and law enforcement. In such instances all information gathered by the FAC will be treated as evidence in the ongoing investigation. Public Health will also evaluate whether any additional parties should be included as a part of unified command, and will determine that based on each individual incident.

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.

**Table 5: Local and State Roles**

| Local and State Roles | |
|---|---|
| KCMEO | Responsible for human remains, remains recovery strategy and decedent identification. The Chief Medical Examiner is |

| Local and State Roles | |
|---|---|
| | responsible for requesting the activation of the mass fatality plan, and KCMEO staff members are responsible for managing the Scene/Field and Morgue operations. |
| Local Health Officer | Responsible for activating the plan in coordination with KCMEO. |
| 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, as well as for coordinating FAC operations. |
| Health and Medical Area Command | Responsible for coordinating Public Health's response efforts. |
| Law Enforcement | Law enforcement is responsible for investigating and securing any incident that is suspected of being caused by criminal activity. |
| 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 King County 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. |

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 modules of this plan.

**Table 6: Federal Roles**

| Federal Roles | |
|---|---|
| National Transportation Safety Board (NTSB) | Responsible for investigation of commercial rail and aviation cases. Per 49 USC 1136 the NTSB is responsible for coordinating family assistance operations following aviation accidents that have occurred in the U.S. or its territories, resulting in a major loss of life, and involving U.S.-based air carriers that hold DOT Certificates of Public Convenience and Necessity or foreign air carriers that have Economic Authority to operate in the U.S. Additionally, per 49 USC 1139, the NTSB is responsible for coordinating family assistance operations following passenger rail accidents resulting in a major loss of life involving Amtrak and future intra- and interstate high-speed passenger rail operators. |
| NTSB Partner Agencies & Organizations (DOS, FBI, DOD-AFMES, DHHS-ASPR, DHS-FEMA, and | The NTSB has developed formal relationships with several federal agencies and organizations to support the various aspects of family assistance operations. The Federal Family Assistance Plan for Aviation Disasters (2008) and the Federal Family Assistance Plan |

| | |
|---|---|
| ARC) | for Rail Passenger Disasters (2010) outline the roles of the DOS, FBI, DOD-AFMES, DHHS-ASPR, and DHS-FEMA to support the various Victim Support Tasks. The American Red Cross is the primary provider, either directly or via referrals, of family care and crisis intervention after the accident. As such they will coordinate the numerous organizations and personnel offering behavioral health support, spiritual guidance and other support services to the operation. |
| Department of Justice - FBI | Oversee investigations into cases that might be the result of terrorism, including weapons of mass destruction incidents. |

Attachments:
Command 01 HMAC Org Chart
Command 02 Death Investigation Org Chart
Command 03 Morgue Org Chart
Command 04 FAC Org Chart
Command 05 Virtual FAC Org Chart
Command 06 Public Health Org Chart
Command 07 KCMEO Org Chart
Command 08 NTSB Org Chart
Command 09 FBI SNB Org Chart
Command 10 HHS Field Operations Org Chart
Command 11 High Level Public Health Org Chart

References:
Aviation Disaster Family Assistance Act of 1996
Federal Family Assistance Plan for Aviation Disasters 2008
Rail Passenger Family Assistance Act 2008
Federal Family Assistance Plan for Rail Passenger Disasters 2010

## E. Policy Decisions

Early on in the response, the Chief Medical Examiner, Local Health Officer, Area Commander/Preparedness Section Manager 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.

**Table 7: Policy Decision Points**

| Topic | Decision Point | Involved Agencies |
|---|---|---|
| Antemortem Data | • Will antemortem data be collected on all people reported unaccounted for OR will the Unaccounted for Persons Group and the KCMEO review the data to determine who should be interviewed? | • KCMEO, Public Health, Law Enforcement |

| Topic | Decision Point | Involved Agencies |
|---|---|---|
| Command and Control | • Will a unified command be established with law enforcement or other partners? | • KCMEO, Law Enforcement, Fire Department |
| Communication | • How will families be communicated with?<br>• How will media be coordinated?<br>• What are the messages to the general public ? | • KCMEO, PIOs |
| Cross County Coordination | • How will Public Health and KCMEO coordinate the response with other impacted counties? | • Impacted County MEs, State DOH |
| DNA | • How will DNA be used in identification?<br>• If DNA is used what is the minimal fragment size? | • KCMEO, Washington State Patrol Crime Lab |
| FAC General Operations | • Will there be one centralized FAC facility across multiple regions/counties or will there be several individual FAC facilities?<br>• Will the FAC be a physical site for families to visit or will it be primarily virtually through a Public Information Contact Center (PICC)?<br>• What agencies will be assigned roles? | • Public Health, FAC managers in impacted counties, State DOH |
| Family Liaison Teams | • Should Family Liaison Teams be activated to provide coordinated support to the families? | • Public Health, KCMEO |
| Finance and Administration | • What funds are available for overtime and contract KCMEO staff? | • Public Health, KCMEO |
| Financial Assistance | • Is this an incident that may result in state or federal funds being made available to the victims? How will that be handled, and how will assistance to those victims who are not dealing with a deceased loved one be handled? | • Public Health, FBI |
| Group Remains | • How will the disposition of group remains be handled?<br>• How will the disposition of unidentified remains be managed? | • KCMEO |
| Mutual Aid | • Will Public Health or KCMEO need to request mutual aid? | • Public Health |
| State/Federal Resources | • Is it anticipated that State and/or Federal resources will be necessary for this operation?<br>• How will funding and reimbursement occur among partner agencies? | • Public Health, State DOH |
| Storage | • Will Public Health need to identify temporary storage space within or outside of King County? | • KCMEO |
| Timeline | • Shift to 12-hour operations daily until decedents identified? | • KCMEO, Public Health |

| Topic | Decision Point | Involved Agencies |
|---|---|---|
| Vital Statistics | • Due to crowd control and sensitivity concerns, should Vital Statistics be temporarily closed to the public? | • Public Health, KCMEO, King County Executive |
| Victim Accounting & Reunification | • Determine lead agency<br>• Data sharing policies (intra & inter agency) | • Public Health, Law Enforcement, NWHRN |

The Chief Medical Examiner or designee will serve as the decision maker for these issues, and may coordinate with the Local Health Officer, Law Enforcement, and others who have a role in performing related functions.

## VII. Concept of Operations

As part of HMAC response, Public Health will stand up a Fatality Management Branch to provide support to all mass fatality operations. 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 8: Operations Tasks**

| Operations Tasks | |
|---|---|
| KCMEO | □ Monitor progress of Death Investigation, Morgue Operations, Victim Information and Identification Center and Disposition Operations<br>□ Communicate any concerns to HMAC.<br>□ Identify and submit resource requests through HMAC to local OEM or KCOEM |
| HMAC | □ Provide resource and information support to KCMEO<br>□ Liaise with local emergency management to provide non-medical support to MEO operations<br>□ Activate and operate contact center functions<br>□ Activate and operate FAC<br>□ Coordinate demobilization planning with KCMEO<br>□ Provide situational awareness updates to partners |
| Public Health Communications (within HMAC) | □ Manage public information and media requests<br>□ Coordinate public information message development with KCMEO, the Local Health Officer, healthcare organizations and other jurisdictions |
| City / County Government | □ Respond to resource requests.<br>□ Coordinate with the JIC and Public Health on messaging. |

A. Response Modules
   1. Contact Center

## A. Response Modules

### 1. Contact Center Module

Following an incident HMAC will activate a Public Information Contact Center in coordination with 211 to provide a critical communication link to families and friends who are seeking information about missing persons.

Primary functions of a public information contact center:

- Provide a centralized number for families or the public to call regarding inquires about missing or potentially deceased persons. This should help reduce the burden of calls to other local emergency lines, such as 911 and hospitals.
- Collect reports regarding individuals who are unaccounted for following a mass fatality incident or a mass casualty incident.

In the initial hours after an incident, this will take the form of a website where people can report people as possibly involved in the incident. At the same time, Public Health will activate a phone number with a recorded message directing people to this website. Public Health will also contact 211 call center staff to place them on stand-by to take calls.

After more information about the incident is known, Public Health and KCMEO will determine whether to activate the operator component of the Contact Center. If activated, the operator component will consist of staff members taking information from callers.

If someone matching the name and description provided is on a list shared by hospitals, the caller will be directed to contact that hospital for more information. If the name is not on any list of known people at a hospital or shelter, the operator will include it in a list of possible decedents to be reviewed by the VIC[8]. Once the FAC is open, people reporting someone as possibly involved in the incident will be directed to visit the FAC in person. If they are physically unable to visit the FAC, the operator will put them in touch

[8] Subject to revision pending further discussions with healthcare.

with a trained antemortem data collection specialist and behavioral health assistance as needed to conduct the necessary interview via telephone.

The contact center may also be used to manage all antemortem data collection in the case where only a VFAC is available.

Attachments:
Contact Center 01 Staffing and Resource Guidelines
Contact Center 02 Contact Center Flow
Contact Center 03 Contact Center Protocol (in progress)
Contact Center 04 PIER Flow Chart
Contact Center 05 Hold Message
Contact Center 06 Unaccounted for Persons Call Intake Form
Contact Center 07 Family Reunification Inquiry Form

**2. Reception Center Module**

In incidents where family members and friends of possible decedents begin congregating at the site, law enforcement will be responsible for operating a temporary facility[9] called a Family Reception Center where family and friends can wait in private for information about their loved ones. Any such facility should be located away from, and not in the sightline of, the incident. It should be able to be secured, and have good communications access (e.g. cell service). All who come to the Reception Center will be required to sign in; that information will then be shared with the VIC as well as transferred to the FAC. While Public Health will provide staff to assist family members until the opening of the FAC, it may take several hours to mobilize personnel.

