Tuolumne County Sheriff-Coroner's Office
Mass Fatality Plan
For the County Coroner and Tuolumne County Area Hospitals and Death Care Facilities

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Sheriff - Coroner
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CHAPTER I

MASS FATALITY MANAGEMENT

A- Purpose

The purpose of this mass fatality plan is to provide a framework to facilitate an organized and effective response to mass fatality incidents that treat the dead and their loved ones with dignity and respect. A mass fatality incident, according to California Health and Safety Code §103451, is "an incident where more deaths occur than can be handled by the local Coroner/Medical Examiner resources." It may be caused by infectious diseases (e.g. Pandemic Influenza), natural hazards (e.g. earthquakes, floods and hurricanes), structural or mechanical hazards (e.g., commercial airline crashes, bridge or tunnel collapses), or intentional incidents (e.g. terrorist acts).

Cooperation and collaboration among all mass fatality response organizations is critical for effective mass fatality management. Successful management of a mass fatality incident involves public communication, vital records administration, hospital and death care industry operations and coordination, and decedent operations. The latter function entails human remains recovery, morgue services, and family assistance. These tasks fall under the auspices of the County Sheriff-Coroner. If any one of these operational areas is not able to carry out its critical function, the entire mass fatality infrastructure will be impacted.

B- Plan Objectives

The primary objectives for the mass fatality plan are:

- To facilitate Tuolumne County's management of a mass fatality incident

- To provide hospitals with a clear and coordinated process for handling the deceased when decedent operations have exceeded normal capacity

- To delineate the command and control structure, who is responsible for activating the plan, and the criteria for levels of activation

- To outline a means for obtaining the following support functions with scalability:

  - Supplies and equipment
  - Staffing requirements
  - Facility requirements

- To provide information regarding health and safety threats when handling decedents and help to mitigate those threats.

- To identify decedent operational areas

- To identify the stakeholders and organizations responsible for management and coordination of operational activities and to integrate with other emergency response plans that pertain to these organizations

- To describe the method with which human remains will be recovered and identified

- To outline a method for the preserving and storing of human remains on a temporary basis when normal capacity has been exceeded

- To detail local morgue capacity and operations

- To delineate a method for assisting families during a mass fatality incident

- To outline the process for obtaining death certificates and permits for disposition of remains

- To describe how the plan will be exercised, updated and maintained

C- Scope of the Plan

The Tuolumne County Office of Emergency Services (OES) is the only department that can make the decision to activate the Emergency Operations Center. They will oversee the coordination of the multiple local, regional, state and federal agencies and departments involved in the management of the incident. The Tuolumne County Sheriff's Office and the Tuolumne County Public Heath Department will take the lead on a MFI. This plan will operate concurrent with other emergency plans activated in response to the incident. It should be noted that a mass fatality plan does not address the needs of injured survivors.

D- Assumptions

- The ultimate purpose in a mass fatality response is to recover, identify and effect final disposition in a timely, safe, and respectful manner while reasonably accommodating religious, cultural and societal expectations and preserving forensic evidence when necessary. Under certain circumstances, this will be challenging and require support and leadership from all levels of government.

- The Tuolumne County Sheriff-Coroner is ultimately responsible for managing mass fatalities; however, there are many other organizations that are involved in the resolution of a mass fatality incident.

- A mass fatality plan will be activated in concert with a mass casualty incident (MCI) plan (to ensure care for survivors). Activation will include the following steps:

1. Incident Notification
2. Scene Evaluation & Organization
3. Recovery of Remains
4. Transportation
5. Transportation Holding Morgue

6. Morgue Operations
7. Final Disposition

 State and Federal laws and regulations provide guidance for mass fatality response. They specify organizations responsible for mass fatality management, response requirements, organizational authority and responsibilities.

 Requests for assistance and response efforts will be managed utilizing the National Incident Management System, Standardized Emergency Management System and Incident Command System.

 Incident Site operations will be performed according to professional protocols to ensure accurate identification of human remains and, under certain circumstances (e.g., commercial airline accident and criminal or terrorist act), to preserve the scene and collect evidence.

 Mass fatality incidents create widespread traumatic stress for families, responders, and often, the community-at-large. Emotional trauma can lead to physical illness and disease, precipitate mental and psychological disorders, and can destroy relationships and families. Attending to behavioral health needs of victims' and responders is critical.

 Under certain circumstances (e.g., commercial airline accident or terrorist act) select federal agencies will have critical on-scene responsibilities, thus requiring close and on-going coordination with the Sheriff-Coroner's Office, local and state agencies.

 Evaluation of a mass fatality incident site may require specialized assistance from local, state and federal agencies. Chemical, biological and radiological detection equipment and personnel may be required.

 Depending upon the natural or manmade disaster that engenders the mass fatality incident, the County's infrastructure may be severely impacted causing significant delays and progress in recovering and managing the dead.

E- Pandemic influenza Planning Assumptions

The local Health Officer/ Incident Commander is delegated the responsibility for the enforcement of public health laws. The IC must ensure that all emergency operations enacted to mitigate the public health emergency are compliant with local, state and federal regulations.

These assumptions are examples of the potential impact of a worst-case scenario pandemic influenza (PI) event.

 In the event of pandemic influenza or similarly contagious disease, external resources will not be available and some services will need to be delivered differently in order to minimize the spread of the disease.

 Susceptibility to pandemic influenza will be universal.

- Case fatality rates could be in the range of 5% in addition to the average rate of deaths from other causes.

- Up to 40% of the workforce could be absent from work during peak periods.

- Mutual aid resources from state or federal agencies to support local response efforts may not be available.

- It is estimated that 50% to 75% of deaths will occur outside of a hospital or medical treatment facility.

- The death care industry could expect to handle about six months work within a six to eight week period.

- The time to complete fatality management of a pandemic influenza event may exceed six months to a year.

F- References

Santa Clara County Public Health Department's Advanced Practice: Managing Mass Fatalities: A Toolkit for Planning May 2008 www.sccgov.org

State of California Governor's Office of Emergency Services: The California Mass Fatality Management Guide: A Supplement to the State of California Coroners' Mutual Aid Plan September 2007 www.oes.ca.gov/

CHAPTER II
COMMAND AND CONTROL

A- Emergency Management Systems

The National Incident Management System (NIMS) and the California Standardized Emergency Management System (SEMS) will be utilized in managing the response to all multi-agency and multi-jurisdiction emergencies in California. NIMS outlines the Federal response and is coordinated with the State response, SEMS, which consists of five organizational levels that are activated as necessary:

- Field response
- Local government
- Operational Areas
- Regional
- State

NIMS and SEMS both incorporate the use of the Incident Command System (ICS) and the corresponding system for hospitals known as the Hospital Incident Command System (HICS). The California Master Mutual Aid Agreement, existing mutual aid systems, the operational area concept, and inter-agency coordination are all governed by the SEMS. Local California governments must use SEMS to be eligible for funding of their personnel related costs under state disaster assistance programs.

SEMS has been established to provide an effective response to multi-agency and multi-jurisdiction emergencies in California. By standardizing key elements of the emergency management system, SEMS is intended to:

- Facilitate the flow of information within and between levels of the system
- Facilitate coordination amongst all responding agencies

Use of SEMS will improve the mobilization, deployment, utilization, tracking, and demobilization of needed mutual aid resources. Use of SEMS will reduce the incidence of poor coordination and communications, and reduce resource ordering duplication on multi-agency and multi-jurisdiction responses.

B- Unified Command

The unified command structure of ICS (and HICS) will be utilized to bring all response agencies together to determine a plan of action to take care of mass fatality management. The nature and scope of the event causing the fatalities will determine which jurisdictions and agencies are involved. The unified command structure utilizes a single integrated incident organization, shared facilities (command post), single planning process, and incident action plan. Unified command also allows for shared operations, planning, logistics, finance/administration sections, and a coordinated process for resource ordering. Unified command enables all responders to use one set of objectives for the entire incident. A collective approach for developing strategies is utilized. Information flows between participating agencies without comprising any agencies authority. Each agency will know the plans and actions of other agencies. Performing under a single action plan optimizes all

agencies efforts. Functional command is easily shifted as incident priorities are addressed.

Source: Santa Clara County Public Health Department, Advance Practice Center

C- Roles and Responsibilities

The Tuolumne County Sheriff-Coroner is in charge of human remains recovery and is responsible for developing the best approach to managing personnel, equipment, and resources to affect recovery, identification and disposition of mass fatality victims. In small incidents, the EOC is not typically activated and the Sheriff-Coroner will likely be the Incident Commander. In large scale events, the EOC is activated to manage the various agencies and multiple missions that are involved. In these events, the Sheriff-Coroner may be assigned as the Director of the Coroner's Service Branch. If the event is caused by an infectious disease, mass causality, and/or hazardous materials release, the Health Officer will work with the Sheriff-Coroner in unified command or as the Medical/Health Branch Officer.

Note: *Commercial airline accidents and suspected domestic terrorism are the exceptions. These incidents are managed by the FBI Evidence Response Team. They provide personnel and management for the search and recovery of human remains, personal effects, and accident-related wreckage, with the local jurisdiction augmenting response.*

The following positions support the Sheriff-Coroner in the County EOC:

Health Officer -The local Health Officer is delegated the responsibility for both the enforcement of public health laws and regulations and to ensure that all emergency operations enacted to mitigate the public health emergency are compliant with local, state and federal regulations. The Health Officer may declare a local health emergency (Health and Safety Code §101080) authorizing other political subdivisions and state agencies to provide mutual aid. Such a "local health emergency" declaration requires ratification by the Board of Supervisors within seven days or at the next available meeting date to remain in place.

Legal Officer/County Counsel - The County Counsel becomes the Legal Officer when the EOC/ DOC are activated. He/she provides legal advice to the EOC Director, the Incident Commander, the Health Officer, Sheriff-Coroner and other command staff members in all legal matters relative to the emergency and assists in the proclamation of an emergency.

Planning Section Chief/Personnel - Assures that the Legal Officer is provided with Incident Action Plans for review of proposed tactics and strategies for legal compliance.

Operations Section Chief/Personnel - Assures that all legal considerations are included in all tactical and strategic decisions and those legal issues and concerns that arise during operations are referred to the Legal Officer. Three primary responsibilities will need to be assigned by the Sheriff-Coroner:

Human Remains Recovery Unit Leader - Oversees the collection and documentation of postmortem remains, property and evidence at the incident scene.

Morgue Services Unit Leader - Coordinates and oversees the operation of the morgue. Identification, examination, body processing and release for burial are the primary objectives of the unit.

Family Assistance Center Unit Leader -This position manages the Family Assistance Center. The primary objective is to act as a liaison between the Sheriff-Coroner and the families of the incident victims. The services provided include death notification, information briefings, grief counseling and ante-mortem data collection.

The hospital within the County supports the overall management of the incident primarily through the following positions:

Hospital Situation Unit Leader – Reporting to the Planning Section Chief, this position coordinates with the hospital HICS Liaison Officer and the hospital HICS Situation Unit Leader to ensure that logistical needs and information flow is efficiently handled between the EOC and the hospital.

Hospital MFI Management Unit leader -Oversees a centralized location in the hospital where all mass fatality information is processed in response to a mass-casualty event, pandemic outbreak, terrorist attack, or large natural disaster. This position is also responsible for managing morgue capacity within the hospital.

Note: *Specific roles and responsibilities of these Branches/ Units are explained in detail in the various chapters of this plan.*

D- Emergency Operation and Plan Activation

County's Emergency Operation Center (EOC) plays a major role in coordination of local, state and federal resources. The EOC will be activated when an incident exceeds the capacity of the first responders to manage the event from the field.

Concurrent with EOC activation, the Public Health Department DOC will be activated for a mass fatality incident when:

1) There has been an intentional or unintentional biological-chemical-radiological incident placing lives at risk.
2) A communicable disease outbreak occurs of sufficient severity that it meets the criteria established in the Tuolumne County Health Emergency Preparedness Response Plan to warrant the activation of a Public Health Department DOC.
4) A multiple casualty incident has occurred for which local healthcare surge capacity and/or pre-hospital resources are insufficient
5) The County's hospital and long-term care facilities resources are at risk of being exhausted and assistance is likely to be needed to address the needs of patients.

E- Incident Action Plan Development (IAP)

All incidents require some form of an action plan. On smaller incidents, the action plan may be verbal or in the form of the Incident Briefing. On larger or more complex incidents involving multiple jurisdictions, a NIMS compliant written Incident Action Plan is required. The action plan should be reviewed and updated for each Operational Period (typically 12 hours). The Incident Action Plan (IAP) will most likely be developed by the Emergency Operations

Center and will prioritize the incident goals and objectives. The Sheriff-Coroner will determine the incident objectives and strategy, in coordination with Unified Command.

The information gathered by the initial evaluation team will serve as the basis from which all the agencies involved in incident site operations can collectively agree on an organized approach to processing the incident site. For incidents involving a hazardous material, the Health Officer, in consultation with the County HazMat team, is responsible for advising the Sheriff-Coroner on the best approach for mitigating hazardous material agent(s) while preserving remains, personal effects, and evidence.

The IAP will include, but not be limited to:

- Human Remains Recovery Plan
- Transportation and Storage Plan (which minimizes the number of times remains are moved)
- Safety Plan (which includes personal protective equipment requirements (PPE) for all personnel, the agency responsible for enforcing PPE use, hazard monitoring and mitigation)
- Security Plan (which includes site security and credentialing systems).

The nature of the incident will dictate priorities in the field action plan. Saving lives is the priority and will take precedence over human remains recovery. In some situations, a full focus on human remains recovery may not begin until rescue operations are terminated.

The Sheriff-Coroner will also formulate preliminary plans for:

- Morgue services and victim identification
- Issuing death certificates
- Providing services at the family assistance center
- Disposition of human remains (if the mass fatality is beyond the capacity of the local death care industry).

F- Requesting Local, State and Federal Mutual Aid Resources

Initial incident support for Mass Fatality Incidents will be provided by Local Law Enforcement, Fire, HazMat, Public Works, Environmental Health, and the Health Department from within Tuolumne County and from neighboring local counties.

When a mass fatality incident is beyond the resource capability of Tuolumne County, the Sheriff-Coroner will request through OES, mutual aid from the Region IV Mutual Aid Coordinator. The authority for this mutual aid system is stated in the California Emergency Services Act (Government Code §8550, §8569, §8615-8619, §8632, §8668) and the Master Mutual Aid Agreement. The Regional Coroner Mutual Aid Coordinator fulfills the mutual aid request from Coroner resources within the region first. If the resources within the impacted region are not sufficient, the Region IV Mutual Aid Coordinator requests additional mutual aid assistance from the California OES Law Enforcement Branch Coroner Mutual Aid Coordinator. Other mutual aid regions are called upon by the State Coordinator to assist.

Please refer to Chapter 11 Staffing for local, state, federal and volunteer resources.

G- References

Source: The California Mass Fatality Management Guide:
A Supplement to the State of California Coroners' Mutual Aid Plan
(State of California Governor's Office of Emergency Services)

National Association of Medical Examiners: Mass Fatality Plan
http://www.dmort.org/FilesforDownload/NAMEMFIplan.pdf November 2007
Santa Clara County Public Health Department's Advanced Practice: Managing Mass Fatalities: A Toolkit for Planning May 2008
www.sccgov.org

State of California Governor's Office of Emergency Services: The California Mass Fatality Management Guide: A Supplement to the State of California Coroners' Mutual Aid Plan September 2007 www.oes.ca.gov/

California Public Health and Medical Operatiopns Manual, California Department of {Public Health and the California Emergency Medical Services Authority
www.emsa.ca.gov/disaster/files/EOM712011.pdf

CHAPTER 3
LAWS GOVERNING MASS FATALITY MANAGEMENT

A- Purpose

An event within Tuolumne County that produces an overwhelming number of deaths will require the coordination and participation of local and state agencies, the federal government, and private organizations in order to assist and support the impacted local Sheriff-Coroner. Knowledge and understanding of applicable laws and government codes is essential in effectively and lawfully managing this coordinated response. The following table comprises the applicable State and Federal government codes and statutes governing a mass fatality incident response.

B- Government Code and Statutes Governing Mass Fatality Management

Health and Safety Code, §102850 Coroner; Notification of Death

A physician and surgeon, physician assistant, funeral director, or other person shall immediately notify the coroner when he or she has knowledge of a death that occurred or has charge of a body in which death occurred under any of the following circumstances:
(a) Without medical attendance.
(b) During the continued absence of the attending physician and surgeon.
(c) Where the attending physician and surgeon or the physician assistant is unable to state the cause of death.
(d) Where suicide is suspected.
(e) Following an injury or an accident.
(f) Under circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another.
Any person who does not notify the coroner as required by this section is guilty of a misdemeanor.

Health and Safety Code, §102855 Coroner; Duty to Investigate

The coroner whose duty it is to investigate such deaths shall ascertain as many as possible of the facts required by this chapter.

Health and Safety Code, §102860 Coroner; Duties; Re Certificate

The coroner shall state on the certificate of death the disease or condition directly leading to death, antecedent causes, other significant conditions contributing to death and other medical and health section data as may be required on the certificate, and the hour and day on which death occurred. The coroner shall specifically indicate the existence of any cancer, as defined in subdivision (e) of Section 103885, of which he or she has actual knowledge. The coroner shall within three days after examining the body deliver the death certificate to the attending funeral director.

Health and Safety Code, §102870 Coroner or Medical Examiner; Dental Examination

(a) In deaths investigated by the coroner or medical examiner where he or she is unable to establish the identity of the body or human remains by visual means, fingerprints, or other identifying data, the coroner or medical examiner may have a qualified dentist, as determined by the coroner or medical examiner, carry out a dental examination of the body or human remains. If the coroner or medical examiner with the aid of the dental examination and other identifying findings is still unable to establish the identity of the body or human remains, he or she shall prepare and forward the dental examination records to the Department of Justice on forms supplied by the Department of Justice for that purpose.
(b) The Department of Justice shall act as a repository or computer center, or both, with respect to dental examination records and the final report of investigation specified in Section 27521 of the Government Code. The Department of Justice shall compare the dental examination records and the final report of investigation, if applicable, to records filed with the Violent Crime Information Center (Title 12 (commencing with Section 14200) of Part 4 of the Penal Code, shall determine which scoring probabilities are the highest for purposes of identification, and shall submit the information to the coroner or medical examiner who submitted the dental examination records and the final report of investigation, if applicable.

Health and Safety Code, §103450 Court Procedure to Establish Fact of Death

(a) A verified petition may be filed by any beneficially interested person with the clerk of the superior court in and for (1) the county in which the birth, death, or marriage is alleged to have occurred, (2) the county of residence of the person whose birth or marriage it is sought to establish, or (3) the county in which the person was domiciled at the date of death for an order to judicially establish the fact of, and the time and place of, a birth, death, or marriage that is not registered or for which a certified copy is not obtainable.
(b) In the event of a mass fatalities incident, a verified petition may be filed by a coroner, medical examiner, or any beneficially interested person with the clerk of the superior court in and for (1) the county in which the death is alleged to have occurred, or (2) the county in which the person was domiciled at the date of death for an order to judicially establish the fact of, and the time and place of, a death that is not registered or for which a certified copy of the death certificate is not obtainable.
(c) In the event of a mass fatalities incident, a single verified petition with respect to all persons who died may be filed by a coroner or medical examiner with the clerk of the superior court in and for the county in which the mass fatalities incident occurred for an order to judicially establish the fact of, and the time and place of, each person's death that is not registered or for which a certified copy of the death certificate is not obtainable.