Reception Center staff will provide regular briefings every 30-60 minutes to provide as much information available as possible while also preparing family and friends for the eventual transition to FAC operations. HMAC will communicate logistical information to the Reception Center, including transportation options for family and friends to move from the Reception Center to the FAC when opened. If the incident involves a closed population and is deemed to have no survivors, the Incident Commander will determine the best way to communicate this information to the families and friends present.

Additionally, hospitals may see an influx of families and unaccompanied children calling or arriving at their facility. To respond to families with information needs, Public Health advises that hospitals set up a family reception area within their hospital to specifically address these information needs. Public Health also advises that hospitals set up a pediatric safe area within their facility to ensure the safety and well-being of any unaccompanied children who may also arrive at their facility. Hospitals should forward all unaccounted for person inquiries and information on unidentified patients to the VIC once it is established[10]. The VIC will maintain close communication with local hospitals to verify the whereabouts of unaccounted for persons and help identify unidentified patients. Scene and hospital operations will be independent of each other, but Public Health must be aware of them to either provide support (to the scene) or to ensure that the missing person form is completed (both locations).

It is possible that some who survive the incident will come to the Reception Center but decide they would rather just go home. In those cases, staff should ask them their names to assist in victim accounting, with the understanding that they are under no obligation to share this information. Staff should, however, provide them with a handout with information on self-care and the number for 2-1-1 and the Crisis Clinic should they recognize they need assistance later on.

Attachments:
Reception 01 Guidelines for Hospitals
Reception 02 Guidelines for Scene
Reception 03 Unidentified Patient Form
Reception 04 Disaster Missing Person Form
Reception 05 Reception Briefing Items
Reception 06 Reception Center Sign In Sheet
Reception 07 Resources for Survivors

[9] Possibly located in a community center or school.
[10] WATrac Patient Tracking module may render this step unnecessary.

**3. Death Investigation Module**

KCMEO response to the scene will include the same functions it fulfills on a daily basis under normal operating circumstances, but will be more resource-intensive. 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, or trained Public Health Reserve Corps (PHRC) volunteers. Requests for resources will be made via HMAC according to standard ICS protocol.

Additionally, in incidents involving chemical, biological, or radiological contamination, KCMEO may use local assets including decontamination teams from the local HazMat units; if resource needs or capabilities exceed local capacity, HMAC may request federal assets through the King County Regional Communication and Emergency Coordination Center, 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 (see scenario-specific attachments).

KCMEO responsibilities at the scene include:

- Initial Response (scene evaluation and investigation);
- Human Remains 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).
- Chain of custody?

<u>Initial Response</u>

When KCMEO is notified of a mass fatality incident, staff members will 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.).

Death Investigators will come to the scene to begin recovery when law enforcement releases the scene. It is the intent of this plan to encourage a KCMEO presence at the incident scene as soon as practical; however, fatality management operations may not commence at the scene for several hours while higher priority life safety or stabilization operations are underway

*Levels 3 and 4*

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, the Incident Commander may request additional death investigation staff 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.

*Levels 2 and 1*
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 the KCECC.

Attachments:
Initial Response 01 MFI Kit List
Initial Response 02 Needs List
Initial Response 03 Scene Assessment

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.

Once the remains are recovered, they must be transported to the morgue. This is the responsibility of the Remains Transportation Unit. Detailed and specific information on Human Remains Recovery Strategy and Transportation can be found in the module attachments. Using existing KCMEO resources, two bodies can be transported per vehicle at a time. KCMEO currently has three vehicles; two would likely be available for mass fatality recovery. For large incidents, or incidents that require a more rapid movement of decedents, Public Health may seek assistance from local funeral homes that have previously expressed interest in assisting.

**Table 9: Remains Recovery Tasks**

| Task | Description |
|---|---|
| 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. |

| Task | Description |
|---|---|
| Developing the Death Investigation Action Plan | 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:<br>a. Scene Safety<br>b. Search Strategy<br>c. Work Period Duration<br>d. Number and Composition of Recovery Teams<br>e. Method and Frequency of Communication Between Teams<br>f. Mapping Technique<br>g. Scene Imaging<br>h. Recovery Procedures<br>i. Location of Holding Area<br>j. Transporting Remains to Holding Area and to Temporary Morgue<br>The Morgue Incident Commander (discussed below) will work in concert with the Death Investigators. |
| Scene Safety | The action plan will consider and address accordingly any identified risks to recovery team members' safety during the recovery operation. |
| 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. |
| 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. |
| 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. |
| 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. |
| 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.<br><br>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. |

| Task | Description |
|---|---|
| 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. |
| 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. |
| 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 |
| 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. |
| 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.<br><br>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. |
| Decontamination | • Contaminated remains will not be transported to the incident morgue until they are decontaminated.<br>• 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.<br>• Note: If the remains cannot be decontaminated 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 examination and 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. |

| Task | Description |
|---|---|
| Location of Holding Area | • 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:<br>o A permanent or semi-permanent structure near the incident site. This would include a tent or vehicle(s)/trailer(s).<br>o Locked and/or with ongoing security.<br>o Ability to screen from public view movement of remains into and out of the holding area.<br>o If the holding area is intended to hold remains for a significant period of time, additional considerations include:<br>▪ Consistent 35-38 F temperature<br>▪ Shelves (no higher than waist height, unless a lift is available) to store remains. At no time will remains be stacked.<br>• 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.<br>• 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. |
| Transporting Remains: General | • 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.<br>• If contract drivers are used, they will be asked to sign a confidentiality agreement.<br>• Remains movement will be shared with the Joint Information Center. |
| Transporting Remains to Holding Area | • Two possibilities exist for when to transport remains from the recovery site to the temporary morgue/holding area:<br>o Bagged items or remains can be transported immediately after documentation provided enough personnel are available to facilitate this<br>o 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. |

| Task | Description |
|---|---|
| Transporting Remains from Holding Area to Temporary morgue | • KCMEO scene response vehicles or refrigerated vehicles are parked in a secure area near the site with easy access to load remains.<br>• Remains that have been bagged and tagged are loaded into the vehicle (never stacked).<br>• The driver fills in a transportation log as the vehicle is loaded and reviewed for completeness prior to leaving the incident site.<br>• When not in use, vehicle doors are locked and remains locked while human remains are inside.<br>• The driver transports the remains following an assigned route to the incident morgue with no deviations. A police escort may be arranged. |

**Attachments**

Remains Recovery 01 Death Investigation Action Plan Template
Remains Recovery 02 Equipment and Supplies
Remains Recovery 03 Staging (under revision)
Remains Recovery 04 Strategy Details
Remains Recovery 05 Photo Log
Remains Recovery 06 Transportation Guidelines
Remains Recovery 07 Vehicle Log

**4. Morgue Operations Module**

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.

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

*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.

Many stations will already be set up per regular operations; additional radiology, revised DNA and fingerprinting processes may take over an hour to put in place.

Stations include (in order):

**Table 10: Morgue Stations**

| Station | Task |
|---|---|
| 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. |
| 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. |
| 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.<br><br>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. |
| 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.<br><br>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. |
| 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.<br><br>Staff at the photography station consists of one photographer. Escorts are used to handle the remains and position for photo documentation. |

| Station | Task |
|---|---|
| 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 following standard procedures.<br><br>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. |
| DNA | The DNA station is where samples are obtained for DNA testing for the purpose of establishing positive identification or re-associating 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.<br><br>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.<br><br>Staffing of the DNA station includes a minimum of one clean individual for logging specimens and one gloved for doing the extraction. |
| 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.<br><br>Staffing of the pathology station is dependent on volume. Each station staffed requires a minimum of one pathologist and one autopsy technician. |
| Anthropology | The Anthropology Station provides comprehensive forensic anthropological documentation of human remains. This includes examination of fragmented, incomplete, charred, and commingled remains.<br><br>Staffing of the anthropology station requires a minimum of one anthropologist. |
| 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 KCMEO Investigators manual, section 7.<br><br>Staffing of the fingerprint station requires a minimum of two fingerprint technicians. |

| Station | Task |
|---|---|
| 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.<br><br>Staffing of the dental station requires a minimum of one clean person (preferably an odonatologist who can chart the dentition, make data entry and handle the NOMAD portable x-ray unit) and one gloved person to manipulate the specimens. |
| Storage | Storage is the refrigerated area where remains that have been processed are held until release. All human remains (identified, unidentified, and References:<br>Aviation Disaster Family Assistance Act of 1996<br>Federal Family Assistance Plan for Aviation Disasters 2008<br>Rail Passenger Family Assistance Act 2008<br>Federal Family Assistance Plan for Rail Passenger Disasters 2010will 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. |
| 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. |

The first location choice for morgue operations for Level 3 and 4 events is the KCMEO headquarters in Seattle. However, mass fatality morgue operations would only be one aspect of a broader operation that would be taking place at the headquarters, so it is important to use the term "morgue" and not simply "KCMEO" when discussing these operations.

Level 1 and 2 events, or smaller events that render KCMEO headquarters inadequate, will require that Public Health secure 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 or DPMU resources are expected.

Additionally and especially with a Level 1 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.