Health and Safety Code, §103451 Mass Fatalities Incident; Definition

(a) For purposes of this chapter, "mass fatalities incident" means a situation in which any of the following conditions exist:

(1) There are more dead bodies than can be handled using local resources.
(2) Numerous persons are known to have died, but no bodies were recovered from the site of the incident.
(3) Numerous persons are known to have died, but the recovery and identification of the bodies of those persons is impracticable or impossible.
(b) The county coroner or medical examiner may make the determination that a condition described in subdivision (a) exists.

Health and Safety Code, §103466 Court Procedures; Mass Fatalities Incident

Notwithstanding Section 103465, upon the filing of a petition for a determination of the fact of death in the event of a mass fatalities incident, the clerk shall set a hearing no later than 15 days from the date the petition was filed. The petitioner shall make a reasonable effort to provide notice of the hearing to the known heirs of the deceased up to the second degree of relationship. Failure to provide the notice specified in this section shall not invalidate the judicial proceedings regarding the determination of the fact of death.

Health and Safety Code, §103490 Certified

(a) The State Registrar shall send certified copies of the court order delayed certificate to the local registrar and the county recorder within the area in which the event occurred and in whose offices copies of records of the year of occurrence of the event are on file. However, if the event occurred outside the state, a certified copy shall be sent only to the county recorder of the county in which the petitioner resides.
(b) In the event of a mass fatalities incident, the State Registrar, without delay, shall send certified copies of the court order delayed death certificate to the local registrar and the county recorder of the county in which the incident occurred and in whose offices copies of records of the year of occurrence of the incident are on file. The State Registrar, without delay, also shall send a certified copy of the court order delayed death certificate to the spouse or next of kin of the decedent, if there is no spouse, provided the spouse or next of kin's name and address information are included in the court order or on the application form submitted by the spouse, next of kin, coroner, or medical examiner. However, if the incident occurred outside the state, a certified copy shall be sent only to the county recorder of the county in which the decedent was domiciled at the date of death.

Federal Government Code, U.S. Public Law 93-288

Provides authority to respond to emergencies and provide assistance to protect public health; implemented by Federal Emergency Management Act.

Federal Government Code, USC Title 42-264

Provides the U.S. Surgeon General the authority to apprehend and examine any individual(s) reasonably believed to be infected with a communicable disease for purposes of preventing the introduction, transmission, or spread of such communicable disease only;

1. if the person(s) is moving or about to move from state to state.
2. if the person, upon examination, is found to be infected , he may be detained for such time and in such manner as may be reasonably necessary.

Federal Government ,USC Title 42-139 Sec. 14503

Liability protection for volunteers – No volunteer of a non-profit organization or governmental entity shall be liable for harm caused by an act of omission of the volunteer on behalf of the organization or entity.

California Government Code, §27491 Coroner Duties

It shall be the duty of the coroner to inquire into and determine the circumstances, manner, and cause of all violent, sudden, or unusual deaths; unattended deaths; deaths wherein the deceased has not been attended by a physician in the 20 days before death; deaths related to or following known or suspected self-induced or criminal abortion; known or suspected homicide, suicide, or accidental poisoning; deaths known or suspected as resulting in whole or in part from or related to accident or injury either old or recent; deaths due to drowning, fire, hanging, gunshot, stabbing, cutting, exposure, starvation, acute alcoholism, drug addiction, strangulation, aspiration, or where the suspected cause of death is sudden infant death syndrome; death in whole or in part occasioned by criminal means; deaths associated with a known or alleged rape or crime against nature; deaths in prison or while under sentence; deaths known or suspected as due to contagious disease and constituting a public hazard; deaths from occupational diseases or occupational hazards; deaths of patients in state mental hospitals serving the mentally disabled and operated by the State Department of Mental Health; deaths of patients in state hospitals serving the developmentally disabled and operated by the State Department of Developmental Services; deaths under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another; and any deaths reported by physicians or other persons having Knowledge of death for inquiry by coroner. Inquiry pursuant to this section does not include those investigative functions usually performed by other law enforcement agencies.

In any case in which the coroner conducts an inquiry pursuant to this section, the coroner or a deputy shall personally sign the certificate of death. If the death occurred in a state hospital, the coroner shall forward a copy of his or her report to the state agency responsible for the state hospital.

The coroner shall have discretion to determine the extent of inquiry to be made into any death occurring under natural circumstances and falling within the provisions of this section, and if inquiry determines that the physician of record has sufficient knowledge to reasonably state the cause of a death occurring under natural circumstances, the coroner may authorize that physician to sign the certificate of death.

For the purpose of inquiry, the coroner shall have the right to exhume the body of a deceased person when necessary to discharge the responsibilities set forth in this section.

Any funeral director, physician, or other person who has charge of a deceased person's body, when death occurred as a result of any of the causes or circumstances described in this section, shall immediately notify the coroner.

Any person who does not notify the coroner as required by this section is guilty of a misdemeanor.
In all cases in which a person has died under circumstances that afford a reasonable ground to suspect that the person's death has been occasioned by the act of another by criminal means, the coroner, upon determining that those reasonable grounds exist, shall immediately notify the law enforcement agency having jurisdiction over the criminal investigation. Notification shall be made by the most direct communication available. The report shall state the name of the deceased person, if known, the location of the remains, and other information received by the coroner relating to the death, including any medical information of the decedent that is directly related to the death. The report shall not include any information contained in the decedent's medical records regarding any other person unless that information is relevant and directly related to the decedent's death.

California Government Code, §27491.2 Examination and Identification of Body; Cause of Death Inquiry; Removal

(a) The coroner or the coroner's appointed deputy, on being informed of a death and finding it to fall into the classification of deaths requiring his or her inquiry, may immediately proceed to where the body lies, examine the body, make identification, make inquiry into the circumstances, manner, and means of death, and, as circumstances warrant, either order its removal for further investigation or disposition or release the body to the next of kin.
(b) For purposes of inquiry, the body of one who is known to be dead from any of the causes or under any of the circumstances described in Section 27491 shall not be disturbed or moved from the position or place of death without permission of the coroner or the coroner's appointed deputy. Any violation of this subdivision is a misdemeanor.

California Government Code, §27491.3 Control of Premises Where body found; Death Due to Traffic Accident; Anatomical Donor Card

(a) In any death into which the coroner is to inquire, the coroner may take charge of any and all personal effects, valuables, and property of the deceased at the scene of death or related to the inquiry and hold or safeguard them until lawful disposition thereof can be made. The coroner may lock the premises and apply a seal to the door or doors prohibiting entrance to the premises, pending arrival of a legally authorized representative of the deceased. However, this shall not be done in such a manner as to interfere with the investigation being conducted by other law enforcement agencies.
Any costs arising from the premises being locked or sealed while occupied by property of the deceased may be a proper and legal charge against the estate of the deceased. Unless expressly permitted by law, any person who enters any premises or tampers with or removes any lock or seal in violation of this section is guilty of a misdemeanor.
(b) Any property or evidence related to the investigation or prosecution of any known or suspected criminal death may, with knowledge of the coroner, be delivered to a law enforcement agency or district attorney, receipt for which shall be acknowledged.
(c) Except as otherwise provided in subdivision (d), any person who searches

for or removes any papers, moneys, valuable property or weapons constituting the estate of the deceased from the person of the deceased or from the premises, prior to arrival of the coroner or without the permission of the coroner, is guilty of a misdemeanor.

California Government Code, §27491.55 Delegation of Jurisdiction; Another County; Federal Government; Conditions

In any case where a coroner is required to inquire into a death pursuant to Section 27491, the coroner may delegate his or her jurisdiction over the death to an agency of another county or the federal government when all of the following conditions have been met:
(a) The other agency has either requested the delegation of jurisdiction, or has agreed to take jurisdiction at the request of the coroner.
(b) The other agency has the authority to perform the functions being delegated.
(c) When both the coroner and the other agency have a jurisdictional interest or involvement in the death.

Code of Federal Regulations Title 45 Section 164.512q HIPAA Privacy Regulations Standard: Uses and Disclosures About Decedents:

Allows covered entities to disclose protected health information to a coroner or medical examiner for purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. Authorizes a covered entity to disclose protected health information to funeral directors consistent with applicable law as necessary to carry out their duties. If necessary for funeral directors to carry out their duties, disclosure may occur prior to and in reasonable anticipation of the individual's death.

Emergency Services Act, §8607 Standard Emergency Management System (SEMS)

a) By December 1, 1993, the Office of Emergency Services, in coordination with all interested state agencies with designated response roles in the state emergency plan and interested local emergency management agencies shall jointly establish by regulation a standardized emergency management system for use by all emergency response agencies. The public water systems identified in Section 8607.2 may review and comment on these regulations prior to adoption.
This system shall be applicable, but not limited to, those emergencies or disasters referenced in the state emergency plan. The standardized emergency management system shall include all of the following systems as a framework for responding to and managing emergencies and disasters involving multiple jurisdictions or multiple agency responses:
(1) The Incident Command Systems adapted from the systems originally developed by the FIRESCOPE Program, including those currently in use by state agencies.
(2) The multi-agency coordination system as developed by the FIRESCOPE Program.
(3) The mutual aid agreement, as defined in Section 8561, and related mutual aid systems such as those used in law enforcement, fire service, and coroners operations.

(4) The operational area concept, as defined in Section 8559.
(b) Individual agencies' roles and responsibilities agreed upon and contained in existing laws or the state emergency plan are not superseded by this article.
(c) By December 1, 1994, the Office of Emergency Services, in coordination with the State Fire Marshal's Office, the Department of the California Highway Patrol, the Commission on Peace Officer Standards and Training, the Emergency Medical Services Authority, and all other interested state agencies with designated response roles in the state emergency plan, shall jointly develop an approved course of instruction for use in training all emergency response personnel, consisting of the concepts and procedures associated with the standardized emergency management system described in subdivision (a).
(d) By December 1, 1996, all state agencies shall use the standardized emergency management system as adopted pursuant to subdivision (a), to coordinate multiple jurisdictions or multiple agency emergency and disaster operations.
(e) (1) By December 1, 1996, each local agency, in order to be eligible for any funding of response-related costs under disaster assistance programs, shall use the standardized emergency management system as adopted pursuant to subdivision (a) to coordinate multiple jurisdiction or multiple agency operations.
(2) Notwithstanding paragraph (1), local agencies shall be eligible for repair, renovation, or any other non-personnel costs resulting from an emergency.
(f) The office shall, in cooperation with involved state and local agencies, complete an after-action report within 120 days after each declared disaster. This report shall review public safety response and disaster recovery activities and shall be made available to all interested public safety and emergency management organizations.

California, Disaster Assistance Act, §1591 (b)

Establishes liability limits for registered disaster volunteers. No political subdivision, municipal corporation, or other public agency under any circumstances, nor the officers, employees, agents, or duly enrolled or registered volunteers thereof, or unregistered persons duly impressed into service during a state of disaster or a state of extreme emergency, acting within the scope of their official duties under this chapter or any local ordinance shall be liable for personal injury or property damage sustained by any duly enrolled or registered volunteer engaged in or training for disaster preparedness or relief activity.

Penal Code §830.35(c) Coroners and Deputy Coroners; Peace Officers; Limitations

The following persons are peace officers whose authority extends to any place in the state for the purpose of performing their primary duty or when making an arrest pursuant to Section 836 as to any public offense with respect to which there is immediate danger to person or property, or of the escape of the perpetrator of that offense, or pursuant to Section 8597 or 8598 of the Government Code.
Those peace officers may carry firearms only if authorized and under terms and conditions specified by their employing agency.
(c) The coroner and deputy coroners, regularly employed and paid in that

capacity, of a county, if the primary duty of the peace officer are those duties set forth in Sections 27469 and 27491 to 27491.4, inclusive, of the Government Code

Civil Code §1714.5

No disaster service worker who is performing disaster services ordered by lawful authority during a state of war emergency, a state of emergency, or a local emergency, as such emergencies are defined in Section 8558 of the Government Code, shall be liable for civil damages on account of personal injury to or death of any person or damage to property resulting from any act or omission in the line of duty, except one that is willful.

Civil Code §1766

In order to encourage local agencies and other organizations to train people in emergency medical services, no local agency, entity of state or local emergency medical services, no local private organization which sponsors, authorizes, supports, finances or supervises the training of people, ...in emergency medical services shall be liable for any civil damages alleged to result from such training programs.

Civil Code §1767

In order to encourage people to participate in emergency medical services training programs and to render emergency medical services to others, no person who in good faith renders emergency care at the scene of an emergency shall be liable for any act or omission.

C- References

California, Health and Safety Codes §102175 - §102250, §102850-103490, §103451, www.ca.gov/Health/LawsAndRegs.html

California Code of Regulations Title 22, Division 4.5 §66250 - §66260.210 and §66261.1 - §66261.126 www.oal.ca.gov/

California Emergency Services Act §8607; California Disaster Assistance Act, §1591 (b) www.oes.ca.gov

California Civil Code Section §1714.5, §1766, §1767, §1799.102

California Government Code Sections §27491.1- §27491.55 www: caselaw.lp.findlaw.com/cacodes/gov/27490-27512.html

California Penal Code Section §830.35(c) law.onecle.com/california/penal/830.35.html
Code of Federal Regulations (CFR): U.S. Public Law 93-288 ww.gpoaccess.gov/CFR/

Code of Federal Regulations: Title 45 Section 164.512q: HIPAA Privacy Regulations Uses and Disclosures About Decedents www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm

California Government Code §8550, §8569, §8615-8619, §8632, §8668, §103490, 27490-27512 http://caselaw.lp.findlaw.com/cacodes/gov/8550-8551.html

State of California Governor's Office of Emergency Services: California Coroner Mutual Aid Plan
http://www.oes.ca.gov/Operational/OESHome.nsf/Content/A3F586FD13D795C788256B7B0029BBFF?OpenDocument

State of California Governor's Office of Emergency Services: The California Mass Fatality Management Guide: A Supplement to the State of California Coroners' Mutual Aid Plan September 2007.
http://www.oes.ca.gov

United States Code: Title 42-264 www.bt.cdc.gov/legal/42USC264.pdf

CHAPTER IV
HUMAN REMAINS RECOVERY

A- Overview

A mass fatality event is any incident resulting in more deaths than can be managed by local available resources. Since the scale of the event will be significantly larger than normal, an organized response is essential for a timely and effective resolution.

Resolution of a mass fatality event entails the following human remains recovery operation phases:

- **Phase 1:** Evaluation and Investigation of the incident scene
- **Phase 2:** Search and Recovery (collection and documentation of human remains, property and evidence at the incident site)
- **Phase 3:** Transportation of human remains, personal effects and evidence to the incident morgue

Human remains recovery efforts will vary greatly depending upon the incident. A natural or manmade disaster that produces mass fatalities may severely impact local infrastructure engendering significant delays in recovering and managing the deceased. However, regardless of the nature of the event, every effort should be made to treat the deceased with dignity and respect. How the response is handled and how it is perceived by the public can have long term impact. Additionally, all recovery sites for human remains should receive the same crime scene protocol as any other crime scene.

B- Health and Safety Guidelines for Workers Handling Human Remains

Employers and workers face a variety of health hazards when handling, or working near, human remains. Workers directly involved in recovery or other efforts that require the handling of human remains are susceptible to blood borne viruses such as hepatitis and HIV, and bacteria that cause diarrheal diseases, such as Shigella and Salmonella.

General Precautions

The following precautionary measures can help employers and employees remain safe and healthy while handling human remains.

Personal Protective Equipment

- **Hand Protection**- When handling potentially infectious materials, use appropriate barrier protection including latex and nitrile gloves (powder-free latex gloves with reduced latex protein content can help avoid reaction to latex allergies). These gloves can be worn under heavy-duty gloves which will, in turn, protect the wearer from cuts, puncture wounds, or other injuries that break the skin (caused by sharp environmental debris or bone fragments). A combination of a cut-proof inner layer glove and a latex or similar outer layer is preferable.

 Foot Protection- Footwear should similarly protect against sharp debris.

 Eye and Face Protection- To protect your face from splashes of body fluids and fecal material, use a plastic face shield or a combination of eye protection (indirectly vented safety goggles are a good choice if available; safety glasses will only provide limited protection) and a surgical mask.

 Respiratory Protection- A surgical mask will provide satisfactory protection from contact exposure, but a respirator with N-95 protection or greater is recommended if aerosolized fluids are present and work within 3 feet of the remains is expected (e.g. in an autopsy suite where bone saws are in use, during CPR, or where fluid splash is present).

Hygiene

 Maintain hand hygiene to prevent transmission of diarrheal and other diseases from fecal materials on your hands. Wash your hands with soap and water or with an alcohol-based hand cleaner immediately after you remove your gloves.

 Give prompt care to any wounds sustained during work with human remains, including immediate cleansing with soap and clean water. Report such exposures in accordance with protocols. Workers should also be vaccinated against hepatitis B, and get a tetanus booster if indicated.

 Never wear PPE and underlying clothing if it is damaged or penetrated by body fluids.

 Ensure disinfection of vehicles and equipment.

Ergonomic Considerations

Lifting or moving heavy objects, particularly when done repetitively, can result in injuries to the workers involved. Human remains that have been in water for some time are likely to be even heavier than normal. Having more than one person involved in lifting the human remains will help to reduce the potential for injury. Following appropriate lifting techniques will also help to protect people, as will the use of mechanical lifts or other devices when available.

Myths

 There is no direct risk of contagion or infectious disease from being near human remains for those who are not directly involved in recovery or other efforts that require handling the remains.

 Viruses associated with human remains (e.g., hepatitis B and C, HIV, various bacteria, etc.) do not pose a risk to someone walking nearby, nor do they normally cause significant environmental contamination.

 The smell of human decay is unpleasant; however, it does not create a public health hazard

C- Scene Evaluation and Investigation

In large events involving mass trauma (e.g. earthquake, motor vehicle accidents, explosive events etc…), unified command will oversee incident site operations. At the onset of such an event, local law enforcement, fire, and paramedics will be the first to arrive on seen. The Sheriff-Coroner's Office will be contacted once it's known that the incident involves mass fatalities. The Coroner's Office will be in charge of human remains recovery. They will establish an evaluation team which will work in conjunction with other agencies depending upon the nature of the event. At a minimum, the Coroner's Office Evaluation Team will consist of the Coroner, a Chief Investigator and a deputy Coroner Investigator(s) for the initial evaluation.

The only exceptions to this rule are incidents involving commercial airline accidents and incidents where domestic terrorism is suspected. The FBI is the lead investigation agency for any credible threat or situation that could potentially threaten the public. The FBI Evidence Response Team will staff and oversee the search and recovery of human remains, personal effects, and accident-related wreckage, with the local jurisdiction augmenting response. In this instance, they will respond with a scene evaluation team in addition to search and recovery teams.

For slowly unfolding events such as outbreaks of pandemic communicable diseases, the hospital and residential care facilities will be the initial sites approaching surge capacity. In such situations the local Health Officer will already be participating in the command structure of the response and will be responsible for assuring compliance with Health and Safety regulations. Depending upon the incident and the jurisdiction, local evaluation teams can be expanded to the State, and Federal level. Specialized search, recovery and decontamination teams will be called in to respond to incidents involving chemical, biological or radiological contamination such as Hazmat, Public Health, and Environmental Health, and if necessary, the Disaster Mortuary Operational Response Team (DMORT).