Within Morgue operations, 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 serve two main roles: assisting with internal planning (e.g. morgue layout, remains recovery tactics, etc.) and providing information to HMAC related to Morgue Operations. The latter includes completing the Situation Status template each operational period and, following approval by the Morgue Incident Commander, returning it to the Fatality Management Branch Supervisor in HMAC. This person will also be responsible for reconciling fatality numbers across jurisdictions within the county by working with law enforcement from the respective affected jurisdictions.

The Logistics Section Chief at the Morgue 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.

**Attachments**

Morgue 01 KCMEO Forms
Morgue 02 Autopsy Station Set Up
Morgue 03 Communications and Technology Requirements
Morgue 04 Facility Flow Chart
Morgue 05 Cover Sheet
Morgue 06 Action Plan
Morgue 07 Operations Strategy Details
Morgue 08 Equipment and Supplies
Morgue 09 Morgue Site Assessment
Morgue 10 Site Requirements
Morgue 11 Morgue Staffing Guidelines
Morgue 12 Surge Capacity (under revision)
Morgue 13 Viewing Guidelines
Morgue 14 Sample DMORT Protocols
Morgue 15 VIP Post Exam
Morgue 16 Evidence Record Form
Morgue 17 Evidence Transfer Form
Morgue 18 Property Record Form

References:
Antemortem Data 02 DNA Protocol

**5. Family Assistance Center Module**

Activation

A FAC is a complicated field operation and as such requires many different steps for activation. When determining what family assistance operations are necessary, Public Health and the KCMEO will consider:

- Location
- Time of day
- Number of fatalities
- Number of injuries
- Number of uninjured
- Location of family members
- Foreign nationals
- Number of child fatalities
- Involved public figures
- Type of incident/event (certain incidents may require specific family assistance constructs – e.g. legislated aviation or rail accidents, federal crimes, CBRNE events, pan-flu, etc.)

Public Health will ensure the FAC is accessible to those with disabilities and other access and functional needs.

The attachments listed below address implementation of a FAC operation.

Attachments:
FAC Activation 01 Activation Checklist
FAC Activation 02 Prospective Site Assessment Worksheet
FAC Activation 03 Equipment and Supplies
FAC Activation 04 Facility Floor Plan Set-up Guidelines
FAC Activation 05 Sample FAC Floor plan
FAC Activation 06 Sample Catastrophic FAC Floor plan
FAC Activation 07 Site Scaling guide
FAC Activation 08 Timeline
FAC Activation 09 Determination Checklist
FAC Activation 10 Local Hotel Sizes
FAC Activation 11 Layout Considerations
FAC Activation 12 Activation Overview

Command: Joint Family Services Operations Center

The JFSOC is modeled on the concept used by the NTSB during family assistance operations. This leadership group will consist of all agencies that are providing staff and services to the FAC. This group is responsible for, in consultation with HMAC and the KCMEO, defining goals and objectives for FAC operations. This is the space where any issues that arise will be addressed, and where possible gaps and duplication of services are identified and resolved. Those participating in the JFSOC must either be decision-makers themselves, or have the ability to reach decision-makers with one phone call.

Operations: Reception Branch

Families entering the FAC will be greeted and directed to the reception and registration desk to check in. Reception and registration will set the tone for the FAC and will provide families with an orientation to family assistance operations and the services available. Throughout the registration process translation, interpretation, American Sign Language and braille services should be on hand to assist with any needs. Behavioral health providers should also be on hand during client welcoming and registration to provide services as needed.

*Registration Group*

People staffing this group are responsible for greeting and welcoming families and friends, noting their information and creating a new file for their missing loved one. They are also responsible for providing family members with credentials.

- Liaison Team: To better manage and serve family needs in larger FAC operations, families may be assigned to a Family Liaison Team. For the purpose of the FAC these teams may be assigned a color to identify them. Family Liaison Teams will provide families with a core group of individuals that will be able to address their needs. This will give families a sense that there are people who are working specifically with them. This will also give staff a simple way to triage any concerns to staff members who have knowledge of each family and can better support their needs. Family Liaison teams will only consist of family interviewers, hosts, and notification and referral staff.

Attachments:
FAC Reception 01 Operations Overview
FAC Reception 02 Operations Overview Cheat Sheet
FAC Reception 03 Family Registration Check In Protocols
FAC Reception 04 Family Friend Daily Sign-in Sheet
FAC Reception 05 Family Friend Registration Form
FAC Reception 06 Family Resource Packet
FAC Reception 07 Family Resource Packet Spanish
FAC Reception 08 Family Liaison Team Theory and Process

*Family Host Group*

If resources allow there should be hosts available to all families visiting the FAC. Family Hosts will provide clients a brief overview of the services provided at the FAC, a tour of the facility, and answer any questions the family may have. The family hosts will also coordinate all necessary resource and information needs families may have. This may include physical resources (chairs, tables, tissues, etc.) as well as informational resources (time of briefings, contact information for social services, etc.). In larger incidents where staff numbers are limited, family hosts will be part of an assigned, color-coded team, providing family members with a number of people who can assist them.

Operations: Family Communication Branch

*Family Interview Unit*

Antemortem data is collected from family members and friends via in-person interviews or by telephone. Because of the complexity and sensitivity in collecting antemortem information from grieving family members, interviewers should be personnel specially trained in dealing with grieving individuals. Interviewers must also be emotionally healthy, caring, compassionate individuals. Behavioral health providers should be on hand during interviews. Interviewers must be familiar with the antemortem data

collection form that is being used, and ask questions in a concise and graceful manner. Interviewers should anticipate that interviews may last as long as 3 hours, including data entry. Interviewers will need 30-minute breaks in between each interview, which should be factored into the number of interviewers needed to meet with families in a timely manner.

Interviewers will use the DMORT VIP form in the place of standard KCMEO protocol if a FAC is activated. If families have completed the Basic Missing Persons Form at a hospital or other location, the interviewer will use that information to populate the relevant components of the VIP form.

FAC Interview 01 Family Interview Protocol
FAC Interview 02 Disaster Missing Person Form
FAC Interview 03 VIP Form
FAC Interview 04 Dental Records and DNA Sample Release Form
FAC Interview 05 Medical Dental Record Request Form

*Notification and Referral Group*
Family notifications and referrals can be made at several stages in the identification process. Referrals can occur if an unaccounted for person has been identified at a hospital, Alternate Care Facility (ACF), or shelter. Notifications can be made after the tentative and official identification of a decedent by the KCMEO. Periodic notification on the unaccounted for persons investigation can also be made. All notifications and referrals will be made in a quiet and private place by a team comprised of notification and referral staff, a KCMEO representative, Unaccounted for Persons Group representative, behavioral health workers, translation/interpretation staff and other relevant staff.

- Hospital/Shelter Referral: Families will be informed if a probable match is made in the identification of the location of their family member. The Unaccounted for Persons Group will sign off on the match and then the referral team will inform the family and make arrangements for their transportation if necessary.

- Missing Persons Notification: Families will be notified if their family member is now considered missing (as opposed to unaccounted for) once all decedents have been identified. A notification team that includes a representative from the Unaccounted for Persons Group will notify the family, explain all efforts taken to find their family members, and make any arrangement for the family. Families will be encouraged to continue to proactively search for their family member. Once the FAC begins to demobilize, these family members will work with law enforcement to maintain contact as the search for their loved one continues.

- Tentative Identification of the Deceased Notification: It may be necessary for the legal next of kin to be notified of a tentative identification before a scientific identification is complete. This could occur if there is a delay in scientific notification due to DNA processing, the body of the victim is highly fragmented, or the death is the result of a scene of mass violence, or other circumstances. This may also take place after a school shooting, when the decedents cannot be immediately transported but family members are able to provide descriptions.

- Death Notification: Death notification is the process of notifying the legal next of kin or family members about the positive identification of their loved one. If at all possible notification should be made in person and at the FAC by the Notification and Referral Group with a representative from the

KCMEO or their designee. If the family is not able to come to the FAC, notifications can be made at their home. The KCMEO may enlist local law enforcement or other local Medical Examiners/Coroners to aid in the notification process.

It is important to remember that the official confirmation of a family member's death is often an important step in the family members' grieving process and allows the next of kin/family to coordinate memorial services and begin dealing with their family member's estate. The process of death notifications is highly sensitive and should be handled by individuals with experience in these areas. A poorly managed death notification can lead to significant personal trauma or distress for both family members and personnel doing the notification.

- Notification in instances of VFAC: For those who are unable to attend the FAC in person, VFAC call takers will talk to the family about their preference about how and when they would like to be notified of tentative identification and / or death.

Attachments:
Notify Refer 01 Notification Protocol

*Decedent Affairs Unit*
The decedent affairs unit is responsible for coordinating remains release, personal effects release and disposition service for the family with the Disposition Operations Module at the morgue after identification is complete. Remains will be released to the families according to their selected preference once the remains are identified. The FAC will use the standard KCMEO procedures and paperwork to carry out this process.

Families will complete a form selecting how/when they would like to be notified of the identification of additional remains. There are two options for notification to the families
1. The family will be notified each time remains are identified.
2. The family will be notified the first time remains are identified and again once all remains have been identified and are ready to be released.

If the incident is a criminal event it may take longer for remains to be released. Personal effects can be released to the families following the identification of the victim, and those effects may be available for pick-up at the FAC or from another location if the incident is large and there are many hundreds of items awaiting return to the families of their owner. Other disposition services may include: aiding families with making disposition arrangements, coordinating with the vital statistics department, and providing referrals to social services.