D- Disaster Mortuary Operational Response Team (DMORT)

The Department of Health and Human Services has organized Disaster Mortuary Operation Response Teams. Under this system, the country is divided into ten regions, each with a Regional Coordinator. Tuolumne County is served by the Region IV team. For the duration of their service, DMORT members work under the local authorities of the disaster site and their professional licenses are recognized by all states.

The DMORTs are composed of civilian funeral directors, medical examiners, coroners, pathologists, forensic anthropologists, fingerprint specialists, forensic odontologists, dental assistants, and x-ray technicians. They are supported by medical records technicians and transcribers, mental health specialists, computer professionals, administrative support staff, and security and investigative personnel. When a DMORT is activated, the personnel on the team are treated and paid as a temporary Federal employee.

FEMA maintains two Disaster Portable Morgue Units (DPMU) which are staged at the FEMA Logistics Centers in Rockville, Maryland and San Jose, California. Each DPMU is a cache of equipment and supplies for a complete morgue with designated workstations for each process the DMORT team is required to complete.

DMORT has developed a computer program, Victim Identification Profile (VIP) to assist in the identification of victims. This system is described in detail in Chapter 6 Morgue Services, Section C - 6, Identification and VIP.

Site Safety and Security

Prior to entering the site to perform the evaluation, the site must be assessed and cleared for safety by the appropriate agency. Site security will be required in order to:

 Maintain the integrity of the scene

 Maintain chain of custody of evidentiary items

 Prevent incident response workers from being disturbed

 Control unauthorized volunteers who may rush to the scene in an attempt to render aid

 Prevent the media and the general public from witnessing/publicizing the condition of human remains

 Maintain the dignity and privacy of families

Access to the scene and other fatality management operations will be controlled by law enforcement/security. A badging system to monitor access will be employed.

Rules of access will be clearly established and strictly enforced including:

 Utilizing a badging and identification procedure for everyone entering or leaving the incident scene

 Limiting vehicle access; establish traffic patterns for all incoming and outgoing vehicles

 Security guards will be stationed at site perimeter to prevent looting or tampering

Site Evaluation

Once the site is secured and considered safe, the Evaluation Team will assess the scene to determine the:

 Approximate number of dead
 Location of the remains
 Condition of the bodies
 Environmental conditions
 Accessibility of the incident site/type of terrain
 An estimate of the number of personnel necessary to implement an effective recovery plan
 Specialized equipment or personnel needed
 Locations of atypical cases
 Additional biological, chemical, radiological or physical hazards previously undetected

 Level of personal protective equipment required

Incident Action Plan

The Sheriff-Coroner will determine incident objectives and strategy in coordination with Unified Command at the incident site to develop an Incident Action Plan. The information gathered by the initial evaluation team will serve as the basis from which all the agencies involved in incident site operations can collectively agree on an organized approach to processing the incident site.

At a minimum, the IAP will include a:

 Human Remains Recovery Plan
 Transportation and Storage Plan
 Safety Plan (which includes staff personal protective equipment requirements)
 Security Plan (which includes site security and credentialing systems).

Please refer to Chapter II, Section F for Incident Action Plan Development.

Once initial personnel and resource needs are ascertained, the Evaluation Team will determine if Mutual Aid and/or the Disaster Mortuary Operational Response Team (DMORT) assistance is required. Initiation of a mutual aid request is contingent upon the prior utilization and maximization of local resources.

E-Search and Recovery

Search and Recovery entails locating, collecting and documenting postmortem human remains, property and evidence at the incident site. It requires a standardized approach to ensure that the location of remains and materials at the scene is documented. Search and recovery activities will only commence after all rescue operations have been terminated. No remains shall be moved, or touched by workers until direction and approval have been given by the Coroner.

Search and Recovery personnel are responsible for the laborious physical removal and collection of human remains in whatever condition they may be found. It's important that search and recovery workers are prepared for the stress of recovering dead bodies and body parts.

Once workers have reported to the staging area, a briefing will be held, the Incident Safety Plan will be reviewed, assignments will be issued, and if appropriate, workers will be divided into teams based on the following responsibilities:

 Photography and Documentation Team- Responsible for photographic (video, digital images, hand sketches) and written documentation of human remains, property and other evidence found at the incident site prior to movement. All photographers must sign a *Release of Copyright* form. Photography and documentation must occur prior to the removal of human remains. This is to ensure the integrity of the scene and facilitate accurate identification of the deceased.

 Search and Recovery Team- Responsible for searching, removing, and transferring of human remains from the incident site to the incident morgue. This team coordinates human remains transportation needs and resource requests with the Logistics section.

 Property and Evidence Team- Responsible for recording, collecting, packaging and transferring property and evidence found at the incident site using standardized 'chain of custody' documents.

At the onset of search and recovery operations, a grid map should be prepared using surveying or equipment or computer gridding. An organized search pattern should be established that incorporates search and rescue intelligence. This should entail a comprehensive search of assigned grid or search patterns and consider the use of aides such as global positioning devices for each body or body part discovered. Engineering and surveying consultants should be utilized as needed.

All remains should be photographed and grid marked prior to recovery. Suitable stakes or flags will be placed at the location of each body or body part and the flags will be numbered. These flags should remain in place after collection of the items to be recovered.

An accurate and reliable numbering system for all human remains is crucial to an effective response mission. All remains must be identified with a number:

 Complete bodies should be prefixed with the letter "B"
 Body parts should be prefixed with the letter "P"
 Personal effects should be prefixed with the letter "E"

Human remains will be tagged with waterproof tags and records documenting the location or surroundings in which the remains were found. When practical, remains will be containerized in a body pouch with corresponding numbers labeled on the pouch. To preserve dental evidence, craniofacial remains should be wrapped for protection. Remains may then be removed as authorized from the initial discovery site to a staging area for transport to the morgue.

F- Personal Effects

The collection, identification, and disposition of the personal effects of deceased victims in a mass fatality incident are conducted concurrently with the collection, identification, and disposition of human remains.

Careful collection and location plotting of personal effects found at a disaster site is crucial to the preservation of clues of ownership. Property found on remains must stay with the recovered remains. 'Unattached' personal effects found near the body will be placed in a container, tagged with the corresponding numbers and data reflecting the location, and will be secured. Valuables such as wallets or jewelry that are attached to the body shall not be removed. Such valuables found on or near the body that have potential identification value should be placed in a container and charted as to the exact location of recovery. Personal effects will be photographed prior to removal. Items should be placed in clear plastic bags for easy identification. An identification number should be placed on each bag.

When recording items, basic descriptions should be used. Never make assumptions as to what an item is. A ring should be described as “yellow metal with a clear stone” not “gold with a diamond”.

The collection, inventory, and return of personal effects to the decedent’s family is extremely important. If possible all personal effects should be released to the next of kin as soon as possible. All unidentified personal effects should remain under control of the Coroner or his designee.

G- Contaminated Remains

A hazardous or contaminated mass fatality site will delay responders from recovering remains in a timely fashion. Human remains or personal effects contaminated with a chemical, biological or radiological agent **must** be decontaminated prior to transport. The Tuolumne County Health Officer, consulting with the County Hazardous Materials (HazMat) team is responsible for determining the best approach for mitigating hazardous material agent(s) while preserving remains, personal effects, and evidence. This may entail additional local, state or coroner mutual aid assistance. If necessary, DMORT Weapons of Mass Destruction Teams (WMD) can be called in to manage the decontamination of remains at the incident site.

The bio-waste and other bodily fluids from human remains during phases of recovery could potentially become a hazardous and toxic issue requiring collaboration with the Health Officer and a request to the State to amend/suspend Title 22 of the California Code of Regulations dealing with hazardous/toxic waste. Universal Precautions should be adhered to at all times.

On-Site Decontamination

DMORT teams, when present, will establish a processing area, identified by color code zones, in order to facilitate site processing;

 Red Zone: Remains are brought to the site where remains are to be decontaminated. Body numbers are assigned, personal effects and clothing are removed, and photographs are taken.

 Yellow Zone: Remains undergo a full body examination, including notating significant features. Gross decontamination takes place by thorough scrubbing with an appropriate cleaner. A solution of sodium hypochlorite and soapy water are the best cleaning agents.

 Part Yellow and Part Green Zone: Chemical Agent Monitor (CAM) is used to determine if the Yellow Zone performed its job completely. The body is returned to the Yellow Zone if the CAM detects any remaining contaminants.

- If the remains cannot be “cleaned” after the number of attempts designated by the Coroner in consultation with DMORT, the team will report to the Coroner for determination of disposition of remains.

- When remains cannot be adequately decontaminated, arrangements with

the receiving funeral service may need to be coordinated to provide for a sealed container that can be externally decontaminated and must not be reopened prior to final disposition in accordance with incident directives.

□ **Green Zone**: Remains are placed in a clean refrigeration unit and sent to the morgue.

H- Transportation of Remains

Transportation entails movement of human remains, property and evidence to the incident morgue as well as transportation of personnel and equipment to and from the incident site. Transportation to both temporary and incident morgues is tasked and staffed through EOC Logistics based on needs identified by the Coroner's Service Branch.

This transfer should be handled discretely using closed vehicles if possible. If deemed necessary, all names or logos on transport vehicles will be removed or covered. Refrigerated vehicles should be parked in a secure area close to the incident site with preferably easy access to load the remains. Records will be kept at the staging area and at the morgue as to the identity of the driver and the tag numbers of the deceased being transported.

The bags should be opened to verify tag and bag numbers. The bodies or body parts should be logged with the log entry containing bag number, vehicle number, driver's name, and time of dispatch. The driver should verify and sign the Transportation Log entry. Remains that have been bagged and tagged are loaded into the vehicle. Human remains should not be stacked. Vehicle doors should remain locked while human remains are inside. The remains are then transported to the morgue. Transport vehicles will follow an assigned route to the morgue moving in convoy and escorted by law enforcement.

I- Respite Center

Responding to a mass fatality incident can be overwhelming, leading to traumatic stress. Support for responders is essential to monitoring and minimizing the impact. A respite center for incident site workers will be required.

The **Respite Center** will be organized and managed by the EOC Logistics Section based upon needs identified by the Coroner's Service Branch and other agencies/ departments with personnel at the incident site. The size, amount of space, and number of services needed at the respite center will depend on the nature of the incident. The Respite Center should be located in close proximity to the incident site and designed to preserve the privacy of workers. Additional important facility components include:

□ Security present
□ Showers and bathrooms
□ Space for:

- Storing supply of Personal Protective Equipment (as required by nature of incident)
- Donning and cleaning/decontaminating and doffing PPE that is appropriate

to the nature of the incident

- Capability for safe disposal of used Personal Protective Equipment (PPE) and decontamination, based on the nature of the incident.
- Large room for briefings and debriefings at beginning and end of shifts
- Lockers or space for storing workers' personal belongings
- Areas for rest
- Availability of food and beverages
- Basic first aid
- Mental health/spiritual care services

J- References

Baldwin, Hayden B. The Recovery of Human Remains: A Crime Scene Perspective http://www.feinc.net/cs-recov.htm

Disaster Mortuary Operational Response Teams: Mass Fatality Assistance www.dmort.org

Interpol: Disaster Victim Identification Guide http://www.interpol.int/Public/DisasterVictim/Guide.asp?HM=1 1997

National Association of Medical Examiners: Mass Fatality Plan http://www.dmort.org/FilesforDownload/NAMEMFIplan.pdf November 2007

Santa Clara County Public Health Department's Advanced Practice: Managing Mass Fatalities: A Toolkit for Planning May 2008

Occupational Safety and Health Administration www.osha.gov 9/2005

CHAPTER V
HUMAN REMAINS STORAGE

A- Overview

The purpose of this chapter is to identify the capabilities of Tuolumne County for the storage of victims and remains. A mass fatality incident will undoubtedly overload the existing capacity and therefore it will be necessary to sequentially:

1) Utilize existing surge capacity
2) Request Disaster Portable Mortuary Units (DMPU) through mutual aid
3) Construct temporary morgue facilities using tents or trailers. The latter two actions will take place at pre-identified temporary morgue sites.

In some instances, it may be necessary to store remains for a period of time until the examination and identification process are able to occur. Guidelines for examination sites and short-term preservation are delineated below.

The primary goal is to store and preserve human remains in a dignified and respectful manner as they await final disposition.

B- Morgue Facilities- Permanent

The following tables delineate the current storage capacity of the local hospital and funeral homes in Tuolumne County:

Local Hospital Refrigerated Morgue Capacity

Sonora Regional Medical Center 0

Tuolumne County Funeral Homes

Terzich and Wilson
225 ROSE ST, Sonora
209-532-3131
30

Heuton's Funeral Home
400 S. STEWART ST, Sonora
209-532-7121
15

C- Morgue Facilities- Temporary

When the need for additional capacity becomes evident, the Sheriff-Coroner will activate temporary morgue facilities. The refrigeration capacity of most county and hospital morgues and local mortuaries will likely be exceeded during a disaster, especially if there are many unidentified bodies or remains recovered in the first hours of the event. This will engender the need for temporary morgue facilities.

The Disaster Mortuary Operations Response Teams have developed a number of Disaster Portable Mortuary Units (DPMU). These are pre-packaged units that contain administrative supplies, forensic equipment, support equipment and instrumentation required to operate a temporary morgue facility in the field. They may also be used to support an existing morgue in a surge situation. Additionally, these units contain office equipment to support a Family Assistance Center.

DPMU's can be ordered through a DMORT team and arrive on scene via a flat bed tractor trailer unit. Should DPMU's not be available**,** it will be necessary to convert an existing site into a temporary morgue facility.

Sites that are frequently used by the general public such as public auditoriums and school gymnasiums should not be used. Also, facilities with nearby stores or offices should not be used. Abandoned warehouse and airplane hangars are the best options for incident morgue facilities.

Site Requirements

Any facility used as a temporary morgue should meet the following requirements:

Size

- 10,000-12,000 square feet at a minimum
- Room for 53' refrigerated trailers (number needed to be determined by incident).

Structure Type

- Hard, weather-tight roofed structure
- Separate accessible office space for the Information Resource Center
- Separate space for administrative needs/personnel
- Non-porous floors, preferably concrete
- Floors capable of being decontaminated (hardwood and tile floors are porous and not usable)

Accessibility

The temporary morgue site should have:

- Easy access for vehicles, equipment and a tractor trailer
- A 10-foot by 10-foot door
- Loading dock access or site should be at ground level
- Convenience to the incident scene
- Complete security (away from families)

Electrical

- Electrical equipment utilizes standard household current (110-120 volts)
- Power obtained from accessible on site distribution panel (200-amp service)
- Electrical connections to distribution panels made by local licensed electricians
- Two Diesel generators (7K) carried in DPMU cache
- DPMU may need 125K generator and a separate 70K generator for Administrative and IR Sections

Communications Access

- Existing telephone lines for telephone/fax capabilities
- Expansion of telephone lines may occur as the mission dictates
- Broadband Internet connectivity
- If additional telephone lines are needed, only authorized personnel will complete any expansion and/or connections

Water/Sanitation/Drainage

- Single source of cold water with standard hose bib connection
- Water hoses, hot water heaters, sinks, and connectors in the DPMU
- Existing drainage to dispose of gray water
- Pre-existing rest rooms within the facility are preferable

**Biological hazardous waste, liquid or dry, produced as a result of morgue operations, will be disposed in accordance with local/state requirements (Title 22 CFR)*

Temporary Holding Morgue Requirements

The temporary holding morgue is where remains are held until transported to the incident morgue.

- A permanent or semi-permanent structure near the incident site, which can be a refrigerated tent or container
- Consistent 35-38° F temperature
- Shelves (no higher than waist height) to store remains. Remains will not be stacked.
- Locked and/or with ongoing security.

The size of the temporary holding morgue will depend on the anticipated number of decedents. Refrigerated vehicles that will be used to transport remains to the incident morgue may be adequate for short term storage.

Temporary Morgue Sites Identified

The following sites in Tuolumne County have been identified as potential Temporary Morgue sites:

- Tuolumne County Boat Patrol/ SAR
- Tuolumne County Municipal Airport, Columbia
- Tuolumne County Municipal Airport, Groveland
- Tuolumne County National Guard Armory, Columbia
- Tuolumne County Fair Grounds, Sonora

D- Long Term Examination Center

A Long-Term Examination Center may be needed when there is extensive property destruction with the commingling of human remains. Examination and identification of human remains will need to continue after the temporary incident morgue closes. The center will provide working space for the Coroner, law enforcement and HazMat/bomb technicians.

Often times, the Long-Term Examination Center will continue after the emergency has officially been declared over and the incident site, temporary incident morgue, and Family Assistance Center are closed. It is the responsibility of the Coroner's Service Branch to assure proper support and operation of the site as long as it is required.

E- Human Remains Preservation and Storage

The following are recommendations for the temporary storage of human remains:

Refrigeration

Refrigeration of human remains between 38° and 42° Fahrenheit (4° to 8°C) is the best option. This can be accomplished with the use of:

□ Refrigerated transport containers/trucks:

Large transport containers used by commercial shipping companies generally hold 25-30 bodies (laying flat on the floor with a walkway between). To increase storage capacity three-fold, lightweight temporary racking systems can be employed. Shelves should be set-up in such a way that allows for safe movement and removal of bodies (i.e., storage of bodies above the waist height is not recommended). When food, beverage and other consumer types of commercial vehicles are used, they will generally not be returned to their prior service function. The local jurisdiction will be ultimately responsible for replacing these vehicles. To reduce any liability for business losses, jurisdictions should avoid using trucks with markings of a supermarket chain or other companies, as the use of such trucks for storage of fatalities may result in negative implications for business. Using local businesses for the storage of human remains is not recommended and should only be considered as a last resort.

Refrigeration units should be maintained at low humidity because mold can become problematic if there is too much moisture present. Storing human remains at 38° and 42° Fahrenheit will slow down, but not stop decomposition. Remains can be preserved at this temperature for 1-3 months.

The primary downside to this type of storage facility is that a sufficient quantity of refrigerated trucks/containers is seldom available during mass fatality incidents.

□ **Dry Ice:** Dry ice (carbon dioxide (CO_2) frozen at –78.5° Celsius) can be used for short-term storage. Approximately 22 lbs of dry ice will be needed daily for each individual set of remains. The dry ice should be applied by building a low wall with it around groups of about 20 remains and then covering with a plastic sheet. To prevent damaging the corpse, the ice should never be placed on top of remains, even when wrapped.

The down side to using dry ice is that it requires handling with gloves to avoid "cold burns." Additionally, it must be used in an area with good ventilation as item its carbon dioxide as it melts. Further, this product is costly and often difficult to obtain during an emergency.

The following storage options are *less optimal* than refrigeration or the use of dry ice:

 Embalming: This frequently used technique provides transitory preservation meant to maintain the body in an acceptable state for up 72 hours post-mortem. The downside to embalming is that it requires considerable time and expense which is not practical during a mass fatality event. Additionally, a licensed professional is required to embalm. Also, this process is not possible if the integrity of a corpse is compromised.

 Chemical Preservation: Chemicals can be used to pack a decedent for a short period of time. Powdered formaldehyde and powdered calcium hydroxide may be useful for preserving fragmented remains. After these substances are applied, the body or fragments should be wrapped in several nylon or plastic bags and sealed completely. The downside to this technique is that these chemicals have strong odors and can be irritating to workers.

 Temporary Internment: This method enables immediate storage **when no other method is possible**. This is not a true form of preservation and should primarily be considered when a great delay in final disposition is anticipated. Because the temperature underground is lower than surface temperature, a natural form of refrigeration occurs.