<u>Operations: Family Briefings</u>
Family briefings are a core component of FAC operations, and are a structured and routine mechanism for providing informational updates to families and addressing their questions. This consistency can help provide a sense of structure and familiarity for families when many things around them feel chaotic. Failure to meet families' informational needs in a timely manner can erode the trust that is essential to successful response and recovery operations.

Family briefings will be coordinated by the PIO or the Deputy PIO for Family Briefings at the direction of the JFSCO and the KCMEO. Family briefings will be held on a regular schedule and occur at least once a day; the final briefing's date and time will be announced in advance so that family and friends can prepare.

All families present at the FAC should be able to have representatives attend; there will be a moderated conference call option for all families not able to attend. The Chief Medical Examiner or their designee will attend all family briefings to provide updates and answer questions. All information concerning the recovery and identification efforts should be communicated to the families before releasing any information to the media.

Attachments:
Family Briefings 01 Protocols
Family Briefings 02 Sample Agenda
Family Briefings 03 Important Considerations

Operations: Health Services Branch

*Medical/First Aid Services*

Basic medical services including First Aid will be provided at the FAC by EMS. At any time family members may find themselves in need of medical assistance whether due to injury, reactions to stress, grief or emotional trauma, or as a result of other chronic medical conditions. Medical staff will also serve as a liaison to other medical resources available within the community. The need for more medical staff will be reevaluated after opening.

*Behavioral Health Services*

From the onset of the FAC operations it is essential to have behavioral health services available for both the families and the responders/staff. This includes both mental health and spiritual care services. The Behavioral Health group is responsible for ensuring that mental health and spiritual health providers are on hand to provide services.

Mental health services are available in order to:

- Assist family members and FAC staff and volunteers in understanding and managing the full range of grief reactions.
- Triage mental health needs to identify at risk individuals.
- Provide Psychological First Aid, crisis intervention, mediation, and management of 'at risk' family members, including child and adolescent counseling.
- Provide referrals, as requested, to mental health professionals and support groups that are in the family member's local area.
- Provide Psychological First Aid and grief process educational materials for the FAC.

Spiritual care services are available to:

- Provide interdenominational pastoral counseling and spiritual care for people of all faiths who request it.
- Conduct religious services and provide worship opportunities.
- Provide emotional support/crisis intervention and assist mental health staff as needed, including providing Psychological First Aid (PFA).
- Offer a bridge to faith resources.

Throughout FAC operations, the behavioral health providers should be available at all group meetings with families and available to meet with families or staff individually as needed. Providers should be available to circulate through all aspects of FAC o1perations, including dining areas, child care areas, staff respite areas, family interviews, family briefings, family notification and at the reception and registration area. Personnel will be deployed per the King County Disaster Behavioral Health Plan.

Reference:
King County Disaster Behavioral Health Plan

Operations: Support Services Branch

The need and the scale of support services will heavily depend on the type and size of the incident. Support service needs may also change throughout the duration of the FAC operations. Staff should monitor the requests and needs of families to ensure they are able to access appropriate services. Medical services will be the responsibility of Public Health; non-medical services will be the responsibility of local emergency management.

*Child Care Group*

Childcare services will be provided at the FAC to offer a safe and secure area for the children of families during normal FAC hours of operation. For the safety, security and well-being of the children all childcare services will be provided by licensed childcare providers. The childcare area will be a safe, friendly and healthy environment for short-term care to allow families to attend to necessary business and provide a period of respite for parents/guardians. The childcare area should provide support and activities for children representing a range of areas and will be structured and staffed to provide appropriate monitoring and support for children's needs. Childcare providers will also offer age appropriate activities when available.

As part of childcare procedures, there will be proper check-in/check-out procedures and documentation. If possible, staff will take a digital picture of the child and their guardian(s) for reference during check-out. If necessary, the ARC will use existing Memoranda of Understanding to activate a Critical Response Childcare Team.

*Translation and Interpretation Services Group*

Due to the diversity of the population served an important part of FAC operations will be translation and interpretation services, including American Sign Language and TTY. There may be a need for interpretation at many steps throughout the FAC process, especially during family interviews, notifications, briefings, and when completing FAC paperwork and antemortem data records. Interpretation assistance may also be necessary for behavioral health services. Due to the sensitive and scientific nature of discussions, interpretation staff should be pre-identified. Whenever possible, children should not be asked to serve as interpreters for their parents. Public Health may use on-site volunteers, Public Health clinic staff, or contracted interpreters as necessary to provider interpretation services. Public Health will work to have information and materials translated appropriately in advance where possible, and as soon as possible if the materials are not yet available in the needed languages.

*Social Services Group*

In addition to the FAC services described above there are a number of social services that may be necessary, depending on the nature of the incident and the needs of family members. Local emergency management is responsible for securing these non-medical resources; the below list serves as a way for Public Health staff to begin to identify these non-medical needs. Public Health and local emergency management may also decide that a case-management approach will best serve the needs of family members.

**Table 11: Non-Medical Secondary Services Coordinated through Local Emergency Management**

| Service | Possible Sources |
|---|---|

| Service | Possible Sources |
|---|---|
| Animal Care | King County Plan, Seattle Pet Sheltering Plan |
| Banking / Financial Services | Representative in King County ECC |
| Benefits Counseling / Assistance | TBD |
| Communications | Local emergency management |
| Crime Victims Assistance | Law enforcement |
| Disability Information | DSHS |
| Educational Services | Puget Sound Educational Service District |
| Employment Services / Unemployment Benefits / Workers Compensation | State labor department |
| Food Services | ARC, Salvation Army, Southern Baptists |
| Foreign Nationals | ARC, individual consulates, State Department |
| Housing Assistance | DCHS, King County Housing Authority, Seattle Housing Authority |
| Identification Replacement Services | Department of Licensing, Social Security Administration, State Department |
| Immigration Assistance | ICE |
| Insurance Advocacy | State insurance commission |
| Labor Services / Union Assistance | Seattle Labor Temple Association |
| Laundry Services | Existing contracts, Salvation Army |
| Legal Assistance | Young Lawyers Association |
| Mail | USPS |
| Material Goods / Personal Property Replacement | Salvation Army, ARC |
| Public Benefits | DCHS |
| Relocation Assistance | DCHS, Travelers Aid |
| Senior Citizens Service | Aging and Disability Services |
| Small Business Assistance | SBA |
| Tax Benefits / Extensions | IRS, State department of taxation |
| Transportation | Metro, DOT |
| Veterans Affairs | VA |

Attachments:
Social Services 01 Child Care Protocol (in progress)
Social Services 02 Child Care Set-up Guidelines
Social Services 03 Interpretation Translation Protocol (in progress)
Social Services 04 Protocol (in progress)

Planning Section

The planning section will serve multiple roles but may only require one or two staff members to perform the duties described below, especially as the incident winds down.

- Check In / Out: While staff will be asked to report to the Public Health Activation Center (PHAC) to receive credentials and orientation, when they arrive on scene at the FAC they should check in with the Planning Section to ensure that the Section can maintain a list of all positions filled and people on scene.
- Documentation: Staff will be responsible for ensuring that all paper documents are available in sufficient numbers. They will print out VIP forms, file checklists, consent forms and any other documents necessary. They will also provide support to the Data Management Unit as needed.

- Situation Status: Staff assigned here will be responsible for keeping track of the high-level FAC data as it relates to service use. They will check in with the Antemortem Data Group regularly to determine how many remain unaccounted for, how many have been identified as alive, how many decedents have been identified, how many remain to be identified, and staff utilization. (See Mass Fatality Event Update Template in the Communications section.)
- Demobilization: At the start of the activation this unit will begin to explore the triggers for returning operations to KCMEO and closing down the FAC. Staff will work directly with HMAC, incident command and KCMEO to identify these triggers and work with the Situation Status Unit to determine when those triggers are close to being met. The demobilization plan will also clarify how each unit's roles will be filled once the FAC is closed. This unit will also work with HMAC to prepare a site Incident Action Plan as needed.

Logistics Section

The Logistics Section is responsible for coordinating all equipment, supply, and services necessary to operate the FAC according to HMAC ESF-8 Basic Plan. Specifically, logistics will coordinate staff medical/safety, food services for staff and families, communications support including IT, telecommunications and radios, transportation services for families, facilities maintenance, security, and resource, equipment, and supplies acquisition and set-up. While Public Health plans to be able to fill all roles for which it is responsible, it is possible that it will be taxed in certain areas. If that happens, HMAC will reach out to local emergency management for support in securing resources and identifying possible staff.