To ensure future recovery of bodies, the following should be adhered to:

 Each body should be labeled with a metal or plastic identification tag.
 Bodies should also be clearly marked at ground level.
 Bodies should be placed in a single layer (**not stacked).**
 Burial should be 5 feet deep and 1 foot should be left between bodies.
 Bodies should be at least 600 feet from drinking water sources.
 In extreme situations, trench burial can be used for larger numbers.

The following human remains temporary storage options are NOT recommended:

 Stacking: Placing bodies on top of one another is not only disrespectful to the decedents and their families, but it can also distort the faces of the victims, which can impede visual identification. Additionally, it is difficult to manage stacked decedents and challenging to read the identification tags.

 Freezing: For several reasons, this is a poor option. To begin with, freezing causes tissues to dehydrate which changes their color. This can make visual recognition by family members challenging and can also have a negative impact on the interpretation of injuries. When bodies are rapidly frozen, postmortem injuries, including cranial fracture can occur. Additionally**,** the process of freezing and thawing will accelerate decomposition of the remains.

 Packing in Ice: This is not recommended as large quantities of ice are necessary to preserve a body even for a short period of time. Not only is ice heavy and difficult to manage, it is often used for emergency medical units during a major emergency. Further, the use of large quantities of ice results in large amounts of run-off water.

 Ice-Rinks: While ice skating rinks may sound like the perfect solution, they are

not recommended. A body placed on ice is only partially frozen. It eventually will stick to the ice making movement of the decedent difficult. Management and movement of decedents on solid ground is challenging in good circumstances. Workers having to negotiate ice walkways would pose an unacceptable safely risk.

F- Refrigerated Vehicles, Cold Boxes and Dry Ice Sources

Potential Sources of refrigerated trucks/containers, around and in Tuolumne County include:

Refrigerated Trucks, Trailers and Cold Boxes (Temporary & Portable Units)
COLD BOX - APS Refrigeration
850 92nd Ave # 5
Oakland, CA 94603
800-595-0601

Mc Kinney Trailers & Containers
1505 Navy Drive
Stockton, CA 95206
209-466-1070

SYSCO Inc.
136 So. Mariposa Rd.
Modesto CA 95354
209-527-7700

Arctic Glacier Ice
Supplier of dry ice
1440 Coldwell Ave
Modesto ca.
(209) 524-3128

Barnes welding supply
Supplier of dry ice
1444 E. Mariposa Rd.
Stockton Ca.
(209) 463-9353
Open mon-sat

G- References

Baldwin, Hayden B. The Recovery of Human Remains: A Crime Scene Perspective *http://www.feinc.net/cs-recov.htm*

Department of Coroner, Department of Health Services EMSA, Department of Public Health, Los Angeles County: Mass Fatality Incident Management: Guidance for Hospitals and Other Healthcare Entities August 2008

Devlin, S. (Fairfax Co, Police), Gavin, C, (Battelle- US Army ECBC-MIRP), Lyle, B (Orange County, CA Sheriff-Coroner), McGovern, J LTC (US Army North): White Paper- Morgue Operations, Identification, and Command and Control of Mass Fatalities resulting from a Pandemic Influenza Event in the United States

http://www.ofdamrt.org/panflu/whitepapers/MorgueOperationsWhitePaper.pdf

Interpol: Disaster Victim Identification Guide
http://www.interpol.int/Public/DisasterVictim/Guide.asp?HM=1 1997

National Association of Medical Examiners: Mass Fatality Plan
http://www.dmort.org/FilesforDownload/NAMEMFIplan.pdf November 2007

Santa Clara County Public Health Department's Advanced Practice: Managing Mass Fatalities: A Toolkit for Planning May 2008
www.sccgov.org
State of California Governor's Office of Emergency Services: The California Mass Fatality Management Guide: A Supplement to the State of California Coroners' Mutual Aid Plan September 2007 www.oes.ca.gov/

CHAPTER VI
MORGUE SERVICES

A- Overview

Tuolumne County does not have a morgue facility. In the event that a DMORT morgue facility is set up the following will apply:

Morgue Services are organized to support morgue operations, decedent identification, and data management. This is critical to ensuring the efficient, accurate, and timely identification of the deceased.

The ultimate goal of all disaster operations is to accurately establish the identification of every victim. This is essential to surviving family members. To accomplish decedent identification, ante-mortem (AM) and post-mortem (PM) data will be compared and match. Performed carefully and accurately, these processes will expedite disposition of the deceased and prevent insurance fraud and wrongful death cases.

Disaster victim identification is normally the responsibility of the local law enforcement. During a MFI, this difficult and demanding process must be well organized and allow for the inclusion and coordination with other agencies. While this course of action will vary considerably in scale and effect depending upon the incident, this identification process can be used under all circumstances.

For management purposes, the morgue services division is divided into two groups:

Morgue Operations includes Administration, the Information Resource Center, Receiving Station, Screening/Triage Station, Admitting Station, Documentation Station, Print Station, Final Holding, Release or Human Remains, and After Care Station.

Morgue Examination Group includes stations for radiology, dental identification, pathology, anthropology/morphology, DNA retrieval, and identification confirmation meetings.

B- Morgue Examination and Identification

Prior to the commencement of examination and at the beginning of each shift, a briefing will be conducted by the Group Supervisor that will include:

- Orientation and/or updates
- Safety procedures
- Necessity for security and confidentiality of all records and data
- Workflow/procedural issues

Examination of human remains entails radiology, dental identification, pathology, anthropology/morphology, DNA retrieval, and identification confirmation.

1. Radiology

Radiographic examinations provide postmortem radiographs for comparison with antemortem clinical radiographs.
This station should be established in an area of the morgue that is secluded from other processing stations and have portable lead protective walls. The radiology team leader will monitor radiation safety issues such as shielding, monitor radiation dosage of team members via dosimeters, and assign dosimeters to other morgue personnel, as appropriate.

2. Dental Identification

Dental identification is divided into three sections: the Postmortem (after death), Antemortem (before death), and the Comparison Sections.

- The Dental Postmortem Section performs the dental autopsy, including postmortem dental radiography and photography, and records the results in the California Dental Identification Team (CalDIT) database.
- The Dental Antemortem Section works closely with the Family Assistance Center to procure dental records.
- The Comparison Section compares antemortem and postmortem dental records for the purpose of identification.

3. Pathology

The Tuolumne County Sheriff-Coroner will make the decision to perform a complete or partial autopsy. Some reasons for complete autopsies include: homicides, terrorism, indeterminate manner of death, flight crews (in which the same pathologist autopsies all members), unidentified human remains, and upon federal request.

4. Anthropology

Comprehensive forensic anthropological documentation of human remains may occur. This is where fragmented, incomplete, charred, and commingled remains are examined to determine a biological profile. A standardized forensic anthropology report will be completed including a biological profile of the decedent remains that contains the:

- Sex
- Age at death
- Ancestry
- Forensic stature
- Antemortem trauma or pathology
- Anomalies and idiosyncratic variation including surgical hardware and prosthetic devices
- Perimortem (around the time of death) trauma

The forensic anthropologist may also assist with:

- Obtaining DNA samples from bone
- Taking radiographs (to ensure proper alignment of specimen)

- Interpreting trauma in consultation with the pathologist
- Obtaining and isolating dental evidence in consultation with the odontologists
- Interpreting and comparing antemortem and postmortem records and radiographs
- Assisting the pathologists and odontologists in establishing identity via antemortem-postmortem radiographic comparison
- Examining identified remains prior to release to confirm that the biological evidence used for identification matches the biological parameters of the remains

5. DNA Identification

At the pathology station, DNA is obtained from the decedent to assist with identification when other means are inadequate. DNA analysis is expensive and its funding must be addressed. FEMA provides funding for the DNA identification effort if the incident meets its criteria for a disaster. However, confirming that funding for DNA analysis has been secured and contracts with appropriate laboratories and analysts are in place is important.

DNA specimen collection criteria and guidelines must be adhered to. The Armed Forces DNA Identification Laboratory **(**AFDIL**)** policies and procedures for mass fatality incident DNA collection can serve as a guide.

6. Identification Station and Victim Identification Profile (VIP)

The Identification Station is a designated meeting area where results from the various identification methods are compiled, reviewed and confirmed. The Identification Team, chaired by a pathologist, consists of representatives from pathology, anthropology, odontology, radiology, prints, DNA, and the Coroner's Office.

The Victim Identification Profile has been developed and is utilized by the Disaster Operation Response Teams. It is a two-part process that utilizes a sophisticated computer program for matching physical characteristics. The families of the deceased provide as much information about them as possible: dental records, **x-rays, photographs** or descriptions of tattoos, clothing and jewelry, blood type, and objects that may contain the deceased's DNA such as hair or a toothbrush. The information gathered, called antemortem, or "before death" information, is entered into a computer program called VIP (Victim Identification Profile), which is capable of assimilating 800 different item categories, including graphics photographs and x-rays. As forensic scientists (pathologists, anthropologists, odontologists) examine the recovered remains, they enter their findings, called postmortem data, into the VIP. Depending on the availability of data, the VIP system enables scientists to match the remains to their identity.

Once identity is confirmed by the Identification Team, the information is presented to the Coroner, who will review and, if approved, issue a death certificate.

Note: Forms Utilized by the VIP software are found in the Appendices of this plan. The forms and the database software are available free of charge at www.dmort.org/forms

C- Mass Fatality Morgue Operations

Tuolumne County does not have a morgue facility. In the event that a DMORT morgue facility is set up the following will apply:

Morgue Operations includes the following components:

 Administration
 Admitting Station
 Receiving Station
 Screening/Triage Station
 Information Resource Center
 Documentation Station
 Print Station
 Final Holding
 Release of Human Remains
 After Care Station

The Morgue Operations Group Supervisor, also referred to as the Officer in Charge (OIC), oversees the operational functions and personnel. The OIC obtains necessary supplies and equipment related to morgue operations duties by interacting with Morgue Services Logistics and maintains communication with other divisions/groups. The OIC will conduct a briefing prior to the commencement of morgue operations and at the beginning of each shift. The briefing will include but not be limited to:

 Orientation and/or updates
 Safety procedures
 Necessity for security and confidentiality of all records and data
 Workflow/procedural issues.

1. Administration

Responsibilities include:

 Monitoring staffing, supply and equipment needs
 Documenting labor time and purchases
 Inputting electronic data
 Maintaining ample supplies of:

- Death Certificates
- General morgue forms
- Disaster Victim Packets
- Embalming forms
- Release Forms

2. Admitting Station

At this station, remains and personal effects are admitted and assigned a morgue reference numbers (MRN). Trackers are assigned to accompany the remains until

examination/identification is complete and to ensure the security of the case file. In addition, the tracker will ensure that proper documentation is complete, signed, and attached at each station.

As remains are admitted, the Coroner, working with the Family Assistance Center, will consider religious and cultural customs when handling the remains.

3. Receiving Station

This is where the decedents (in body bags) are delivered from the Incident Site. All incoming body and property bags are documented and the chain of custody initiated. Bodies are placed in a temporary refrigerated holding morgue.

All body bags are radiographed to facilitate safe handling of collected remains. The pathologist or anthropologist will read the radiographs in order to assess the contents of the bag for effective sorting and locating hazardous substances.

4. Screening/Triage

This function is performed per incident-based guidelines to separate remains, personal effects, evidence and debris delivered from the incident site in the body bag.

This entails:

- Using radiographs of bags taken prior to screening/triage, separate diagnostic human tissue from material evidence, debris and personal effects
- Photograph prior to disturbing clothing, property, foreign objects
- Complete anatomic charting
- Document and describe any personal effects or evidence that is removed
- Route potential evidence to law enforcement using chain of custody forms
- Determine path for examination/identification based on protocol:

- Long path—continue through all subsequent stations.
- Short path—Photography, Radiology, Anthropology and DNA Retrieval Stations only.

- Bag human tissue/remains having potential for ID based on incident guidelines and probative value (remains with highest likelihood for identification)
- Store tissue that does not have potential for ID and unassociated personal effects as determined based on the incident
- If personal effects or dangerous material items (e.g., bomb fragments) could not be removed without possible damage, notify the Unit Leader and leave effects associated with tissue marking the disaster victim packets (DVP) alerting future stations
- Route to Admitting

If remains are determined, at any station, to be unrelated, they will be separated and returned to Screening/Triage for assessment.

5. Information Resource Center (IRC)

This center is the central repository for collecting, recording, and storing antemortem and postmortem information including:

 Keeping the information systems and records secure
 Matching antemortem and postmortem files
 Receiving electronic antemortem data from the Family Assistance Center
 Electronically logging antemortem and postmortem data
 Separates postmortem and antemortem records into four major file categories:

- Unidentified remains case files
- Missing person reports case files (antemortem data collection interviews)
- Identified remains case files
- Court issued presumptive death certificates and related documents (if applicable)

 Compare antemortem and postmortem records
 Develops *Identification Summary Report* for Identification Team

All records and data must be kept secure and confidential because they are protected by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191, and additional applicable local laws. No information will be released to any person(s) or agencies without proper authorization from the Coroner.

6. Documentation Station

All remains and personal effects are photographed and documented adhering to the Coroner's policy of:

 Photographing prior to disturbing clothing, property, foreign objects
 Placing proper documentation in photo
 Including scale in photo
 Taking standard autopsy-type photographs (anatomical position) for complete bodies
 Taking full-face photographs when possible
 Ensuring entire remains are present in the photograph
 Sending digital files to Information Resource Center for inclusion in victim identification processes.

7. Print Station

This is where finger/foot/palm printing of remains or body parts is performed.

8. Final Holding Station

This is the refrigerated area where processed remains are held until release. All human remains (identified, unidentified, and common tissue) will be stored with dignity. The holding areas for processed victims and for common tissue will be separate from that for remains that have not been processed and from where specimens (e.g., for DNA, histology, and toxicology) are stored while awaiting transfer to the lab for analysis. Remains will be held until the victim can be released for final disposition.

9. Release of Human Remains for Final Disposition

Identified decedents and their personal effects are released to next of kin or a person authorized by next of kin. Release functions include, preparation, final identification review, and funeral home contact.

a. Preparation

Preparation of human remains may include re-association and/or aftercare (embalming and casketing). All human remains will be prepared with professionalism and transported to authorized funeral home or crematory with consideration.

b. Final Identification Review

When remains are ready to be released, the Identification Team Leader and forensic specialists involved in the identification will:

- Conduct a final review of the methods of identification
- Physically examine the remains to ensure that the remains match the biological attributes of the deceased (based on the antemortem information)
- Ensure that the numbers associated with each remain are accounted for
- Sign and date the form indicating that the remains have been reviewed for final identification and place it in the Disaster Victim Packet.
  If next of kin/legal authority authorized after care and it is provided at the incident morgue, route to the After Care Station.

c. Contact with Funeral Home

Funeral homes and crematoriums will be contacted to coordinate picking up or the shipping of remains.

d. Final Release

Upon completion of the final identification, human remains and associated personal effects that are not deemed evidence, will be released according to the standard operating procedure of the Sheriff-Coroner's Office.

- Keep a log of remains/bodies that are cleared for release and those on hold
- Check/assure that remains/bodies are prepared for release as authorized by next of kin
- Complete Release of Human Remains form and Release of Personal Effects form
- Implement chain of custody
- Maintain a *Release Log* to document the overall release process

10. After Care Station

After care can include embalming, cremation, and casketing. Funeral homes and crematories may be so overwhelmed that final disposition cannot be carried out within a reasonable timeframe.

D- References

Department of Coroner, Department of Health Services EMSA, Department of Public Health, Los Angeles County: Mass Fatality Incident Management: Guidance for

Hospitals and Other Healthcare Entities August 2008

Devlin, S. (Fairfax Co, Police), Gavin, C, (Battelle- US Army ECBC-MIRP), Lyle, B (Orange County, CA Sheriff-Coroner), McGovern, J LTC (US Army North): White Paper- Morgue Operations, Identification, and Command and Control of Mass Fatalities resulting from a Pandemic Influenza Event in the United States
http://www.ofdamrt.org/panflu/whitepapers/MorgueOperationsWhitePaper.pdf

National Association of Medical Examiners: Mass Fatality Plan
http://www.dmort.org/FilesforDownload/NAMEMFIplan.pdf *November 2007*

Santa Clara County Public Health Department's Advanced Practice: Managing Mass Fatalities: A Toolkit for Planning May 2008
State of California Governor's Office of Emergency Services: The California Mass Fatality Management Guide: A Supplement to the State of California Coroners' Mutual Aid Plan September 2007 *www.oes.ca.gov/*

CHAPTER VII
DEATH CARE INDUSTRY

A- Overview

Death Care is the industry that provides products and services for the burial or cremation of the deceased. Their services are divided into three main segments: ceremony and tribute (funeral or memorial service); disposition of remains through cremation or burial (internment); and, memorialization in the form of monuments, marker inscriptions or memorial art. The industry is highly fragmented with the majority of businesses being small and family-owned.

There are about 21,528 funeral homes in the United States. According to the 1997 U.S. Census of Service Industries, about a quarter were run solely by their owners, with no additional employees. The government has recently increased its regulation of the industry primarily regarding occupational safety and health issues, forcing some homes to hire more workers to meet compliance. Funeral directors oversee all burial logistics such as transporting the deceased to a mortuary, preparing the remains, performing a ceremony consistent with the grieving family's religious and cultural beliefs, filing the death certificate with the local registrar within eight days of death, and applying for a permit for disposition of the deceased.

B- Industry Trends

Recent industry trends include: 1) the growth of "after-care", as funeral homes expand their services by offering support groups, 2) funeral services are becoming more varied in an effort by funeral homes to court the business of immigrants, and 3) more people are pre-planning and pre-paying for their funerals.

C- Tuolumne County Death Care Service Providers

The following death care service providers exist within Tuolumne County and maintain the following capacities:

TUOLUMNE COUNTY FUNERAL HOMES

Number of cremations that can be handled in 1 week

Terzich and Wilson
225 ROSE ST, Sonora
209-532-3131
56 cremations in a week

Heuton's Funeral Home
400 S. STEWART ST, Sonora
209-532-7121
0 cremations in a week

D- Local Death Care Service Capacity

Tuolumne County Local Death Care Industry Capacity

Mortuary Service Total Capacity

Refrigerated Decedent Storage 45
Burials that can be handled in one week 10
Cremations that can be handled in one week 56
Staff including Funeral Directors, full and part-time personnel 16

E- Integration of the Death Care Industry Into MFI Management

Federal, state and local laws govern the death care industry as it pertains to the disposition of human remains. There is no single agency or organization in charge of the individual funeral homes, mortuary, cemetery, and cremation services. These are licensed businesses that are privately owned. Thus, they have the right to refuse assistance or limit their level of assistance during a MFI.

When the local capacity of the industry is surpassed, or when a MFI is anticipated, the County Emergency Operations Center (EOC) will be activated. The EOC Planning Section Chief will establish a Death Care Industry Situation Unit to coordinate with the various cooperating Funeral Directors and the Morgue Services Unit.

The role of the Death Care Industry Situation Unit Leader is to:

- Alert funeral homes, cemeteries, and cremation services in the event of a developing mass fatality event.
- Ensure that logistical needs and information flow is efficiently handled.
- Request death care industry assistance in search and recovery at the incident site, in morgue operations, and at the Family Assistance Center.
- As victims are identified, coordinate with the funeral home or cremation service requested by each victim's family to arrange for final disposition.