- Staff Medical/Safety Unit: This unit will consist of rotating behavioral health staff working on supporting the family members as well.
- Food Unit: The FAC will provide families and staff with three basic meals each day as well as healthy snacks and beverages throughout the day. Staff and families will have separate dining areas. A behavioral health provider should be available in both the family and staff eating areas during meals. It is important to keep in mind that food is often an important aspect of cultural and ethnic traditions. Whenever possible the FAC will provide food choices that are sensitive to cultural and ethnic practices of the families and friends. A reference for cultural and ethnic considerations can be found in the Attachments.
- Communications Unit: This unit will ensure that all FAC data and voice communications needs are met, including securing internet access and land-line phones. This unit will also work to secure phones for use by family and friends.
- Transportation Unit: The transportation group will coordinate all transportations needs of family to and from the FAC facility as well as to any local hospitals, ACFs, or shelters as necessary.
- Facilities Unit: Staff will be responsible for working with location staff to ensure that all space is utilized in line with the needs of the FAC.
- Security Unit: Law Enforcement will coordinate all internal and external security at the FAC. If possible security plans should be created ahead of time for pre-determined FAC sites. Law Enforcement should review and update all protocols at the time of the incident. Law Enforcement should maintain visible presence at all high security areas including interview and child care areas. All staff and families at the FAC must be badged and have their identification checked upon entry. Law Enforcement will be responsible for overseeing badging and credentialing of all staff, clients, and other personnel at the FAC, and ensuring only those with appropriate credentials are granted access.
- Security will all be responsible for ensuring enforcement of the 'no pictures/no recording' policy within the FAC. All staff and family members will be advised of this policy upon entry and may be asked to leave if they violate the policy.
- Supply Unit: Staff will work with HMAC to procure supplies needed for FAC operations.

Attachments:
FAC Logistics 01 Security Protocol (in progress)
FAC Logistics 02 Security Plan (in progress)
FAC Logistics 03 Badging Protocol

Finance and Administration

The F & A Section in the FAC module is responsible for tracking all costs associated with FAC operations and for ensuring that the staff members working at or visiting the FAC have access to mental health and spiritual care resources. The F & A Section is also responsible for working with HMAC's F & A Section to secure funds to cover all FAC costs.

**6. Virtual Family Assistance Center (VFAC)**

In the event of an emergency in which response efforts include the establishment of a FAC to facilitate family reunification, it is possible that not all family members will be able to travel to the physical FAC location. In such situations, it will be necessary to establish a VFAC to meet their needs. In certain situations it may be unsafe to have people congregate in a public location because of the risk of further spreading illness. These situations also necessitate the establishment of a virtual FAC that will provide different services including information sharing and information collection to meet the needs of the community.

Establishing a virtual FAC will involve setting up a call center in combination with an online-information page. Both interfaces will be used to connect FAC personnel and non-travelling family members. The primary function of the VFAC will be antemortem data collection including family interviews, medical and dental records collection and data management. However, the VFAC can also provide notification and referrals, information about decedent affairs, behavioral health support, spiritual care and mental health support. In addition, operations of the VFAC may involve distributing information out to the public. Because of this, the VFAC staff will work closely with staff from the Public Health communications section to update the VFAC website as well as use established communications channels to distribute information as necessary and appropriate.

The VFAC will be operated as long as necessary to meet the needs of the affected families.

Many components of a virtual FAC will be similar to physical FAC operations. The victim information branch coordinates all information gathering and reconciliation concerning missing persons, potential victims, unidentified patients, and postmortem information from KCMEO. The victim information branch works to reconcile all missing persons and antemortem information to appropriately reunite families. Whether there is a VFAC, a physical FAC, or both, the Victim Information and Identification Center will be responsible for coordinating operations to ensure that there is a coordinated and seamless sharing of information

<u>Public Information Contact Center Group</u>

When opening a Virtual FAC, 211 will serve as the location for the Public Information Contact Center.

Primary functions include:

- Serve as the primary communications point for families unable to come to a physical FAC location.
- Funnel and triage all calls to the FAC. They can be referred to the appropriate units within the FAC when needed.

<u>Family Communications Group</u>

*Family Interview Unit*

In a VFAC, antemortem data is collected from family members and friends via telephone. Because of the complexity and sensitivity in collecting antemortem information from grieving family members, the 211 operators selected to serve in this capacity should be specially trained in dealing with grieving individuals. Interviewers must also be emotionally healthy, caring, compassionate individuals. Behavioral health referrals should be available during interviews. Interviewers must be familiar with the VIP antemortem data collection form, and ask questions in a concise and graceful manner. Interviewers should anticipate that interviews may last as long as 2 hours; the forms will be quality checked before hanging up, and delivered to the data management group. Interviewers will need 30-minute breaks in between each

interview, which should be factored into the number of interviewers needed to meet with families in a timely manner.

*Notification and Referral*
While Hospital/Shelter notifications may still be taking place when a Virtual FAC component has been stood up, it's likely that instead the main notifications will be tentative and official notifications that a decedent has been identified will come from the Medical Examiner's office via the regular Notification and Referral Procedures.

*Health Services*
211 staff will maintain a list of resources to refer family members to should they feel they would like more behavioral health or spiritual care. This may include referral to the Crisis Clinic.

Additional Considerations
*Initial Communications*
Public Health will develop emergency information, educational materials and succinct statements that can be ready to be pushed when needed. Information may include how to contact the VFAC, manage those loved ones that have died in the home, how to cope with stress, grief and legal issues regarding deaths.

*Staffing*
Public Health will ask that some 2-1-1 staff 2-1-1 activate to focus on collecting information from families and providing referral information. 2-1-1 staff will also be given any educational information materials to share with callers who may be at higher risk due to potential to exposure to the disease (in the event of a contagious disease outbreak).

Public Health will collaborate with 2-1-1 to manage virtual FAC operations. 2-1-1 will manage the Family Interview Unit and the Health Services Branch (with assistance from additional collaborators).

The medical examiner's office within Public Health will have a critical role in virtual FAC operations. Specifically, it will manage the Medical/Dental Records unit, the Notification and Referral Group and the Decedent Affairs Unit.

*Logistics*
Public Health staff will coordinate staff medical/safety, food services for 2-1-1 staff, and any needed communications support at the call center including IT, telecommunications and radios, security, and resource, equipment, and supplies acquisition and set-up. The Logistics Section is responsible for identifying and acquiring resources necessary for the operation of the VFAC. Using the equipment and supplies guide, Logistics should determine the necessary supplies to set up the VFAC. If they are unable to secure all of the needed equipment and supplies, HMAC will contact the local emergency management office for assistance.

*Ongoing Communications*
Public health will provide timely, accurate information to the public via the existing Public Health webpage and established Public Health communications channels regarding mortuary affairs, public health issues and other concerns related to the pandemic.

Information may include:

- Financial assistance – resources, application/referral process
- Social security – access to death and disability benefits
- Legal assistance – insurance benefits, death-related concerns
- Health – safety issues regarding food, water, medications
- Point of contact information for relevant agencies/organizations and the services that they provide.

Information for individuals may include:

- Burial sites
- Death certificate information
- Information regarding keeping the dead in the home when the potential exists for a prolonged period before removal of the body

Attachments:
VFAC 01 Script
VFAC 02 Staffing and Scheduling Procedure

**7. Victim Information and Identification Center**

The Victim Information and Identification Center (VIC) is where information on the missing and deceased will be obtained and managed to assist in the identification of decedents and in family reunification. It is an operation that connects FAC and Morgue modules, although it falls under the direct command of the Morgue. It includes the gathering of antemortem data, the tracking of missing persons and creation of an unaccounted for person list, and the management of all the components that are necessary for identification, including the Victim Information Profile (VIP) data entry. It will coordinate all information gathering and reconciliation concerning unaccounted for persons, potential victims, unidentified patients, and postmortem information from KCMEO. Parts of it may be housed at the Morgue; other components may be housed at the FAC depending on the incident and space availability. A Type 3 IMT may be helpful in managing the data compilation component of this module.

Victim Accounting Group

The Victim Accounting Group is responsible for collecting all information on unaccounted for persons to reunite families. The Victim Accounting Group will receive reports from the Public Information Contact Center, hospitals, shelters, alternate care facilities (ACFs), law enforcement, and family interviews. The Victim Accounting Group will also be receiving patient reports about unidentified patients from local hospitals[11] and ACFs; lists of shelter residents and antemortem data from family interviewers. The Victim Accounting Group will receive postmortem data from the KCMEO and will assimilate all of the information to identify the location and status of missing persons and reunite families. The Group will consist of liaisons and supporting staff working to gather information.

It is critical that the list generated by this group is as accurate as possible. Before anyone can be removed from the list, the person making that decisions must note the reason (e.g. 'found safe and well in the Red Cross shelter at x location;) and who shared the information (e.g. 'spoke with Sharon at 11:15 A.M. on 5/19). This is to avoid someone being considered accounted for who may actually be among the deceased.

*Patient Tracking via the Healthcare Emergency Coordination Center*[12]

The Patient Tracking Liaison is responsible for working with local hospitals and ACFs to collect all unknown patient data. This will then be used by the Victim Accounting Group to assimilate data and reunite families, possibly using WATrac as a means for gathering that information. The Patient Tracking Liaison will also communicate information back to hospitals or ACFs once a probable match is made.

*Shelter Liaison*

The Shelter Liaison is an emergency management staff member responsible for coordinating with local shelters to identify who is present at these facilities to aid in reunifying families that have reported people missing. The Shelter Liaison will work with local partners to receive information about shelter residents. Depending on the wishes of the individual, their location or simply their status as 'safe and well' will be communicated to the Unaccounted for Persons Group. Once a probable match is made by the Victim Accounting Group the Shelter Liaison will communicate information back to the shelter partners to help reunite families.

[11] The WATrac Patient Tracking module may factor into this process.

[12] Subject to further discussion with the Northwest Healthcare Response Network

*Community Liaison*
The Community Liaison is responsible for coordinating with organizations that are searching the area surrounding the incident to locate unaccounted for persons. These organizations could be tasked with going door to door to people's homes or unaffiliated shelter locations if necessary. All information will be communicated back to the Victim Accounting Group.