F- References

American Association of Retired Persons: Death Care Industry
http://www.aarp.org/research/endoflife/funeral/aresearch-import-197-IB44.html

Ein, Jason: The Future of the Death Care Industry
www.forbes.com/2004/10/08/cz_1008findsvpdeathcare.html October 2004

CHAPTER VIII
DEATH CERTIFICATE PROCESS

A- Overview

A mass fatality incident within Tuolumne County will engender a surge in requests to register deaths, obtain permits for disposition of human remains, and obtain certified death certificates. All deaths must be registered in the jurisdiction in which they occur.
In accordance with California law, each death must be registered with the local registrar in the county in which the death was officially pronounced or the body was found.
Registration must occur within eight days of the death and before disposition. However, Section 103450 of the Health and Safety Code establishes court allowances and procedures for mass fatality deaths and death certificates.

A certified death certificate serves the following purposes:

- It is the legal record of death
- It allows the subsequent issuance of a permit for disposition of remains. (In California, mortuaries are required to receive a death certificate signed by a coroner or doctor before they may proceed with a burial or cremation.)
- Settling the decedent's estate
- Settle pension claims
- Applying for insurance benefits
- Verifying the transfer of property

A permit for disposition can only be given after a certified death certificate has been issued. This permit allows for the disposition of human remains and specifies the type (burial, cremation) and location of disposition.

B- Roles and Responsibilities

California Office of Vital Records (OVR) oversees the registration of all death certificates in the state.

California OVR Policy Manager works closely with the local Coroner and Tuolumne County Registrant's Office to ensure that all death certificates are registered in an expeditious manner and that only one certificate is registered per victim.

Tuolumne County Clerk-Recorder receives death certificate applications, types up the death certificate original, registers the death certificates, forwards them to the Tuolumne County Health Department and maintains the records for all deaths occurring within the County.

Tuolumne County Public Health Department reviews death certificates in order to monitor trends and assure accuracy of the medical information

Medical Examiner/Coroner
The Coroner maintains responsibility to recover remains, as well as determines the cause and manner of death and signs all death certificates. (DMORT does not establish command and control over the fatality management operation).

During a mass fatality incident, the Coroner is responsible for:

- Notifying the State Office of Vital Records (OVR) Policy Manager.
- Providing the Local Registrant's Office and the State OVR with a list of all known fatalities
- Filing a single verified petition with the Superior Court using the Court Order Delayed form in order to judicially report the fact, time and place of death for those who died in a mass fatality incident, but for whom no remains have been located or identified. This may be amended if remains are found or identified after a court-ordered delayed certificate is filed.

C- Process Defined

1. Authorized Person

As defined in California Health and Safety Code 103526 (c), an authorized person only may obtain a certified death certificate. An "authorized person" is any of the following:

(a) The registrant or a parent or legal guardian of the registrant.
(b) A party entitled to receive the record as a result of a court order, or an attorney in order to comply with the requirements of Section 3140 or 7603 of the Family Code.
(c) A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
(d) A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
(e) An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate.
(f) Any agent or employee of a funeral establishment who acts within the course and scope of his or her employment and who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (a) to (e), inclusive, of subdivision (a) of Section 7100.

2. Death Certificate Process

Death certificate applications are filled out by hospitals, funeral directors or by the County Coroner. To assist in Coroner operations during a mass fatality incident, CDPH will provide emergency supplies of death certificates, disposition forms, and training in their use. Death certificate information can be collected at the initial interview to save the families from going through a subsequent interview at the funeral home. Physicians must complete the medical portion of the death certificate within 15 hours of the death event. The causes of death are the physician's opinion regarding the death. While the entire death certificate is a legal document, the causes of death listed on the certificate are not legally binding in and of themselves.

There are two instances in which an investigation is referred to the Coroner. If physicians suspect that there was something unnatural about the cause of death, they are not obligated to sign the death certificate. Also, if the decedent has not been seen by the physician for more than 20 days, the case becomes a Coroner's case. The Medical Certifier/Physician or the County Coroner attests to the causes of death after medical review. Once the death certificate is complete, the County Coroner or Funeral Director forwards the death certificate application to the Tuolumne County Public Health Department.

The Tuolumne County Recorder registers the completed application making a permanent record. The Recorder's office registers all births, deaths, fetal deaths that occur within the county and issues burial permits for the interment or movement of human remains. Original death certificates are sent to the State Office of Vital Records (OVR) from the Recorder's office. The State OVR oversees the registration of vital records in California.

In accordance with California Health and Safety Code 102275, the Tuolumne County Health Officer is designated as the local registrar of births and deaths. However, the Tuolumne County Health Officer delegates those responsibilities to the Tuolumne County Assessor-Recorder and therefore the Tuolumne County Assessor-Recorder is the registrar of births and deaths in the county. In the event of a mass fatalities incident, a single verified petition with respect to all decedents may be filed by a coroner or medical examiner with the clerk of the superior court in and for the county in which the mass fatalities incident occurred. The petition is for an order to judicially establish the fact of, and the time and place of, each person's death that is not registered or for which a certified copy of the death certificate is not obtainable.

3. California Electronic Death Registration System (CA-EDRS)

The California Electronic Death Registration System was implemented in January of 2005 for the purpose of making the creation, processing and storage of death certificates in California an electronic process, eliminating paper death certificates.

The EDRS dramatically decreases the amount of time it takes to receive a copy of a completed, amended death certificate. Additionally it improves data quality, turnaround times, and provides a means for the automated verification of death by federal agencies such as the Centers for Disease Control.

The majority of deaths in California are routine and thus do not require a lengthy investigation of the cause. Under these circumstances, local authorities are able to issue death certificates, listing the causes and type of death, within days. However, deaths involving unknown or suspicious reasons require a lengthy coroner's investigation, and death certificates remain incomplete as they go from mortuaries to coroners to local registrar and, lastly, to the Department of Health Services.
In some cases, family members of deceased persons can wait almost a year to receive a completed death certificate. While coroner's investigations may still take several months, a family should not have to wait more than two weeks to receive a copy of a completed, amended death certificate with the EDRS.

The EDRS is accessible to mortuaries, coroners, doctors, hospitals, registrars and the state, eliminating the need to transfer to each other a single
piece of paper. Participation in the EDRS is not mandatory, but it involves no cost beyond an Internet connection. Physicians lacking Internet access are able to telephone in a coded signature.

Remote Attestation

Remote attestation is a means of medically certifying the causes of death by fax or voice on an electronic death record created in the State of California EDRS.

a. Fax Process

The Funeral Home will have EDRS fax the Physician Attestation Copy (PAC) to the Medical Certifier/physician. If the information on the PAC of the Death Certificate is correct and accurate, the Medical Certifier/ physician signs their name and title in Field 115 and the date in Field 117. The PAC is then faxed back (without a cover sheet) to the toll free EDRS fax number shown on the PAC. The system will scan the fax and update EDRS with the electronic signature.

b. Voice Process

The Funeral Home will have the EDRS Fax the Physician Attestation Copy (PAC) to the Medical Certifier/physician. If the information on the PAC of the Death Certificate is correct and accurate, the Medical Certifier/physician dials the toll-free voice attestation number provided and follows the voice prompts.

Only the Medical Certifier whose license number appears in Field 116 can legally attest the Death Certificate by voice or fax. No alternate physician or staff member may sign on their behalf.

For additional information about EDRS, please refer to http://www.edrs.us

D- Lack of Human Remains

When no human remains are recovered, or scientific efforts for identification prove insufficient, the Coroner will file a single verified petition with the Superior Court to judicially establish the fact, time, and place of death for individuals who die in a mass fatality incident. By California law, a hearing will be set no later than 15 days from the date the petition was filed.

If remains are later located and identified for an individual where a court ordered delayed certificate was prepared, a new standard death certificate is *not* prepared. Each decedent must have only one death certificate. However, the court ordered delayed certificate may be amended to reflect the disposition of human remains. Requests to replace a court-ordered certificate with a standard certificate are referred to the office of vital records.

E- References

California Electronic Death Registration System (CA-EDRS)
https://ca.edrs.us 2009

California Office of Vital Records (OVR)
www.cdph.ca.gov/programs/ovr/Pages/default.aspx

CDC: Instructions for Completing the Cause-of-Death Section of the Death Certificate, CDC National Center for Health Statistics: http://www.cdc.gov/nchs/data/dvs/blue_form.pdf

CHAPTER IX
FAMILY ASSISTANCE CENTER

A- Overview

During and immediately following a mass fatality incident, the creation of a Family Assistance Center (FAC) is necessary to assist family members in providing information and locating their injured or deceased loved ones, and to help with the grieving process. Setting up a Family Assistance Center early on in the crisis shows the general public that the situation is under control, despite the circumstances. Family assistance services must be easily accessible, well organized, and sensitive to the needs of worried and distraught family members.

B- Planning Assumptions

- Family assistance includes relatives, friends, and loved ones.
- Family members have understandably high expectations regarding:
  -- The identification of the deceased
  -- The return of loved ones to them
  -- Ongoing information and updates
- Expect 8 to 10 family members to request assistance per victim.
- Family members will begin arriving at the incident site immediately following the disaster.
- Families of critically injured survivors will have similar needs for assistance as those families with deceased loved ones.
- When mass evacuation takes place, there may be a need to locate living and deceased family members.
- Planning will be flexible and based on the nature, size and complexity of the mass fatality incident.
- Services should be provided with the perspective of the bereaved in mind. How grieving families receive assistance during the crisis will be remembered for years to come.
- Personnel and volunteers responding to a mass fatality incident can be traumatized. Emotional support should be available for all workers.

C- Roles and Responsibilities

The Coroner has the overall responsibility for family assistance for all mass fatality incidents. This excludes commercial airline and some transportation accidents. The Federal Family Assistance Act of 1996 requires the National Transportation Safety Board and individual air carriers to take actions to address the needs of families of passengers involved in aircraft accidents.

Based on the type of incident and the variety of needs of the surviving family members, a large number of specialty groups may be involved in rendering care. For large scale incidents, it may be advisable to establish a **Joint Family Assistance Center,** as a separate ICS branch**,** to effectively manage and coordinate the multiple organizations and personnel providing family assistance. Additionally, it will engender coordinated communication and information sharing between the involved agencies.

Locally, the Tuolumne County Behavioral Health Department, American Red Cross, Salvation Army, the Public Health Department, community services clubs, local volunteer agencies, non-profit organizations and faith-based groups support the Family Assistance Center and can be very instrumental in ensuring that these operations are successfully accomplished.

State and Federal agencies can also provide support to the FAC. State assistance can be requested from the California Department of Mental Health. Federal assistance can be obtained from DMORT teams.

D- Family Assistance Center Services

The Family Assistance Center's primary purpose is to give needed assistance in a safe, compassionate, and organized fashion to provide a sense of relief and stability to victim's families.

Specific FAC functions include:

1. Call Center/Hotline
The call center is set up immediately following an MFI and is coordinated with the Joint Information Center. It operates 24/7. The call center handles all incoming calls to the FAC using a toll-free telephone number. Its purpose is to facilitate communications to victims' families and families requesting missing person's information.

2. Information/Reception Desk
The information and reception area greets families as they arrive, checks them in, assesses their immediate needs, and assists families in accessing the services they need. In order to provide the most optimal services, the information desk should report to their supervisors how families are responding to FAC services.

3. Family Briefings
Family briefings are intended to provide families with current accurate information to enable them to understand what has happened to their loved ones. Information regarding recovery efforts, victim identifications, criminal investigation, missing person's data and other essential concerns will be provided to the families prior to release to the media.

4. Translation/interpreter services
The FAC will have staff present to assist with translations services for families. They will be responsible for translating ante mortem records, foreign dental and medical records and FAC materials as needed. Additionally, they will assist with the development of non-English written materials to be distributed to families.

5. A place to grieve
The FAC will offer a private place where families can grieve in a comforting supportive environment. The FAC will provide stability to grieving families as they adjust to the situation at hand and prepare to move on to the next phase of their lives. Grief counselors, religious leaders, and mental health professionals will be on hand to assist with the grieving process.

6. Antemortem Data Collection
The FAC will facilitate the exchange of information between families and the Sheriff-

Coroner to aid the victim identification process. This data may include the victim's physical appearance, clothing, jewelry, unique identifying characteristics (scars, tattoos, birth marks) medical and dental records and fingerprint records.

7. Death Notifications
The FAC will notify family members when a positive identification has been made. This will facilitate the processing of death certificates and assist with the release of human remains for final disposition.

8. Assist with locating missing persons
The FAC will assist family members trying to locate missing loved ones who are living or deceased. They will have a missing person's information center and conduct web searches to assist with this effort. The FAC may request that family members sign release forms to allow for the release of the missing person's dental and medical records.

9. Emotional support services for victims' families
Tuolumne County Behavioral Health (TCBH) staff will be available at the FAC to provide crisis intervention, emotional support and grief counseling to families that need it. Disaster Mental Health Services will help victim's family members, FAC staff and volunteers in understanding and handling the full range of grief reactions. Mental health staff will be accessible during all FAC hours.

10. Religious/Spiritual Support
The FAC will provide multi-denominational religious/spiritual counseling (priests, pastors, rabbis, etc.) and emotional support to families of all faiths who request these services. Various cultural needs will be relayed to the command and general staff for facilitation if possible.

11. Child Care
The FAC will provide a safe and secure environment for children of victims' families. Licensed child care providers will be available at the FAC from 8:00 am to 5pm (unless a decision is made to extend these hours). They will provide short term child care for children aged 2 months to 21 years and to youths with special needs. This will allow families time to take care of what they need to do and also offer them some respite as they are forced to handle the crisis at hand. Child care providers will offer a structured comfortable setting that contains toys, activities, televisions (for DVD's and tapes only-NO news broadcasts), snacks and meals, and caring support.

12. Logistical Needs
The FAC will provide immediate emergency assistance to families as needed. They will provide assistance with money for travel, transportation, clothing, shelter, food and funeral costs. Administration will need to establish procedures for determining funding sources and processes.

13. Additional Services
Other FAC services will be available depending upon the incident and number of individuals affected. Some of these include:

- Legal Assistance
- Financial Assistance

 Benefits Counseling
 Physical Health Services
 Veterans Affairs Services
 Victim Assistance and Compensation

In accomplishing the functions described above, FAC personnel will need to be flexible and willing to accommodate reasonable family requests. The needs of families will change over time as the event progresses. For example, at the onset of a disaster, families will want basic information about the whereabouts of their loved ones, the disposition of remains, legal assistance and emotional support. Later on, FAC resources will be directed toward easing the long-term psychological, emotional and financial impact on victims' families. Personnel should allow family members every opportunity to make their own choices and begin to regain control of their lives.

E- Activation of the Center

The local EOC will determine whether a single or multiple Family Assistance Center(s) will be needed. FAC's should open within hours of a disaster and plan on staying open indefinitely until their services are no longer required. During the 9/11 World Trade Center attack, the first FAC opened within one day of the attack. Three additional FAC's were quickly opened shortly thereafter to assist with family members of approximately 2,800 victims. FAC's were opened for approximately 460 days. Most Family Assistance Centers will operate 24 hours a day, seven days a week.

F- References

Source: Santa Clara County Public Health Department, Advance Practice Center Department of Coroner, Department of Health Services EMSA, Department of Public Health, Los Angeles County: Mass Fatality Incident Management: Guidance for Hospitals and Other Healthcare Entities August 2008

National Association of Medical Examiners: Mass Fatality Plan http://www.dmort.org/FilesforDownload/NAMEMFIplan.pdf November 2007

Santa Clara County Public Health Department's Advanced Practice: Managing Mass Fatalities: A Toolkit for Planning May 2008 www.sccgov.org

State of California Governor's Office of Emergency Services: The California Mass Fatality Management Guide: A Supplement to the State of California Coroners' Mutual Aid Plan (September 2007) www.oes.ca.gov

CHAPTER X
HOSPITAL MASS FATALITY INCIDENT PLANNING

A- Purpose

The following guidelines have been developed to assist Adventist Health Sonora Hospital and healthcare facilities within Tuolumne County during a major public health emergency resulting in mass fatalities. This plan will be activated whenever Adventist Health Sonora Hospital is experiencing a surge of deaths beyond what they routinely manage. This course of action can be used during any type of disaster. The principles can also be used to facilitate healthcare provider management of an MFI. The forms and checklists are designed to be tailored to any healthcare facility.

This guidance is a portion of the Tuolumne County Mass Fatality Plan. It contains Adventist Health Sonora Hospital specific information on internal management of a mass fatality incident since it's likely that the local mortuaries will be unable to recover and process decedent remains in a timely fashion. It also delineates temporary surge decedent storage, necessary equipment and supplies, and how they are obtained. All other morgue service operations will be discussed in the Tuolumne County Mass Fatality Plan.

B- Hospital Planning Assumptions

- A mass fatality incident (MFI) results in a surge of deaths above which is normally managed by a community's medical system.
- Adventist Health Sonora Hospital notifies the Office of Emergency Services (OES) and Operational Area (OA) Medical Health Operational Area Coordinator (MHOAC) when the normal system to manage deaths is insufficient. The Tuolumne County Sheriff/Coroner's Office is the lead agency to manage a MFI, however it is not solely responsible for all aspects of response to a MFI.
- It is critically important to communicate and coordinate all actions and needs to the OA EOC in order to accomplish a system wide approach to managing the incident.
- Adventist Health Sonora Hospital and other OA healthcare entities do not have existing refrigerated morgue capacity.
- Adventist Health Sonora Hospital and other OA healthcare entities have limited fatality surge space and equipment.
- Adventist Health Sonora Hospital and healthcare facilities will continue to experience a "normal" case load as well as the case load from the mass fatality incident. Adventist Health Sonora Hospital's response includes consideration to cancel non elective procedures to respond to a MFI.
- The priority will be to ensure accurate and complete death investigations and identification of the dead than it is to quickly end the response.
- A permit for the disposition of human remains obtained from Tuolumne County Recorders Office (209-533-5654) is required subsequent to the issuance of a death certificate.
- All staff handling decedents should be properly trained for handling the dead and made aware of the stress associated with handling human remains.
- Universal Precautions are adhered to for all personnel physically handling human remains to prevent the risk of blood borne or body fluid exposure.

C- Hospital Incident Command Positions Contact Information for Tuolumne County Sheriff-Coroner's Office During Management of an MFI:

Hospital Command Center	209-536-6990
Incident Commander	President/Administration 5010 or after hours Administrator-On- Call/Contact Hospital Operator 536-5000 and request Nursing Lead and/or Administrator-On- Call
Safety and Security Officer	Plant Services 536-3880, or contact Hospital Operator 536-5000 and request Safety and Security Officer to notify and request assistance from Crime-Tek and Sonora Police Department
Public Information Officer	Business Planning & Marketing/Dir. of Development 536-5020, 536-5021
Liaison Officer	Emergency Preparedness Coordinator 536-3386, 536-3388 or as assigned by Incident Commander
Medical/Technical Specialists	Contact Incident Commander contact information above to identify contact information.
Operations Section Chief	Vice President of Nursing 536-5010, 536-5015
Logistics Section Chief	Human Resources 536-5030, 536-3039
Hospital Situation Status Unit Leader	Planning Section Chief-Business Planning & Marketing 536-5020, 536-5021
Finance Section Chief	Accounting Controller 536-3899
Medical Staff Director	Chief of Staff. Contact Medical Staff Coordinator 536-536-3382, 536-3383, Physician Labor Pool (if activated) 536-5087
Medical Care Branch Director	Contact hospital operator 536-5000 and request Nursing Supervisor or after hours Nursing Lead
Mental Health Unit Leader Family Information & Assistance	Hospital Chaplain 536-5009, 536-3232. After hours contact hospital operator Operations Chief 536-5010, 536-5015 to identify cell number or UHF radio channel 2 use.
Hospital MFI Unit Leader	Casualty Care Unit Leader or assigned alternate. Contact Operations Chief 536-5010, 536-5015 to identify cell number or UHF radio channel 2 use.
Transportation Unit Leader	Rehabilitation Services536-5040

D- Concept of Operations

The County Mass Fatality Incident (MFI) plan utilizes the NIMS, SEMS and ICS emergency management systems. Adventist Health Sonora Hospital incorporates applicable NIMS and SEMS elements in emergency preparedness planning and is a local organization partner in emergency response planning. Accordingly, the hospital utilizes its Emergency Operations Plan(s) (EOPs) and the Hospital Incident Command System (HICS).