*Web Search Liaison*
The Web Search Liaison is responsible for connecting with those who can access law enforcement databases and any other secured web sites that may provide information about unaccounted-for persons. Depending on the size of the incident, the Liaison may also serve as a Web Search Unit leader, overseeing staff who are searching publicly available databases, social networking sites, and disaster assistance sites. All information will be communicated to the Victim Accounting Group.

Attachments:
Missing 01 Unaccounted for Persons Protocol
Missing 02 Family Reunification Resources

Antemortem Data Collection Group
Antemortem data is collected from family members of victims to aid in the identification of their family members. Antemortem data is collected through family interviews using the VIP system form, medical/dental records and DNA samples. Families will have questions concerning antemortem data collection and the identification process, requiring a representative from the KCMEO to be available at the FAC to answer questions. The collection of all antemortem data will be done by trained personnel only. Should the person the family members and friends are seeking not be identified as one of the decedents and re-categorized as a missing person as opposed to an unaccounted for person, the information gathered through this process will be shared with law enforcement to manage the case going forward.

The range of antemortem data that may be gathered can be extensive and requires effective communication with families and an appropriate information management process in place to support data collection. Examples of the information that may be required include:

- Physical description of victim
- Description of clothing and jewelry
- Description of unique characteristics (e.g. tattoos, scars, birthmarks)
- Dental records, medical records, and fingerprint records
- DNA reference samples
- Photograph of the victim
- Military Service Records

*Medical/Dental Records Acquisition Unit*
Following the family interview, FAC staff will obtain signed consent from the family to collect dental record and DNA samples when investigating an unaccounted for person. According to RCW 70.02.050 KCMEO has the authority to access medical/dental records for the purpose of investigation of death without family consent, but if possible all families should sign a consent form. Family members should be advised not to bring copies of medical, dental, or fingerprint records with them to the FAC. If they do bring them to the FAC, FAC staff will collect them, place them in the unaccounted for person's file and ensure they are shared with KCMEO directly.
Attachments:

Antemortem 01 Medical Dental Records Protocol

*DNA Unit*
To aid in the identification process DNA reference samples may be required from close relatives or the victim's personal effects such as a toothbrush, hairbrush, or unlaundered clothes. A DNA counselor should be on hand to advise families of the DNA identification process and answer any questions regarding suitable family reference sample donors and use of DNA information by the requesting agencies (i.e. privacy concerns).

Attachments:
Antemortem 02 DNA Protocol

*Antemortem Data Management Unit*
The data management staff will compile records, ensure information that has been received has been entered into VIP, and provide a means for quality assurance checks. They will be responsible for preparing a physical case file for each unaccounted for person, which will include the completed VIP form, signed medical records consent form, secured medical / dental records and a catalogue of the personal effects collected for DNA reference. Staff will complete the File Checklist to ensure that other staff can easily scan a file to determine what has been done and what remains to be completed.

- Via VIP: Public Health has purchased software to support DMORT's data management system (VIP), and will use it whenever possible to assist in the identification of decedents after a mass fatality incident. 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.
- If VIP technology is not available:
  - FAC staff will:
    - 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.
    - Compare antemortem and postmortem data.

Attachments:
VIC 01 MFI Number Tracking
VIC 02 VIP Administration
VIC 03 VIP Ante Interview
VIC 04 VIP Data Entry User Guide
VIC 05 VIP Form Information
VIC 06 VIP KCMEO Training Document
VIC 07 Data Management Protocol
VIC 08 Case File Cover Sheet
VIC 09 Requested Records Log
VIC 10 File Checklist

VIC 11 Information Flow Diagram

Information Processing Group

*Identification Unit*

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

- Establishing positive identification of the decedent
- Re-associating remains 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.
  - Scanning non-digital image information (radiographs and photographs).
  - Evaluating medical radiography for utility in positive identification. Requesting additional postmortem radiographs, if necessary to match the angle and view of the antemortem films.
  - Fingerprint records?
- Postmortem data collection: Postmortem data including physical description/biological profile, medical radiographs, dental charting and radiographs, and documentation of scars/marks/tattoos is obtained 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 reassociate as many fragments to an individual decedent as possible. Determination of positive identification is certified by the Chief Medical Examiner in 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 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 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. After this work is complete, death notification is initiated either through direct contact with family members or through the FAC.

Attachments:
ID 01 Official Identification Letter

*Evidence and Property Unit*

KCMEO will follow standard procedures for processing evidence and property so long as space and resources allow. In Level 2 and 1 incidents, HMAC will bring in additional personnel to focus specifically on this operation.

Attachments:
Evidence 01 Personal Effect Release Form

**8. Disposition Operations Module**

Death Certificates and Disposition Permits

Depending on the speed of recovery of decedents, as well as the need to continue regular MEO operations, it is possible that funeral homes will be arriving to remove decedents for cremation or burial while decedents are being transported to the morgue for processing. To avoid overcrowding and potential confusion during mass fatality incidents managed at the KCMEO headquarters, remains will be released through an alternate location within the morgue.

*Certification Unit*

Vital Statistics staff will be responsible for registering death certificates using either the Electronic Death Registration System (EDRS) or, for example if EDRS or the Internet is nonfunctional, manually using a Manual Death Certification Recorder. 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. This is the expectation in some Level 3 and all Level 2 and Level 1 incidents.

A select number of items will be recorded to track the deaths manually if the network is not available. Any information not known at the time of certification can be entered as "unknown" or "pending" and added by affidavit at a later time. The Vital Statistics staff will also be responsible for providing families with certified copies of death certificates. With EDRS families may obtain their certified copies in other counties. Vital Statistics staff members will work with the FAC to ensure that the issuing of certificates and permits is coordinated.

Attachments:
Certification 01 Manual Death Certification Recorder
Attachments
Disposition 01 Decedent Affairs Protocol
Disposition 02 Remains Release Authorization

## B. Safety

*Public Concerns*

The public may have concerns regarding human remains based on misconceptions regarding remains as disease vectors. Public Health will need to counter misinformation with facts about human remains, including direction on the appropriate way to handle remains in a Level 1 incident.

*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 amongst 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.

Public Health will make resources available to address disaster behavioral health concerns of responders and other fatality management staff members related to the stress of the tasks they perform. Behavioral health services for responders will be coordinated through HMAC in partnership with existing services provided by local response organizations such as law enforcement and the fire service. Further details are in the King County Disaster Behavioral Health Response Plan.

Attachments:
Safety 01 OSHA Recommendations for Personnel Handling Human Remains
Safety 02 Personal Protective Equipment for MFI Response

References:
King County Disaster Behavioral Health Response Plan

## C. Security

Security will be needed at every location participating in mass fatality response. KCMEO and Public Health will rely on law enforcement to make necessary arrangements for security, including closing streets and airspace and providing officers or contract security to various locations.

*KCMEO*

If morgue operations take place at KCMEO facilities, additional security may be needed. Harborview currently provides building security, but law enforcement may call upon additional security resources to provide back-up if necessary. If the incident is large enough to stretch beyond ideal 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 mass fatality response 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.

Attachments:
Security 01 Physical Security Assessment
Security 02 Security Plan Template
Security 03 Traffic Control Plan Templates

## D. Community Responsibilities and Opportunities to Assist

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

**Table 12: Community Opportunities**

| Organization | Opportunities |
|---|---|
| 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 for identification, including medical and dental records. 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. |
| 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 remains identified following initial release will be handled. Public Health may also request funeral homes to assist with temporary storage, as well as with family interviews. |
| 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. |
| 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. |
| Faith and Cultural Organizations | If requested, provide assistance to families and advise the KCMEO on funerary customs. |
| 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. |

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 remains can be transported to a medical facility, 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.
- Regardless of where within the County the incident occurs, KCMEO and Public Health retain the duties outlined in this plan, including responsibility for establishing a Public Information Contact Center to support inquiries regarding 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 a contact list of 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.
- 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.
- 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. Maintain knowledge of body bag locations, inventory, and condition.

*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 rendering KCMEO inoperable.

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:
Community 01 Body Bag Distribution
Community 02 Death Occurring in a Healthcare Facility Flow Chart
Community 03 Decedent Identification Tag
Community 04 Decedent Information Form
Community 05 Dry Ice Distribution
Community 06 Healthcare Fatality Management Guidelines
Community 07 Healthcare Fatality Management Template
Community 08 Patient Identification Form

Community 09 Personal Effects Tracking Form
Community 10 Instructions for Personal Effects Tracking Form
Community 11 Catastrophic Fatality Management Guidelines
Community 12 Cities Remains Procedure Flow Chart
Community 13 Deaths Occurring Outside a Healthcare Facility Flow Chart
Community 14 911 Guidelines

## E. 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:
Culture 01 Faith Communities in the UK
Culture 02 Spiritual Advisor Contact Information
Culture 03 Cultural and Religious Considerations
Culture 04 Death and Dying Cultural Awareness Fact Sheets (in progress)

## F. HMAC Support to KCMEO Mass Fatality Response

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 13: Potential State Resources**

| Potential State Resources | |
|---|---|
| Washington State Search and Rescue | □ Teams to search for victims and collect evidence |
| Washington State Patrol | □ Missing and Unidentified Persons Unit |
| National Guard | □ Fatality Search and Rescue Team<br>□ Region X National Guard Fatality Search and Rescue Team<br>□ CBRNE Enhanced Ready Force |
| Various Agencies | □ Cadaver Dogs |