In the HICS organizational management structure, the Hospital MFI Management Unit reports to the Casualty Care Unit Leader-Medical Care Branch-Operations Section. The Purpose of the MFI Management Unit is to have a centralized location where all mass fatality

information is processed. The initial identified location for the MFI Management Unit will be at Adventist Health Sonora Hospital first floor Diagnostic Imaging exit end corridor with a capacity for ten decedents. The location for more than ten decedents will be in a Adventist Health Sonora Hospital transport vehicle or Tuolumne County EOC Logistics identified refrigerated vehicle outside the Diagnostic Imaging exit end corridor. Decedents will be transported to a Tuolumne County EOC Operations identified location or temporary Adventist Health Sonora Hospital location at 1 So. Forest Road.

The MFI Unit Leader reports directly to the Casualty Care Unit Leader-Medical Care Branch-Operations Section Chief and is responsible for:

- Decedent identification (if not already done upon admittance)
- Protecting the decedent and the personal belongings of the decedent.
- Insuring the security of the decedent's location and preserve evidence if indicted.
- Coordinating with the HICS Patient Registration Unit Leader.
- Acting as a liaison between the County EOC Coroner's Morgue Services Branch
- Assisting the HICS Patient Tracking Unit Leader with decedent tracking at the hospital.
- Providing information to hospital established family information center for coordination with the County EOC Family Assistance Center in the notification of family and next of kin.
- coordinating contact with external agencies via the hospital HICS Liaison Officer.
- Managing morgue operations provided by the hospital in concert with the County Morgues Services Unit and Coroner's Morgue Services Branch

Upon activation of the EOC, it will be the responsibility of the MFI Unit Leader to coordinate information and needs with the HICS Liaison Officer to the OA EOC Planning Section. The EOC Planning Section Chief will establish a Hospital Situation Unit Manager who will coordinate with the hospital HICS Liaison Officer, HICS Logistics Chief and HIC Operations Chief to ensure that the MFI Unit Leaders are able to meet logistical needs and that information flow is efficiently handled.

E- Hospital Mass Fatality Staffing Needs and Assignments

A core component of HICS is to staff for an event only to the level of need. In small scale incidents, one person may very effectively handle a number of roles. During a disaster, it may not be possible for your facility to staff all positions; however they are identified here to help illuminate the roles and responsibilities that should be addressed. These positions will be supported by a number of functions such as administrative staff, facilities staff, and security.

Morgue Personnel:

- Morgue supervisor
- 1-2 morgue assistants
- A minimum of two morgue task force members to safely move decedents
- Infection control staff, as needed
- Morgue staff to maintain each morgue area
- Facilities/engineering to maintain the integrity of surge morgue areas
- Security personnel

Administrative Personnel:

- Decedent identification staff

□ Decedent tracking staff
□ Liaison to HICS Patient Tracking Officer and other HCC contacts
□ Data entry staff to EMSystem and EDRS
□ Liaison to TCSO, other relevant OA agencies, and mortuaries
□ Liaison to families
□ Death Certificate coordinator (a physician with responsibility to coordinate with other physicians to ensure death certificates are signed to expedite decedent processing)
□ Information Technology support

F- Decedent Identification and Tracking

1. Decedent Identification

All patients are provided identification bracelets, unresponsive patients may be brought into the hospital Emergency Department. If and when these patients become deceased, the lack of identification impedes the process of notifying the next of kin and determining family desires for final disposition.

To assist in post mortem identification, the following should occur immediately upon death (or sooner):

□ Photograph the decedent before decomposition sets in
□ Obtain fingerprints
□ Collect x-rays and dental records

2. Decedent Tracking

Hospitals may need to store remains for a short period of time until next of kin can be identified/notified or the final means of disposition has been determined. A system of knowing who and where the decedents are will be crucial to expediting communitywide decedent processing. To accomplish this, hospitals should use the Decedent Information and Tracking Card to document all information about each decedent including religious preference and cultural background if possible.

An electronic database should be used to record all decedent information. This should contain an address or locator process to quickly identify where a decedent is being stored (such as Surge Morgue 1, Rack 3, Tier 2). This can also be monitored on the Decedent Tracking Card if the decedent needs to be moved from one morgue area to another within the facility.

G- Human Remains Management

1. Normal Hospital Morgue Capacity

Adventist Health Sonora Hospital and other healthcare entities within Tuolumne County have no refrigeration capacity for human remains.

Local Hospital Refrigerated Morgue Capacity
Adventist Health Sonora Hospital 0

2. Hospital Surge Morgue Capacity

As noted above, AHS does not have refrigeration during a mass fatality incident. Since the local coroner and mortuaries will be heavily impacted during a MFI, hospitals may need to set up temporary on-site morgue facilities. It is critical to the overall county-wide response to the event to communicate and coordinate this increased capacity to the EOC, Hospital Situation Unit Leader, prior to setting up temporary morgue facilities.

Surge Morgue Site Requirements

When selecting a site to be a temporary morgue, the following issues should be considered:

- Temperature controlled
- Outside windows for ventilation
- Out of general public viewing and access
- Sink for hand washing
- Rooms that can be easily decontaminated and cleaned
- Carpet-free areas
- Area protected from animals and insects
- Area that can be easily protected by security (limited access)

3. Temporary Decedent Storage Methods for Hospitals

When selecting a method of temporary decedent storage, respect to the deceased and their next of kin should be the greatest consideration. Additionally, preserving the body in a manner that does not impede identification is essential. Further, consider the length of time the decedent will need to be stored until release to the Coroner or a local mortuary.

The decedent should be wrapped in plastic and a sheet or placed into a human remains pouch. The decedent must be tagged with identifying information.

Decomposition
Decomposition is the disintegration of body tissues after death, and begins at the moment of death. The characteristic odor associated with dead bodies as well as the swelling of the body are the result of gases produced during the decomposition process. To slow the decomposition process, human remains should be kept at refrigerated (not frozen) temperatures with minimal humidity. Bodies should be appropriately wrapped and kept away from water, fire, insect or scavenger activity.

Surge Morgues
Refrigeration between 38° and 42° Fahrenheit is the most optimal means of storing human remains. This can be accomplished with the use of:

--**Refrigerated Rooms or Tents:** These areas may be cooled using the HVAC system, portable air conditioners or dry ice (see instructions below). Refrigeration units should be maintained at low humidity to prevent the development of mold. Bodies can be laid flat upon the floor providing a walkway exists between them. It is preferable and safer to store remains on beds, cots or temporary racking systems. Racks can increase each room's capacity three fold, as well as create a specific

storage location for tracking. Racks should be 72” long by 24” deep. Ensure that racks are secure and strong enough to handle the weight load.

Bodies should never be stacked. Not only is stacking disrespectful to the deceased and next of kin, it can also distort the body features impeding identification.

--**Refrigerated Transport Containers/Trucks:** ordered through the OA EOC Logistics Section, large transport containers used by commercial shipping companies generally hold 25-30 bodies (laying flat on the floor with a walkway between). To increase storage capacity three-fold, lightweight temporary racking systems can be employed. Shelves should be set-up in such a way that allows for safe movement and removal of bodies (i.e., storage of bodies above the waist height is not recommended). Food, beverage and other consumer types of commercial vehicles should be avoided when possible as they will generally not be returned to their prior service function.

The local jurisdiction will be ultimately responsible for replacing these vehicles. Refrigeration units should be maintained at low humidity because mold can become problematic if there is too much moisture present. Storing human remains at 38° to 42° Fahrenheit will slow down, but not stop decomposition. Remains can be preserved at this temperature for 1-3 months.

The primary downside to this type of storage facility is that a sufficient quantity of refrigerated trucks/containers are seldom available during mass fatality incidents.

--**Dry Ice:** Dry ice (carbon dioxide (CO2) frozen at –78.5° Celsius) can be used for short-term storage. Approximately 22 lbs of dry ice will be needed daily for each individual set of remains. The dry ice should be applied by building a low wall with it around groups of about 20 remains and then covering with a plastic sheet. To prevent damaging the corpse, the ice should never be placed on top of remains, even when wrapped.

The down side to using dry ice is that it requires handling with gloves to avoid “cold burns.” Additionally, it must be used in an area with good ventilation as it releases carbon dioxide as it melts. Further, this product is costly and often difficult to obtain during an emergency.

4. When Hospital Surge Morgue Capacity Is Exceeded

When Adventist Health Sonora Hospital and alternate healthcare entities have utilized and maximized all possible surge morgue space, notify the OA EOC, to request assistance. If local mortuaries are still heavily impacted, human remains can be transferred to the temporary morgues being set up throughout the County. Transfer of these bodies will be handled by the Transportation Unit within the OA EOC Logistics Section

H- Personal Effects

Decedents and their personal effects must be secured and safeguarded at all times until the arrival of the coroner’s or mortuary’s authorized representative, or law enforcement (if evidentiary). If personal effects have been removed from the body, ensure the items have been catalogued. The decedent’s property should be labeled with decedent name and location of property (if not found on the decedent) and placed in clear plastic bags for easy identification. Each bag should have the deceased’s name or identification number.

The Decedent Tracking Card can be used to catalog this information. Clear basic descriptions should be used when recording items.

The collection, documenting, and returning of personal effects to the decedent's family is extremely important. If possible all personal effects should be released to next of kin as soon as possible. All unidentified personal effects should remain under control of the Coroner or his designee.

I- Hospitals Mass Fatality Supplies and Equipment

Hospitals will need to obtain the following equipment and supplies when on-site temporary morgue facilities are required. Supply quantities will be contingent upon the scale and scope of the event. When the incident necessitates the development of temporary on-site surge storage, the OA EOC Logistics Section will be contacted to facilitate the ordering of supplies and equipment.

Decedent Protection and Storage
-- Portable air conditioning units
-- Generators for lights or air conditioning
-- Storage racks
-- Refrigerated tents, transport containers or trucks
-- Human Remains Pouches
-- Plastic Sheeting
-- Sheets
-- Ropes, caution tape, other barricade equipment

Decedent Identification
-- Identification wristbands or other identification
-- Method to identify each decedent (pouch label, tag and if used, rack location)
-- Cameras (may use dedicated digital, disposable, or instant photo cameras)
-- Fingerprint materials
-- X-rays or dental records
-- Personal belongings bags / clear evidence bags

Personnel Protection
-- Personal protective equipment
- Disposable gloves
- Disposable booties
- Disposable gowns
- Surgical masks (unless aerosolized biological materials are present, such as when autopsies are underway. In such situations, an N-95 respirator should be considered).

Communications/Computer Equipment
-- Laptop or desktop computers with Internet access
-- EMSystem access established
-- EDRS access established (via internet for authorized individuals)
-- Extension cords, power strips, surge protectors, duct tape
-- Phones: landline and cellular (satellite when available)
-- Radios

-- Fax Machine
-- Fax paper and toner

Printers and Copiers

-- Printer and cables, copier
-- Paper
-- Toner

Forms and Documents

-- Hospital MFI Plan
-- Decedent Information and Tracking Card
-- Fatality Tracking Form
-- EDRS "Medical Facilities Users' Guide" (download at www.edrs.us)
-- Internal and external contact lists

Office Supplies

_ Notepads, loose paper, sticky notes, clipboards
_ Plastic sleeves
_ Pens, pencils, markers, highlighters
_ Stapler, staple remover, tape, packing tape, white out, paper clips, pencil sharpener

Each hospital and healthcare facility should be sure to identify where items are stored and how to access the storage area.

J- Plan Evaluation and Revision

While this Hospital Mass Fatality Incident Planning guidance is an integral component of the OA Mass Fatality Plan, the task of monitoring, evaluating, and updating this section shall be the responsibility of each of the adopting hospitals.

Adventist Health Sonora Hospital will be responsible for an annual review of this guidance in addition to the overall Tuolumne County Mass Fatality Plan. These assessments will aim to identify any existing or potential problems and make suggestions for improvements.

If revisions are deemed necessary, they will occur as part of a joint hospital effort. All proposed revisions must be presented to the Tuolumne County Public Health Department and the Tuolumne County Sheriff-Coroner's office for review.

K- References and Resources

California Health & Safety Code http://www.leginfo.ca.gov

CDC: Instructions for Completing the Cause-of-Death Section of the Death Certificate, CDC National Center for Health Statistics: http://www.cdc.gov/nchs/data/dvs/blue_form.pdf
CDC: Interim Health Recommendations for Workers Who Handle Human Remains: http://www.bt.cdc.gov/disasters/tsunamis/handleremains.asp
CDC: Standard Precautions Guidelines:www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html

OSHA: Health and Safety Recommendations for Workers Who Handle Human Remains: http://www.osha.gov/OshDoc/data_Hurricane_Facts/mortuary.pdf

CHAPTER XI
STAFFING

A Overview

Experienced and trained personnel are needed to carryout the extensive human remains recovery, identification, and mortuary operations. It is essential that these functions are performed with the utmost care and respect to the decedent and in a manner that appropriately preserves evidence. All personnel involved in operations should be provided job-specific training.

This chapter outlines local, state and federal staffing resources, identification and badging procedures, staffing patterns and operational periods, credentialing of medical personnel, staffing assignments and job action sheets.

B- Staffing Resources

Local, state and federal resource assistance will be requested as needed based upon the nature and complexity of the incident. All resource requests must be made through the Logistics Section.

1. Local Resources

Initial incident support will be provided by Local Law Enforcement, Public Health, Fire, Hazmat, Public Works, Environmental Health, from within the County and from neighboring local counties.

As a component of the Health Emergency Preparedness and Response Plan, the Public Health Department participates in the California Disaster Healthcare Volunteers program. This program keeps a list of pre-certified healthcare workers available for local recruitment in the event of a need for such personnel. This program can be activated by contacting the Tuolumne County Public Health Department or the Emergency Medical System Coordinator.

State/Coroners Mutual Aid

When a mass fatality incident is beyond the resource capability of Tuolumne County, the Coroner will request mutual aid from the Region IV Mutual Aid Coordinator and will notify the Medical Health Operational Area Coordinator (Health Officer). The Regional Coroner Mutual Aid Coordinator fulfills the mutual aid request from Coroner resources within the region first. If the resources within the impacted region are not sufficient, the Region IV Mutual Aid Coordinator requests additional mutual aid assistance from the CA OES Law Enforcement Branch Coroner Mutual Aid Coordinator. Other mutual aid regions are called upon by the State Coordinator to assist.

Additional State resources include: Office of Emergency Services, Office of Homeland Security, Department of Health Services, Department of Justice (DOJ) Missing/Unidentified Persons Section, DOJ Bureau of Forensic Services Section, DOJ DNA Analysis, Department of Motor Vehicles, National Guard, State Coroners

Association, State Sheriff's Association, and CA Funeral Directors Association.

When further assistance beyond California is needed, out-of-state mutual aid is coordinated by the CA OES ME/C Mutual Aid Coordinator through the Emergency Management Assistance Compact.

The California Dental Identification Team (Cal DIT) is also requested through the CA Mutual Aid Plan process.

2. Federal Resources

The Federal Emergency Management Agency (FEMA) is responsible for coordination and application of federal agency resources. Federal resources, including the Disaster Mortuary Operational Response Team (DMORT), may be requested through FEMA by the CA State OES ME/C Mutual Aid Coordinator. This request may be made at any time during the emergency upon the local ME/C's consultation with the Regional Coroner's Mutual Aid Coordinator and the CA OES Law Enforcement Branch ME/C Mutual Aid Coordinator (CA Coroner Mutual Aid Plan).

Disaster Mortuary Response Team (DMORT)
DMORT is part of National Disaster Medical Services (NDMS) and is the federal resource most likely to be required in a mass fatality event. DMORT works to support local authorities and provide technical assistance, personnel, and temporary portable morgue facilities (as needed). DMORT teams aid in the evaluation of the incident; in the assessment of personnel and equipment needs; in the recovery, identification, and processing of deceased victims; and in setting up, assisting and advising on family assistance best practices.

Federal Bureau of Investigation
(FBI) assistance may be requested at any time by the Coroner or EOC through the nearest FBI field office. Additional federal resources include: Department of Homeland Security Disaster Medical Assistance Team, and Nuclear Incident Support Teams, Department of Health and Human Services Center for Disease Control and Prevention, Environmental Protection Agency, Department of Transportation, American Red Cross, Agency for International Development Office of Foreign Disaster Assistance, Urban Search and Rescue Response System, Department of Veteran Affairs, Department of Justice Office Justice Programs Office of Victim Assistance, Department of Defense, National Transportation Safety Board's Office of Transportation Disaster Assistance, Interpol, The Salvation Army, and the International Critical Incident Stress Foundation.

3. Volunteer Resources

The nature and psychological impacts of a MFI limits the use of untrained volunteers. Based on the nature of their training, some volunteer groups may be utilized in non-recovery operations such as assisting at the FAC or relieving law enforcement officials in every day routine work. Additionally, recruiting volunteers may be more challenging when there is fear of an infectious agent within the community. With careful supervision, the following volunteer organizations may be utilized:

The American Red Cross
http://www.redcross.org/
A community can benefit from years of training and experience in managing large emergency situations.

The Tuolumne County Sheriffs Community Services Unit (CSU)
The CSU is a volunteer support unit affiliated with the Tuolumne County Sheriffs Office that provides subpoena services and other assistance.
http://www.policevolunteers.org/programs/index.cfm/fa/dis_pro_detail/id/472

The Civil Air Patrol
http://www.cap.gov/index.cfm
Civil Air Patrol Members are actively involved in community efforts in emergency management.

Community Emergency Response teams (CERT)
http://training.fema.gov/EMIWeb/CERT/
The goal of CERT is for emergency personnel to train members of neighborhoods, community organizations, or workplaces in basic response skills and integrate them into the local emergency response capability.

Medical Reserve Corp
http://www.medicalreservecorps.gov/HomePage
Organization's can gain access to numerous volunteers by becoming part of the USA Freedom Corps Volunteer Network. Volunteers will assist with emergency response, logistical planning, records keeping, public health and awareness campaigns, and public communications.

Radio Amateur Civil Emergency Service (RACES)
http://www.usraces.org/
Founded in 1952, the Radio Amateur Civil Emergency Service (RACES) is a public service provided by a reserve (volunteer) communications group within government agencies in times of extraordinary need. During periods of RACES activation, certified unpaid personnel are called upon to perform many tasks for the government agencies they serve. Although the exact nature of each response will be different, the common thread is communications.