**Table 14: Potential Federal Resources**

| Potential Federal Resources[13][14] | |
|---|---|
| Department of Homeland Security (DHS) | □ Emergency Response Teams<br>□ Catastrophic Incident Coordination<br>□ Stafford Act Funding |
| Department of Health and Human Services | □ DMORT – Disaster Mortuary Operational Response Team<br>□ US Public Health Service Commissioned Corps<br>□ DPMU – Deployable Portable Morgue Unit<br>□ Federal Family Assistance support team |
| Department of Defense | □ Armed Forces Medical Examiner System (Dover, DE)<br>□ Mortuary Affairs Assistance |
| FBI / DOJ | □ Evidence Response Team Unit<br>□ Disaster Squad<br>□ Critical Incident Response Group<br>□ Laboratory Services<br>□ Hazardous Materials Response Unit<br>□ Office for Victim Assistance |
| NTSB Office of Transportation Disaster Assistance | □ Technical assistance for victim identification<br>□ Family assistance coordination during legislated transportation incidents |
| Department of Veterans Affairs | □ Eligible veterans burial<br>□ Advice on interment methods<br>□ Medical record archives |
| U.S. Coast Guard | □ Expertise related to water incidents |
| Various Agencies | □ Incident Management Teams |

In an incident that is Level 3 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:
HMAC Logs 01 Human Remains Recovery Logistics (in progress)
HMAC Logs 02 Morgue and Disposition Operations Logistics
HMAC Logs 04 State and Federal Assets and Locations
HMAC Logs 05 Process for KCMEO to Request Assistance
HMAC Logs 06 Funeral Home Survey

[13] HHS Fatality Management Concept of Operations
[14] http://www.fas.org/irp/doddir/dod/jp4_06.pdf

References:

Planning Section

The Planning Section within HMAC will provide support as outlined in the ESF 8 Basic Plan and HMAC procedures manual, 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:
HMAC Plans 01 Conference Call Agenda
HMAC Plans 02 Rumored Fatalities Grid

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 HMAC procedures manual. 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.

KCMEO may request, through HMAC, the assistance of the Mass Fatality Response team. 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:
HMAC FA 01 Confidentiality Agreement Morgue
HMAC FA 02 Confidentiality Agreement FAC
HMAC FA 03 Job Action Sheets Morgue
HMAC FA 04 Job Action Sheets FAC
HMAC FA 05 Staffing Numbers
HMAC FA 06 Staff Request Form
HMAC FA 07 Staff Daily Sign-in Sheet
HMAC FA 08 Staff Check-in-out Protocols (in progress)
HMAC FA 09 Job Sheet Template
HMAC FA 10 Position Matrix

## G. 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, this 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. If the MFI morgue is the KCMEO office, non-MFI decedents will be processed at the same time. They may not visit each station, and will be managed using regular KCMEO paperwork and procedures. Additionally, the office will keep open a separate autopsy station in case non-MFI deaths require more intensive examination (e.g. homicide case or severely traumatized remains). This means that there may be gaps in the case numbers related to the MFI.

References:
Medical Examiner's Emergency Operations Plan

## H. Demobilization

*Morgue 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 HMAC. 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.

*FAC Demobilization*
Planning to demobilize the FAC should begin as soon as the facility is operational. The Planning Section in coordination with the FAC Director and the KCMEO will create plans and triggers for the FAC demobilization, with the Demobilization Unit responsible for the coordination of demobilization. The time and date of demobilization should be clearly communicated to all families, and referral services and, if necessary, case management, may be set-up in advance to handle any further follow-up for families.

General demobilization considerations
- Number of clients seen/day.
- Number of decedents still to identify.
- Number of unaccounted for persons still to locate.
- Ability for other organization to handle current operation needs off site.
- Need for daily briefings.

Example criteria to consider for demobilization
- Daily briefings are no longer needed.
- Rescue, recovery investigations and identification have decreased, and can be handled by normal operations.
- Fewer than five clients per day register at the FAC three days in a row.

- Memorial services have been arranged for family and friends.
- Provision for the return of personal effects has been arranged.
- Ongoing case management and/or hotline number has been established if needed.

**Table 15: Demobilization Tasks**

| Demobilization Tasks | |
|---|---|
| KCMEO | □ Determine that outstanding issues can be addressed via normal operations, including regular working hours and staffing levels.<br>□ Work with HMAC on transition plan.<br>□ Begin After Action Reviews.<br>□ Provide opportunities for staff to debrief with King County mental health providers. |
| HMAC | □ Identify organization to continue any long-term case management.<br>□ Establish schedule for providing updates on outstanding issues.<br>□ Set transition plan and communicate plan to participating agencies.<br>□ Oversee After Action Review process.<br>□ Transition Joint Information Center call center to normal media relations operations.<br>□ Transition family inquiries to KCMEO. |
| Public Health Communications | □ Publicize the closing of Family Assistance Center |

Attachments:
Demob 01 Demobilization Checklist for FAC

## I. Code of Conduct[15]

All mass fatality response staff members, including those who are from the public and private sector, paid employees and volunteer staff, contractors, consultants, and others who may be temporarily assigned to perform work or services for the mass fatality response must follow the below listed code. All staff shall abide by the code of conduct and behavior policies of their agency or organization. Failure to do so can result in removal from the response. In addition, all staff working at the FAC or visiting the FAC are to sign a confidentiality agreement to protect the personal information of families, missing persons, and decedents.

- Protect the privacy of the decedents and clients. Do not share any information or provide access to the media without specific permission from your supervisor and express consent of the families. Follow principles outlined in Health Insurance Portability and Accountability Act (HIPAA) policies.

[15] Adapted from the Los Angeles County Operational Area, Family Assistance Center Plan. Version 1, March 31, 2010. p. 12

- Communicate openly, respectfully, and directly with families and staff in order to optimize services and to promote mutual trust and understanding. Handle conflict promptly, appropriately and in the correct environment by asking for help and offering positive solutions to problems that are identified.
- Conduct FAC related business with integrity and in an ethical manner.
- Be sensitive to an environment where a number of family members will be grieving. Refrain from engaging in loud conversations, laughter, and other social conversations in family areas.
- Be sensitive to difference in cultural and religious beliefs during your interactions with families.
- Assist others in providing care and/or services promptly. Act as an ambassador of the FAC by maintaining positive communication regarding the FAC, both inside and outside the facility.
- Clearly identify yourself and your position to family members and staff and wear your nametag.
- Be understanding and sensitive to the difficult situation that family members face. Do not criticize decisions in the presence of families.
- Protect the property and other assets entrusted to you by families and others against loss, theft, or abuse.
- Take responsibility and be accountable for your entire job requirements as outlined in job action sheets and organizational policies.

Additionally, photography will be strictly forbidden within mass fatality response operations. Family and friends being served by the FAC, as well as all volunteers, staff and contract workers will only be allowed to take pictures in designated areas.

### J. Scenario-Specific Disaster Considerations

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:
Scenario 01 Catastrophic Number of Fatalities
Scenario 02 Contaminated Decedents
Scenario 03 Incidents in Large Bodies of Water
Scenario 04 Managing School Scenes of Mass Violence

## VIII. 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.

References:

Workforce Mobilization Plan

## IX. 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. Public Health 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 Public Health, to ensure consistency of messaging.

*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 Public Health 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, Public Health 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.

*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 Public Health 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 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 Public Health PIOs. PIOs from cities within King County should also refer media requests for information directly to Public Health (or the JIC, if open).

While mass fatality operations are underway at the incident scene, Public Health 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, Public Health 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, Public Health has created a JIC template to consolidate information for daily briefings, press releases and JIC and Contact Center calls.

*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 Public Health PIOs.

*Communications with Staff*

Staff meetings should be held on a regular basis to receive updated information on operations, the recovery and identification efforts, unaccounted for persons investigations, and any changes. At a minimum staff in

each module should attend an All Staff Briefing at the beginning of each operational period. Command staff should also attend two command briefings per operational period, one at the beginning and one towards then end of the operational period. Each section or unit may hold their own briefings periodically to communicate any pertinent information.

*Staff Briefing agenda could include the following:*

- Goals and Objective
- New Initiatives
- Status of Rescue, recovery and identification efforts
- Status of incident investigation
- Status of Secondary Services
- Status of disposition and return of remains
- Return of personal effects
- FAC operations and demographic data

*Communications with Incident Site*

The modules should maintain regular communications with the incident site through HMAC and the KCMEO to monitor the recovery effort and provide any information necessary on operations. All communications with the incident site should be coordinated through the Liaison Officer. Any important updates from the incident site should be communicated to the leaders of each module.

*Coordinated Communications with Partners*

1. Hospitals

Communication with hospitals will be coordinated through the NWHRN HECC. Hospitals may be contacted through phone calls, email, WATrac, fax, or other forms of communication. All communications should be recorded and important information should be relayed to the FAC Director. Information such as patient names, conditions, or locations should not be released to unauthorized individuals.

2. EOCs

As needed, modules will communicate with local EOCs through liaisons and HMAC. Resource requests will be communicated to the HMAC Logistics Section by the module Logistics Chief upon approval of the module leader. HMAC Logistics Section will then work with the appropriate jurisdiction to request needed assistance.

3. Elected Officials

Communication with elected officials will be handled by the PIO in consultation with the HMAC Area Commander and the KCMEO. If a JIC has been established the PIO should coordinate all messages with the lead JIC PIO before communicating with elected officials.