C- Check-In Identification and Badging

All Tuolumne County Sheriff-Coroner and Public Health Department staff members have been designated as disaster service workers and have been issued the proper identification. If a Mass Fatality Incident (MFI) is an intimate component of a larger incident activation, such as an infectious disease outbreak or a hazardous materials release, the registration of staff will be conducted by the lead agency in the response that has already established a responder registration system. If the MFI evolves out of a previous incident and a sudden surge in staff is needed in order to respond to the needs of the MFI, a superimposed registration process may be introduced specific to the MFI. However, in the latter case, all registrations will be coordinated by the Logistics Section.

Mass Fatality Incident Registration
When assigned to the event, emergency workers from other County departments and

other agencies must initially report to the Check- in/ Status recorder for staff processing which includes: scheduling, assignments, identification, credentialing, and initial safety briefing. They need to report in only once and will be tracked and reassigned each operational period until released from the incident.

Tuolumne County Fair Grounds, has been selected as the Check-In and Staff Processing Center due to its accessibility, adequate space, availability of parking, central location and proximity to the Health Department DOC and other government agencies. However, this location may be modified dependent upon the needs of the incident.

The Check-in Status Recorder will utilize TCSO Professional Series Photo Identification machine. Photo ID's will be produced for all personnel and include the name, credentials and the positions they are cleared to work in.

D- Operational Periods, Staffing Patterns, and Briefings

Operational Periods

An Operational Period is defined as the period of time scheduled for the execution of a given set of tactics and strategies to meet the goals and objectives as established by the Incident Commander and specified in the Incident Action Plan (IAP). The concept is an important one, both for planning and safety. Operational periods can be of various lengths, from 4 hours to extended periods of a week or more. The length of the Operational Periods should be proposed by the planning section, confirmed by the logistics section and given final approval by the Incident Commander.

Staff Briefing

The Incident Command System requires that each Operational Period begin with a Briefing. The Planning Section Chief is assigned the task of explaining the goals and objectives, as outlined in the IAP, at the beginning of each Operational Period. This briefing is held in a large open area that provides for good acoustics, adequate shelter from the elements, and provides for other personal comforts. (i.e. restrooms, parking and seating if available). Gymnasiums, theaters, and other types of public assembly areas are often used.

All supervisory personnel (Unit Leaders & above) are required to attend the formal Operational Period Briefing. Additionally, all personnel assigned to the incident must be briefed. Personnel not able to attend the Operational Period briefing must be briefed in the field by their Section Chief or Unit Leader. A very important component of the briefing is the delivery of the Safety Plan by the Safety Officer. This individual is responsible for reviewing the safety concerns, required safety protocols and the Safety Message. All personnel are required to participate in the safety briefing.

Staffing Patterns (*upon EOC activation*)

Normal work assignments and scheduling may be utilized in the **early stages** of an emerging event. The focus of those involved will most likely center on the investigation of what is happening and planning for possible outcomes that would require expanding into a fully functioning EOC/DOC operation. Although partially impacted, the routine functions of the local government will continue during this period. At this point in time, following a

fundamental ICS principal of only staffing to the level of need, the EOC will most likely be very minimally staffed and not in-service on a 24 hour basis. Quite typically, an IC and a limited number of support personnel will be performing a variety of tasks simultaneously. The operational period utilized during this time of limited operation can range from daily to weekly depending upon the need. This partial activation is also commonly used in the final stages of an event as it winds down or concludes.

Extended Work assignments will be utilized when it becomes evident to the Incident Commander that the event will soon become the **main focus** of the Department. The EOC will be fully activated and staffed on a 24 hour basis. At this time the normal staffing pattern for Department personnel assigned to the incident will shift to an **extended** work assignment for the Operational Period.

In order to compensate for the longer work day assignments and the complexity of the event, the Operational Periods become much shorter. Depending upon the time of year and the seriousness of the threat, two choices are typically used:

1) 24 hour Operational Period, day on day off pattern, or
2) 12 hour Operational Period, day and night shift pattern.

During the winter months, a 7:00 AM start time for the Operational Period is often preferred. Whereas, in the summer, longer daylight hours allow for a 6:00 AM start time.

In conclusion, the effective use of the correct shift pattern and operational period will have a positive effect in the planning and execution of the Incident Action Plan and could be the deciding factor in the success or failure of the goals themselves.

E- Credentialing Procedure

Medical personnel being assigned through the mutual aid system to the County will require credentialing by the Tuolumne County Public Health Department. The Disaster Healthcare Volunteers program provides pre-credentialing for a reservoir of volunteers.

Roles and responsibilities are delineated throughout this plan and its supporting documentation. In addition, comprehensive Job Action Sheets (JAS) have been developed.

These contain detailed information including:

- Preferred qualifications and certifications
- Job description
- Which section the position is assigned to
- Who the position reports to
- Who position supervises and coordinates with
- Beginning of shift duties
- General job duties
- End of shift duties
- Demobilization duties

The following job action sheets are found at the completion of this chapter:

- Coroner's Service Branch Director
- Morgue Services Unit Leader
- Human Remains Recovery Unit Leader
- Hospital MFI Unit Leader
- Security Unit Leader
- Transportation Unit Leader
- Family Assistance Branch/Unit

F- Staffing Assignments

The critical ICS positions, at the EOC, for the management of an isolated MFI (an MFI unassociated with a preceding incident such as an infectious disease outbreak or a hazardous materials release) and the staff and possible alternates are presented in the following table:[1]

Required ICS Position Staff	Possible staff and alternates
Position Alternate EOC Director	County CAO, Asst. CAO, Deputy CAO's
Incident Commander	Office of Emergency Management (OES) Asst. OES, County Safety Officer
Public Information Officer	CAO, Sheriff/Fire Dept PIO
Operations Section Chief	Fire, Law Enforcement, DA, Probation
Logistics Section Chief	General Services Director, General Services Deputy Director
Planning Section Chief	Development Services, Child Support Services
Finance Section Chief	Co. Finance Director Deputy or Assistant
Coroner's Service Branch Director	Sheriff
Medical Branch Director	Health Officer
Human Remains Recovery Unit Leader	Sheriff
Morgue Services Unit Leader	Sheriff
FAC Unit Leader	Sheriff Chaplains, CSU
Hospital Situation Officer	Determined by Hospitals
Hospital MFI Unit Leader	Determined by Hospitals
Transportation Unit Leader	Public Works, Fleet Management
Security Unit Leader	Local Law Enforcement
Technical Specialists	Certified Odontologists, Anthropologists, Pathologists, Radiologists, Epidemiologists

[1] In the event that the MFI evolves out of a previously activated incident response, such as an infectious disease outbreak or a hazardous materials release, the ICS structure will follow the ICS/SEMS/NIMS organization outlined in the specific response plan and the MFI component will take the form of a Mass Fatality Management substructure within that organization.

Tuolumne COUNTY SHERIFF-CORONER JOB ACTION SHEET
CORONER'S SERVICES BRANCH DIRECTOR

Location Assigned to	Emergency Operations Center
Section Assigned to	Operations
Report to	Operations Section Chief
Coordinate With	Human Remains Recovery, Morgue Services, Family Assistance Center, Logistics Section and the Medical Branch.
Supervise	Human Remains Recovery, Morgue Services and the Family Assistance Units. Typically assigned a deputy.
Preferred Qualifications and Certifications	Designated by the Sheriff as the Coroner, this position requires extensive managerial experience, NIMS, SEMS, and ICS expertise. A complete understanding of Tuolumne County Sheriff-Coroner's Office, the County EOC, and the Public Health Department DOC.
Job Description	The Branch Director is responsible for managing personnel, equipment, and resources to affect recovery, identification and disposition of mass fatality victims.
Beginning of Shift Duties	_ Obtain identification badge. _ Review Incident Action Plan. _ Obtain briefing from Operations Section Chief. _ Review Mass Fatality. _ Assess the current situation. _ Determine resources assigned _ Establish Recovery, Morgue Services and Family Assistance operations, assigning personnel as needed. _ Conduct staff briefing for unit leaders assigned. _ Determine locations for the temporary morgues and Family Assistance Center(s).

Tuolumne COUNTY SHERIFF-CORONER JOB ACTION SHEET
CORONER'S SERVICES BRANCH DIRECTOR

Job Duties	_ Establish a communications post (if not located in EOC) _ Ensure planning meetings are scheduled and attended as required. _ Participate in the development of an Incident Action Plan and prepare contingency planning. _ Determine work schedules and shifts needed. _ Coordinate activities for all staff. _ Ensure employees understand their work assignments. _ Distribute Job Action Sheets and documents for review. _ Make certain employee welfare is cared for. _ Ensure that adequate safety measures are in place and being adhered to. _ Supervise and review the effectiveness of all operations assigned. _ Report directly to Operations Section Chief and inform the command staff about developments, progress and problems related to functional activities within the branch. _ Review logistical support and make recommendations as necessary. _ Compare current capacity with future requirements and estimate future logistical requirements. _ Communicate with the other Branch Directors to ensure continuity and effectiveness of the overall operation. _ Maintain unit records, including Unit/Activity Log
End of Shift Duties	_ Check out with the Operation Section Chief and assigned unit leaders. _ Brief Branch Director working next shift. _ Verify return schedule.
Demobilization Duties	_ Ensure development of the Coroner's Services Branch Demobilization Plan. _ Identify issues for the After Action Report. _ Ensure all records and reports are completed and submitted. _ Conduct staff debriefing. _ Participate in After Action Review.

Tuolumne COUNTY SHERIFF-CORONER JOB ACTION SHEET
MORGUE SERVICES UNIT LEADER

Location Assigned to	Morgue Site
Section Assigned to	Operations Section
Report to	Coroner Services Branch
Coordinate With	Human Remains Recovery Unit, Family Assistance Center, Logistics Section and the Medical Branch if activated
Supervise	Staff assigned to the morgue
Preferred Qualifications and Certifications	Managerial experience, ICS/NIMS/SEMS expertise. A complete understanding of Tuolumne County Sheriff-Coroner's Office, the County EOC, and the Public Health Department DOC.
Job Description	The Morgue Services Unit Leader will coordinate and oversee the operation of the morgue. Identification, examination, body processing and release for burial are the primary objectives of the unit.
Beginning of Shift Duties	_ Obtain identification badge. _ Review Incident Action Plan. _ Review the Mass Fatality Plan. _ Obtain briefing from the Morgue Services Unit Leader completing shift. _ Check-in with Coroner Branch Director and the Human Remains Recovery Unit Leader. _ Assess the current situation. _ Conduct staff briefing. _ If operations warrant, establish a command post. _ Determine staff required to complete operations in a timely manner.

Tuolumne COUNTY SHERIFF-CORONER JOB ACTION SHEET
MORGUE SERVICES UNIT LEADER

Job Duties	_ Place orders for required staff through Logistics. _ Identify tasks/activities needed, prioritize and assign to staff. _ Determine work schedules and shifts needed. _ Coordinate activities for all staff. _ Ensure employees understand their work assignments. _ Make certain employee welfare is cared for. _ Ensure that adequate safety measures are in place and being adhered to. _ Ensure personnel have the proper tools and supplies they will need to perform their job. _ Report directly to Coroner Branch Director: inform about developments, progress and problems related to functional activities in the morgue operation. _ Be familiar with the equipment used and the protective gear that staff should have (e.g., steel-toed shoes, coveralls, gloves and masks). _ Communicate with the Human Remains Recovery Unit Leader to ensure coordination between the recovery site and the morgue. _ Maintain unit records, including Unit/Activity Log _ Check out with Branch Director and the Human Remains Recovery Unit Leader
End of Shift Duties	_ Remains Recovery Unit Leader. _ Provide briefing to Morgue Unit Leader working the next shift. _ Verify return schedule.
Demobilization Duties	_ Participate in the development and the implementation of the Coroner's Branch Demobilization Plan. _ Identify issues for the After Action Report. _ Ensure all records and reports are completed and submitted. _ Conduct staff debriefing. _ Participate in After Action Review.

Tuolumne COUNTY SHERIFF-CORONER JOB ACTION SHEET
HUMAN REMAINS RECOVERY UNIT LEADER

Location Assigned to	Morgue Site
Section Assigned to	Operations Section
Report to	Coroner Services Branch
Coordinate With	Morgue Services, Family Assistance Center, Logistics Section and the Medical Branch if activated
Supervise	Staff as assigned to the Search and Recovery Team
Preferred Qualifications and Certifications	Managerial experience, ICS/NIMS/SEMS expertise. A complete understanding of Tuolumne County Sheriff-Coroner's Office, the County EOC, and the Public Health Department DOC.
Job Description	The Human Remains Recovery Unit Leader (HRR Unit Leader) will oversee the collection and documentation of postmortem remains, property and evidence at the incident scene.
Beginning of Shift Duties	_ Obtain identification badge. _ Review Incident Action Plan. _ Review the Mass Fatality Plan. _ Obtain briefing from the HRR Unit Leader completing shift. _ Check-in with Coroner Branch Director and the Morgue Services Unit Leader. _ Assess the current situation Conduct Recovery Team briefing. _ Establish a Recovery site communications post. _ Identify tasks/activities needed for Recovery Team. _ Determine work schedules and shifts needed.
Job Duties	_ Coordinate activities for all staff. _ Ensure employees understand their work assignments. _ Make certain employee welfare is cared for. _ Ensure that adequate safety measures are in place and being adhered to.

Tuolumne COUNTY SHERIFF-CORONER JOB ACTION SHEET
HUMAN REMAINS RECOVERY UNIT LEADER

	_ Ensure personnel have the proper tools and supplies they will need to perform their job. _ Report directly to Coroner Branch Director: inform about developments, progress and problems related to functional activities at the recovery site. _ Be familiar with the equipment used and the protective gear that staff should have (e.g., steel-toed shoes, coveralls, gloves and masks). _ Communicate with the Morgue Services Unit Leader to ensure coordination between the recovery site and the morgue. _ Maintain unit records, including Unit/Activity Log
End of Shift Duties	_ Check out with Branch Director and the Morgue Services Unit Leader. _ Provide briefing to HRR Unit Leader working the next shift. _ Verify return schedule.
Demobilization Duties	_ Participate in the development and the implementation of the Coroner's Services Branch Demobilization Plan. _ Identify issues for the After Action Report. _ Ensure all records and reports are completed and submitted. _ Conduct Recovery Team debriefing. _ Participate in After Action Review.

Tuolumne COUNTY SHERIFF-CORONER JOB ACTION SHEET
HOSPITAL MASS FATALITY UNIT

Location Assigned to	Hospital
Section Assigned to	Medical Operations Section (HICS)
Report to	Medical Care Branch Director (HICS)
Coordinate With	Coroner's Services Branch, the County EOC Logistics and Planning Sections.
Supervise	Staff as assigned
Preferred Qualifications and Certifications	Managerial experience, ICS/HICS/NIMS/SEMS expertise. A basic understanding of Tuolumne County Sheriff-Coroner's Office, the County EOC, and the Public Health Department DOC.
Job Description	The Hospital MFI Management Unit leader oversees a centralized location in the hospital where all mass fatality information is processed in response to a mass-casualty event, pandemic outbreak, terrorist attack, or large natural disaster. Objectives include; Decedent identification (if not already done upon admittance) and tracking decedents who die in the hospital to disposition out of the hospital. The position is also responsible for managing morgue capacity.
Beginning of Shift Duties	_ Obtain identification badge. _ Review Incident Action Plan. _ Review the Mass Fatality Plan. _ Obtain briefing from the MFI Unit Leader completing shift. _ Check-in with Medical Care and Coroner's Service Branch Directors. _ Assess the current situation. _ Confirm the designated MFI area is available and begin notification and distribution of personnel and resources. _ Conduct a staff briefing.

Tuolumne COUNTY SHERIFF-CORONER JOB ACTION SHEET
Hospital Mass Fatality Unit

Job Duties	_ Identify tasks/activities needed to meet the objectives and appoint appropriate staff. _ Determine work schedules and shifts needed. _ Coordinate activities for all staff. _ Ensure employees understand their work assignments. _ Make certain employee welfare is cared for. _ Ensure that adequate safety measures are in place and being followed. _ Ensure personnel have the proper tools and supplies they will need to perform their job. _ Report directly to Medical Care Branch Director: inform about developments, progress and problems related to functional activities of the unit. _ Communicate with the Morgue Services Unit Leader to ensure coordination between the hospital and the morgue. _ Monitor decedent identification process and ensure that all data is correctly recorded. _ Monitor death certificate process. _ Assure that all personal belongings are kept with decedents and /or are properly secured. _ Review logistical support and make recommendations as necessary. _ Compare current capacity with future requirements and estimate future logistical requirements (surge capacity). _ Maintain unit records, including Unit/Activity Log.
End of Shift Duties	_ Check out with Medical Care and Coroner's Service Branch Directors and the Morgue Services Unit Leader. _ Provide briefing to MFI Unit Leader working the next shift. _ Verify return schedule.
Demobilization Duties	_ Participate in the development and the implementation of the Coroner's Services Branch Demobilization Plan. _ Identify issues for the After Action Report. _ Ensure all records and reports are completed and submitted. _ Conduct staff debriefing. _ Participate in After Action Review.

Tuolumne COUNTY SHERIFF-CORONER JOB ACTION SHEET
MASS FATALITY SECURITY UNIT LEADER

Location Assigned to	Morgue sites, Family Assistance Center, and other areas as requested.
Section Assigned to	Logistics
Report to	Logistics Section Chief or other Branch Directors or Unit Leaders as assigned.
Coordinate With	State and local law enforcement agencies Staff as assigned
Supervise	Security Staff
Preferred Qualifications and Certifications	Law Enforcement/Management experience. ICS/NIMS/SEMS expertise. Knowledge of Public Health Department DOC and County EOC.
Job Description	The Security Unit Leader is responsible for the development and recommendation of measures for assuring personnel, material and facility safety. This position is responsible for ensuring EOC, DOC, FAC, and Morgue, personnel comply with security protocols required by the hosting agency for access to, from, and on the hosting agency's property.
Beginning of Shift Duties	_ Obtain briefing from Security Unit Leader completing shift. _ Report to the Logistics or Branch Directors as assigned. _ Review Job Action Sheet. _ Obtain identification badge. _ Determine current status of Security Unit. _ Participate in incident planning meetings, as required. _ Establish contacts with state and local law enforcement or private security agencies as required.

Tuolumne COUNTY SHERIFF-CORONER JOB ACTION SHEET
MASS FATALITY SECURITY UNIT LEADER

Job Duties	_ Communicate with law enforcement and security staff to discuss any special requirements that may affect operations. _ Request required personnel support to accomplish work assignments. _ Advise the Morgue Unit Leader and Family Assistance Center Unit Leader, of any unsafe, hazardous or security condition. _ Ensure that support personnel are qualified to manage security problems. _ Coordinate security activities with appropriate incident personnel. _ Keep the peace, prevent assaults, and settle disputes through coordination with Agency Representatives. _ Prevent theft of all government and personal property. _ Assign specific duties to Security Staff. _ Train and supervise Security Staff. _ Develop and implement accountability, safety and security measures for personnel and resources. _ Maintain unit records, including Unit/Activity Log _ Check out with Section Chief, Branch Director, or Unit leader as assigned.
End of Shift Duties	_ Brief in-coming Security Unit Leader. _ Verify Return Schedule.
Demobilization Duties	_ Supervise demobilization of Security Unit. _ Make sure all activities are documented and Unit Logs are submitted to Documentation Unit. _ Identify issues for After Action Report. _ Participate in After Action Review

Tuolumne COUNTY SHERIFF-CORONER JOB ACTION SHEET
FAMILY ASSISTANCE CENTER

Location Assigned to	Site Located at:_____
Section Assigned to	Operations Section
Report to	Coroner Services Branch or if the size of the incident warrants this unit may be designated as a separate Branch reporting directly to the Operations Section Chief
Coordinate With	Morgue Services, Human Remains Recovery Unit, Logistics Section and the Medical Branch if activated
Supervise	Staff that are assigned to the Family Assistance Center
Preferred Qualifications and Certifications	Mental Health or Behavioral Health expertise. Managerial experience, ICS/NIMS/SEMS expertise. A complete understanding of Tuolumne County Behavioral Health Department, the County EOC, and the Public Health Department DOC.
Job Description	This position oversees the Family Assistance Center (FAC). The primary objective is to act as a liaison between the Coroner and the families of the incident victims. The services provide include death notification, information briefings, grief counseling and ante-mortem data collection.
Beginning of Shift Duties	_ Obtain identification badge. _ Review Incident Action Plan. _ Review the Mass Fatality Plan. _ Obtain briefing from the Command Staff. _ Check-in with Coroner Branch Director and the Morgue Services and Human Remains Recovery Unit Leaders. _ Coordinate with the Behavioral Health Director regarding the deployment of counselors and stress management for grieving families _ Assess the current situation. _ Conduct FAC staff briefing. _ Establish a location for the Family Assistance Center.