In the event an elected official appears on site at any module they should be greeted and briefed by the PIO. If they insist on entering, the module supervisor may, at his or her discretion, allow them to enter the operations area if escorted by the supervisor or the PIO.

Attachments:
Comms 01 Initial Press Release Components
Comms 02 Mass Fatality Event Update Completion Instructions

Comms 03 Mass Fatality Event Update Template
Comms 04 Mass Fatality Media FAQ Sheet
Comms 05 Messaging Tips
Comms 06 Remains in Place Public Messaging Pre Disaster
Comms 07 Remains in Place Public Messaging Post Disaster
Comms 09 Numbers for PIOs

## X. Roles and Responsibilities

**Primary Agency**

Public Health – Seattle & King County

- Coordinate all mass fatality response operations via Health and Medical Area Command
- Develop public messaging content such as fatality numbers, names of decedents, and public guidance
- Establish and operate the Family Assistance Center
- Establish Contact Center
- Establish Virtual Family Assistance Center
- Establish Victim Information and Identification Center
- Coordinate the acquisition of the location, equipment, and supplies need to support operations
- Secure staff for many roles outlined throughout the plan

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
- Ensure appropriate notification of next of kin
- Coordinate the disposition of decedents 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
- Determine the need for a FAC
- Share information on victim recovery and identification operations
- Provide notifications to families
- Secure staff to support mass fatality response operations

**Support Agencies**

Local

Law Enforcement

- Lead or support investigations into mass fatality incidents
- Provide for or coordinate security at mass fatality response locations

- Provide assistance at the scene as needed, including mapping, photography, search, labeling, packaging and other tasks
- Lead the investigation into those who are determined to be missing persons
- Coordinate security and provide credentialing in the FAC
- Aid the VIC in collecting or providing information that could help facilitate decedent identification
- Secure staff to support these responsibilities

Fire and EMS
- Serve as the primary emergency medical services for events occurring within their jurisdictions
- Serve as Safety Officer
- Implement catastrophic tagging and identification as directed by 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 mass fatality response agencies
- Respond to resource requests from within their jurisdictions and pass such requests on to the County when unable to fulfill them
- Prepare emergency proclamations
- Upon request, assist with establishing contact with Consuls located within their jurisdiction
- Implement catastrophic plan as directed by KCMEO
- Share information concerning the incident

<u>County</u>
King County Department of Executive Services
- Prepare emergency proclamations and requests for assistance from the State and federal government

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 Sherriff's Office
- Lead or support investigations into mass fatality incidents
- Assist with acquisition and analysis of antemortem and postmortem prints

<u>State</u>
Washington State Department of Health
- Work with the Washington State Emergency Management Division (EMD) to request the assistance of State resources or federal assets such as DMORT and the VIC Team
- In concert with EMD, manage federal resource requests and distribution of federal assets
- Manage requests for state-purchased medical examiner resources

Washington State Emergency Management Division
- Assist in acquiring any non-medical assets for local jurisdictions

- Request assistance of federal assets that may support FAC operations

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 using physical information
- If requested and available, assist in the taking of samples for DNA and in the processing of those samples using the Crime Lab
- Determine who to outsource to if testing cannot be done within capacity of lab and contract with that organization
- If requested and available, provide staff to train FAC personnel on DNA collection

<u>Federal</u>
National Transportation Safety Board
- In the event of a legislated aviation or passenger rail accident (per 49 USC 1136 and 1139):
    - Coordinate assistance efforts with local and State authorities, including the medical examiner, local/county/State law enforcement, emergency management agency, hospitals, and other emergency support personnel
    - Coordinate support of other federal agencies providing family assistance support to local jurisdiction
    - Oversee air and rail carrier family assistance response
    - Coordinate JFSOC operations
- Serve as a technical advisor to assist local jurisdictions with FAC operations

Disaster Mortuary Operations Response Team
- Assist with victim identification and mortuary services if the KCMEO's resources are overwhelmed
- Provide mortuary staff and resources to an incident
- Provide VIC Team to aid in the establishment of a FAC

Department of Justice
- If available, aid in fingerprint collection and supplementing laboratory assets
- In the event that an incident is officially classified as a criminal act, coordinate communications with families/friends to gain and provide information about the incident
- Lead agency on coordinating Crime Victim Assistance for families

Department of State
- Assist with providing services to aid in information collection and communications with foreign countries, foreign nationals, or Americans living or traveling abroad
- Assist in gathering antemortem data or DNA reference samples
- Notify foreign governments and families of foreign citizens involved in the incident
- Provide additional interpretation/translation services and assist families of foreign victims with entry into the United States

Department of Homeland Security: Coast Guard
- Provide support and expertise related to mass fatality incidents taking place in the water

Federal Emergency Management Agency

- Provide support in conjunction with federally declared disasters

FEMA Region X National Guard Fatality Search and Recovery Team (FSRT)

- Assist in search and recovery, with expertise in recovering contaminated remains

Law Enforcement Agencies (FBI, ATF)

- Lead or support investigations into mass fatality incidents that are confirmed or suspected criminal events

National Guard CBRNE-Enhanced Ready Force Package (CERF-P)

- Decontamination of contaminated recovered remains

Non-Profit and Private Partners

American Red Cross of King County (Regional Office)

- If requested, provide Mental Health and Spiritual Care support to the FAC
- Aid in providing child care services at a FAC
- Provide support (e.g. feeding, mental health) to first responders at the scene of the incident

Hospitals

- Set up a temporary Family Reception Center area within their facilities
- Provide updated patient lists to the NWHRN Healthcare Emergency Coordination Center to assist in family reunification
- Manage the disposition of casualties that become fatalities while in their custody
- Report deaths to KCMEO

Faith-Based Organizations

- Provide support to the families and friends affected by the disaster
- Serve as cultural liaisons when issues around the treatment of decedents and interaction with family members (e.g. who notify of the death) arises

Death Care Industry

- Manage final disposition of human remains
- Provide space for temporary interment after a catastrophe

Washington Forensic Dental Society

- If requested and available, assist with the collection of antemortem and postmortem dental data, and with the positive identification of decedents by comparison of these data sets.

International

Embassies and Consulates

- Offer assistance with identification of international decedents and coordination of the repatriation of remains
- Serve as a liaison with family members of foreign nationals.

Interpol

- Assist in the identification of the deceased by processing fingerprints through its database

Attachments:
Roles 01 Partner Roles and Responsibilities Matrix
Roles 02 Partner Organizations
Roles 03 Foreign Consulates in Western Washington
Roles 04 Law Enforcement

## 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.

KCMEO may also issue presumptive death certificates in some cases. KCMEO will follow the procedure for issuing a presumptive death certificate per RCW 70.58.390:

> "A county coroner, medical examiner, or the prosecuting attorney having jurisdiction may file a certificate of presumed death when the official filing the certificate determines to the best of the official's knowledge and belief that there is sufficient circumstantial evidence to indicate that a person has in fact died in the county or in waters contiguous to the county and that it is unlikely that the body will be recovered. The certificate shall recite, to the extent possible, the date, circumstances, and place of the death, and shall be the legally accepted fact of death.
>
> In the event that the county in which the death occurred cannot be determined with certainty, the county coroner, medical examiner, or prosecuting attorney in the county in which the events occurred and in which the decedent was last known to be alive may file a certificate of presumed death under this section.
>
> The official filing the certificate of presumed death shall file the certificate with the local registrar of the county where the death was presumed to have occurred, and thereafter all persons and parties acting in good faith may rely thereon with acquittance."

Per the National Transportation Safety Board (NTSB) Reauthorization Act of 2006 (enacted December 21, 2006[16]) the NTSB has authority over aircraft accidents, railway accidents with fatalities, pipeline accidents with fatalities, and highway accidents (selected in cooperation with the state). Per 49 USC 1136 the NTSB is responsible for coordinating family assistance operations following aviation accidents that have occurred in the U.S. or its territories, resulting in a major loss of life, and involving U.S.-based air carriers that hold DOT Certificates of Public Convenience and Necessity or foreign air carriers that have Economic Authority to operate in the U.S. Additionally, per 49 USC 1139, the NTSB is responsible for coordinating family assistance operations following passenger rail accidents resulting in a major loss of life involving Amtrak and future intra- and interstate high-speed passenger rail operators.

## XII. References

NYC Mass Fatality Management Plan
Santa Clara APC Toolkit
DMORT SOP

## XIII. Public Health Emergency Preparedness Capabilities

Community Recovery
Emergency Operations Coordination
Emergency Public Information and Warning
Fatality Management

[16] http://www.ntsb.gov/alj/NTSB_statute.htm

## 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 2017.

Since the plan was last updated in 2012-2013, Public Health has conducted or offered the following:

- HMAC plan briefing (Summer 2012)
- KCMEO staff training (Fall 2012)
- County PIO training (Winter 2015)
- Morgue Tabletop Exercise (Spring 2015)
- Death Care Industry Forum (Spring 2015)
- NTSB Family Assistance Center workshop (Spring 2015)

Attachments:
Training 01 Mandatory Trainings for HMAC Staff (under revision)

## XV. Mass Fatality Plan Maintenance

This 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 2018.

- Sections of the plan will be updated as needed based on the evolution of planning activities and partnerships or in coordination with the Regional Improvement Plan after exercises or real world events.
- Public Health will provide the plan to partners for review after major updates.
- Following review necessary modifications will be made and a copy will be provided to regional partners.