Tuolumne COUNTY SHERIFF-CORONER JOB ACTION SHEET
FAMILY ASSISTANCE CENTER

Job Duties	_ Evaluate the number of victims and estimate the number of family members expected (8-10 per victim) and report findings to command staff. _ Identify tasks/activities, prioritize and assign to the FAC staff. _ Determine work schedules and shifts needed. _ Coordinate activities for all staff. _ Ensure employees understand their work assignments. _ Make certain employee welfare is cared for. _ Ensure that adequate safety measures are in place and being adhered to. _ Ensure personnel have the proper tools and supplies they will need to perform their job. _ Report directly to Coroner Branch Director: inform about developments, progress and problems related to functional activities at the FAC. _ Communicate with the Morgue Services and Human Remains Recovery Unit Leaders to ensure coordination between the recovery site, the morgue and the Family Assistance Center. _ Establish and supervise family briefing procedures. _ Conduct family Briefings assuring the release of accurate and timely information. _ Coordinate release of information with the Public Information Officer, sharing information learned from family members. _ Establish and supervise ante mortem data collection procedures and ensure efficient transfer of data to the Morgue Services Unit. _ Assist in the collection of DNA sampling from family members in support of the DNA lab. _ Establish and supervise death notification procedures and assign staff members and or law enforcement personnel to the death notification teams. _ Serve as a liaison with outside agencies and the death industry at the FAC. _ Maintain unit records, including Unit/Activity Log.

Tuolumne COUNTY SHERIFF-CORONER JOB ACTION SHEET
FAMILY ASSISTANCE CENTER

End of Shift Duties	_ Check out with Branch Director and the Morgue Services and Human Remains Recovery Unit Leaders. _ Provide briefing to FAC Unit Leader or Branch Director working the next shift. _ Verify return schedule. _ Participate in the development and the implementation of the Coroner's Services Branch Demobilization Plan.
Demobilization Duties	_ Identify issues for the After Action Report. _ Ensure all records and reports are completed and submitted. _ Conduct FAC staff debriefing. _ Participate in After Action Review.

Tuolumne COUNTY SHERIFF-CORONER JOB ACTION SHEET
TRANSPORTATION UNIT LEADER

Location Assigned to	Emergency Operations Center
Section Assigned to	Logistics Section
Report to	Logistics Section Chief
Coordinate With	Coroner's Service Branch
Supervise	Transportation Staff
Preferred Qualifications and Certifications	Administrative/Management experience, Knowledge of ICS/NIMS/SEMS, Tuolumne County Sheriff-Coroner, County Health Department and County EOC. Prior transportation management experience preferred.
Job Description	The Transportation Unit Leader is responsible for: 1) Coordination of ground transportation activities that are supporting search and rescue operations 2) Moving bodies from the recovery site to the morgue site(s) 3) Moving bodies from the hospitals to the morgue site(s) 4) Transportation of personnel, supplies, food, and equipment 5) Selection of appropriate vehicles 6) Fueling, service, maintenance, and repair of vehicles and other ground support equipment 7) Developing and implementing traffic plans.
Beginning of Shift Duties	_ Obtain briefing from Transportation Unit Leader completing shift. _ Report to Logistics Section Chief. _ Review Job Action Sheet. _ Obtain identification badge. _ Determine current status of Transportation Unit activities. _ Participate in incident planning meetings, as required. _ Assign specific duties to staff. _ Train and supervise staff.

Tuolumne COUNTY SHERIFF-CORONER JOB ACTION SHEET
TRANSPORTATION UNIT LEADER

Job Duties	_ Develop and implement accountability, safety and security measures for personnel and resources. _ Oversee and organize all ground transportation operations. _ Develop and implement off site Traffic Plan for the movement of bodies from recovery to morgue sites and from hospitals to the morgue sites. _ Participate in preparation of the Incident Action Plan through the EOC. Ensure that the Ground Operations portion of the Incident Action Plan takes into consideration the transportation requirements of assigned units. _ Arrange for and activate fueling, maintenance, and repair of on-site ground resources. _ Maintain inventory of all transportation vehicles. _ Document usage information on rented equipment assigned to the incident. _ Requisition maintenance and repair supplies (e.g., fuel, spare parts). _ Arrange for an accident investigation team when warranted. _ Provide training and briefings on any special considerations to drivers. _ Evaluate conditions for special precautions, such as equipment drivers, weather, and escorts with personal protective equipment. _ Maintain unit records, including Unit/Activity Log.
End of Shift Duties	_ Check out with Logistics Section Chief. _ Brief in-coming Transportation Unit Leader. _ Make certain all activities/problems are documented. _ Verify Return Schedule. _ Return RSS Warehouse Identification badge.
Demobilization Duties	_ Supervise demobilization of Transportation Unit. _ Oversee refueling, maintenance and return of all vehicles to appropriate location. _ Make sure all forms and records are completed and submitted to Administrative Unit. _ Identify issues for After Action Report. _ Participate in After Action Review

H- References

Disaster Mortuary Operational Response Teams: Mass Fatality Assistance www.dmort.org National Wildfire Coordinating Group: Publications Management System - Job

Aids http://www.nwcg.gov/ State of California Governor's Office of Emergency Services: The California Mass Fatality Management Guide: A Supplement to the State of California Coroners' Mutual Aid Plan September 2007 www.oes.ca.gov/

CHAPTER XII
TUOLUMNE COUNTY SHERIFF - CORONER'S OFFICE
MASS FATALITY INCIDENT COMMUNICATIONS PLAN

A- Purpose

The purpose of this Plan is to identify the communication needs and delineate responsibilities for:

1) The rapid notification of staff members
2) The methods of tactical communications.

A mass fatality incident is seldom a stand alone event; therefore it is very important that communication between the various County departments and local government agencies be established, coordinated and maintained.

B- Roles and Responsibilities

Logistics Section Chief **– Approve Communications Plan**
Planning Section Chief **– Include Communications Plan in the operational period IAP and discuss any communication concerns during the daily briefing.**

Communication Unit Leader – Establish and Implement Communications Plan. Coordinate all internal and external communications for search and recovery sites and permanent and temporary morgue locations. Prepare and implement the effective use of incident communication equipment and facilities. Install and test communication equipment and distribute to incident personnel. Maintain and repair communication equipment.

C- Elements

Effective tactical communications during an event is critical to the continual and timely flow of material and staff to search and recovery sites and permanent and temporary morgue sites, hospitals, and other locations.

This will include:

- Using a call-down list to alert key staff members and the hospital of an emergency and to request them to report to their designated sites
- Alerting personnel to set up morgue sites
- Ensuring that the morgue site and hospitals are properly equipped and staffed with communications devices
- Assisting the PIO and the Emergency Phone Center with technical expertise in making information available to the general public
- Maintaining and distributing phone numbers, e-mail addresses, and radio frequencies
- Providing technical advice to staff and others for the communications devices they use

D- Methods of Tactical Communications

The primary means of communication will be the existing phones, both cellular and hard wire, within the Sheriff-Coroner's office, the County EOC, the Health Department DOC, and the local hospital. Sites may also be equipped with 800 MHz radios and Nextel type 2-Way cellular phones for a back-up means of communications. Internet connections and fax machines at the sites will also be used.

The TCSO has access to satellite telephones that may be used if land-based telephone systems are non-functional or overloaded. The satellite telephone operates independent of telephone lines and is designed to communicate with either landline based telephones or other satellite telephones. Satellite phones should be utilized when other modes of communication are unavailable.

Alternate sources of communications may include volunteer HAM radio operators, runners, and television. **Radio Amateur Civil Emergency Service (RACES)** is a public service provided by a reserve volunteer communications group within government agencies in times of extraordinary need. During periods of RACES activation, certified unpaid personnel are called upon to perform many tasks for the government agencies they serve. Although the exact nature of various activations will be different, the common thread is communications.

Communications with hospitals should occur through existing phones lines. EMSystem will serve as a backup method of communicating with hospitals and a primary system for locating hospital resources outside of the county.

E- Communication Concerns

Staff utilizing two-way radios must to be cautious of the information they transmit. Conversations could reveal sensitive information to unauthorized listeners and potentially jeopardize or interfere with operations.

CHAPTER XIII
TUOLUMNE COUNTY SHERIFF - CORONER'S OFFICE
MASS FATALITY INCIDENT PUBLIC INFORMATION PLAN

A- Purpose

The purpose of this Plan is to provide for the timely and accurate dissemination of public health information during a Mass Fatality Incident (MFI) so as to minimize the suffering of decedent's family members and loved ones.

A MFI is seldom a stand alone event. During and after a MFI, the need for public information is critical. A consistent, confident message must be provided to maintain smooth operations and credibility. Coordination of public messages through the EOC is a critical way to assure that these goals are accomplished. It is very important that timely and accurate information be provided to minimize fear and educate the public regarding any safety precautions that should be taken.

Should the MFI be a result of a communicable disease outbreak, hazardous material release, or other public health crisis, the Tuolumne County Health Department (TCHD) Risk Communication Plan should be concurrently utilized in consultation with the Health Officer. Detailed information regarding the use of the Office of Emergency Services telecommunications capabilities and other technical information relating to the mitigation of health emergencies can be found there and within the TCHD Health Emergency Preparedness and Response Plan.

B- Policy

It is the policy of the Sheriff-Coroner of Tuolumne County, and/or the Incident Commander of a MFI, that the dissemination of timely and accurate information is of primary importance and concern throughout all aspects of the event. Once identified, short comings and/or public information concerns shall be appropriately mitigated as soon as possible.

C- Roles and Responsibilities

Sheriff-Coroner/Incident Commander – Establishes policies and approves of all public information and news releases as prepared by the Public Information Officer (PIO).

Public Information Officer **(PIO)** – Implement Public Information Plan and develop and present public information.

Operations Section Personnel – Assure that public information considerations are included in all tactical and strategic decisions and that public information concerns are referred to the PIO.

Health Officer – Assure that messages are consistent with health regulations and public safety and assist the PIO with distribution of information through the Health Department web-based network (California Health Alert Network, or CAHAN)

All Personnel – Communicate approved public information to the general public.

D- Elements

Preparation for communication to all potential recipients of information should include generalized fact sheets, health alerts, and press releases that can be customized to the particulars of the emergency. These resources will help answer questions from law enforcement, fire departments, medical personnel, the public, and the media. Messages need to be tailored to the intended audiences so that they are relevant and easy to comprehend to diverse recipients.

Messages should include statements that:

- Recognize and empathize with public concerns.
- Acknowledge that reports from the media may be confusing.
- Avoid comparing the present risk to other risks that are not part of the present fears.
- Provide frequent updates of information based on medical and scientific data.
- Give the public suggestions for actions that will help safeguard health if a threat exists.
- Assure the public that the Coroner and the Public Health Department are working actively to minimize health risks.

The PIO will:

- Assure timely dissemination of essential information that will increase survivability and reduce human suffering at the onset, during, and after the event.
- Supply the media with accurate and timely news information from a central source so that rumors are minimized and disruption of the response to the event is avoided.
- Provide the Tuolumne County Board of Supervisors, State of California officials, local government, AHS PIO and tribal officials within Tuolumne County, with accurate information so that these agencies may assist in keeping the public informed in a consistent manner.

To attain these elements, the PIO will:

Direct media

Act as a liaison to the media by:

- Assessing media needs and organizing mechanisms to fulfill those needs during the crisis
- Triage the response to media requests and inquiries
- Support spokespersons, including field staff PIOs
- Develop and maintain media contact lists and call logs
- Produce and distribute media advisories and news releases
- Produce and distribute materials, such as fact sheets and audio/ video releases
- Review news and video clips to correct inaccurate information and to identify ways to improve future releases
- Develop trust and credibility
- Maintain records of all information released to the media utilizing the Unit Log

Direct Public

Provide support to the:

- Logistic Section by providing accurate information for use by the Family Assistance Center and the Tuolumne County Emergency Phone Center should it be placed into service
- Dispatch Center by providing releases for the Emergency Alerting System “Community Phone Watch and the “City Watch” reverse 911 system
- County IT staff in managing e-mail inquiries coming in over the County Web site and producing information for dissemination via “blanket” text messaging systems. (Social Networking such as Twitter)

Content and material for support staff

Provide the following support:

- Develop and establish mechanisms to rapidly receive information from the Tuolumne County Emergency Operations Center (EOC) regarding the incident
- Translate EOC situation reports and meeting notes into information appropriate for public and partner needs
- Work with subject matter experts to create situation-specific fact sheets, Q/A sheets, and updates
- In consultation with appropriate staff, test messages and materials for cultural and language requirements of special populations
- Receive input from other communication team members regarding content and message needs

E- Special Considerations

Public Officials and the Media

Public officials, who are known and trusted by their constituents, and are well informed about the situation at hand can be utilized as a powerful source in allaying public fears. An important function for public officials in any major emergency is to dispel disruptive rumors and instill in the general public a sense that everything possible is being done to control the situation. In order to attain this goal, it will be necessary to fully educate public officials about the emergency. It is critical to include:

1) the current situation
2) actions that have been taken
3) future actions and potential outcomes. Not all of this information may be suitable for dissemination to the general public. Still, it is critical that public officials be aware of possible outcomes.

F- Phone Center

Should the need arise, the Sheriff-Coroner could request the activation of the Office of Emergency Services Emergency Phone Center. In order to quickly disseminate Public Health information, answer calls from the general public, and accurately receive and record special needs requests, the Logistics Section will operate Community Phone Lines. It will be staffed to a level appropriate to need as indicated by the call volume. Incoming calls will be

answered by staff with “Frequently Asked Questions” responses. This staff will be supervised by persons designated by the EOC to refer special needs callers to appropriate resources.

It can be assumed that calls coming into the center will fall into one of three categories:

1) General Information about what is happening and when, where and how to receive Treatment
2) Requests from special needs populations
3) Concerns from citizens having an adverse reaction to the treatment received.

Upon receipt at the call center:

General Information requests, based on the expected high call volume will be transferred to a pre-recorded message, specific to the event, which will detail what is occurring, and what actions the general public is requested to take. (These messages can also be used in the Emergency Alerting System “Community Phone Watch” and the Reverse 911 Calling system “City Watch” when appropriate)

Special Needs requests will be answered by the Phone Center Call Taker who will record the data on a Special Needs Request form. This form will be forwarded for handling to the Immunization and Prophylaxis Unit Leader in the Operations Section.

Adverse Reactions to a medical treatment received will be handled by the Public Health Administrative Assistant(s) who will direct the caller to take actions outlined in a scenario dependant set of instructions developed by the Health Official.

G- Summation

Timely and accurate Public Information has been identified as a very important objective by the Sheriff-Coroner/Incident Commander and it is the responsibility of all incident personnel to assist where possible in this objective. Specific concerns regarding Public Information will be identified and mitigated by all members of the Command and General Staff.

CHAPTER XIV
TUOLUMNE COUNTY SHERIFF - CORONER'S OFFICE
MASS FATALITY INCIDENT HEALTH & SAFETY ACTION PLAN

A- Purpose

The purpose of this Plan is to ensure the safety of incident personnel and the general public. This is accomplished by identifying, monitoring and managing all safety hazards for the duration of the incident.

B- Policy

It is the policy of the Incident Commander that safety of personnel is of primary importance and concern throughout all aspects of the incident. Once identified, safety hazards or concerns shall be appropriately mitigated or addressed.

C- Roles and Responsibilities

Incident Commander – Establish safety policy in consultation with the Health Officer

Safety Officer – Implement safety policy

Operations Section Personnel – Assure that safety considerations are included in all tactical and strategic decisions

Unit Leaders & Supervisors – Communicate safety information to all assigned personnel and closely monitor their activities to assure compliance.

All Personnel – Primary responsibility is to perform assignments in a safe manner at all times.

D- Elements

The Safety Officer will develop a safety plan that addresses the hazards associated with a mass fatality incident in consultation with the Health Officer.

The following concerns have been identified as being significant hazard potentials:

- Public safety and security issues at the morgue and recovery sites.
- Public health issues at the morgue and recovery sites.
- Worker Safety at all sites.
- Bio- Hazards for workers.

These concerns will be mitigated by taking the follow actions:

- Limit control operations to limit unnecessary exposure of personnel.
- Consider a risk-to-benefit ratio when considering strategy and tactics.
- Maintain constant contact and communications with **ALL** field personnel.
- Document operational period briefings and safety sessions, documented on Unit Log.
- Using a safety analysis for each operational period.

 Listing appropriate health and safety information on the Incident Action Plans (IAP).

In addition, the Public Information Officer, working closely with Command Staff, will make a concerted effort to educate the general public in regards to safety concerns specific to the incident.

All new personnel checking into the incident will be required to review a general safety message that outlines general concerns. Daily shift briefings and the IAP will be the primary means of communicating safety concerns and issues to incident personnel. It is imperative that supervisors communicate this information to all personnel assigned to them, to assure that the information reaches all levels of the incident organization.

Safety concerns will be addressed by each IAP through the inclusion of, at a minimum, a Safety Message. The, "Incident Safety Objectives", will include an objective which provides for incident personnel and public safety. Safety concerns specific to Divisions or Groups should be identified on the, "Division Assignment List".

The Safety Officer and assistants will monitor conditions in the field at all incident facilities and surrounding areas. Identified hazards will be communicated to affected personnel. All intelligence gathered regarding potential hazards will be evaluated. Mitigation measures will be developed and information will be included in the IAP as required.

E- Mitigation of Specific Concerns or Hazards

Safety has been identified as the primary objective, and it is the responsibility of **all** incident personnel. Specific concerns and hazards will be identified and mitigated by all members of the Command and General Staff (Officers & Section Chiefs) and throughout their organization and area of responsibility. All accidents will be reported, investigated, documented, and reviewed for "Lesson's Learned" potential.

Summation

Safety is the responsibility of every individual assigned to the incident. It is of primary importance and should be a consideration throughout all aspects of the incident.

Attachments:

1) General Biosafety Guidelines for Search and Recovery Sites
2) Safety Rules for Morgue Site Operations

General Biosafety Guidelines for Search and Recovery Sites
Employers and workers face a variety of health hazards when handling, or working near, human remains. Workers directly involved in search and recovery or other efforts that require the handling of human remains are susceptible to blood borne viruses such as hepatitis and HIV, and bacteria that cause diarrheal diseases, such as Shigella and Salmonella.
The following precautionary measures can help employers and employees remain safe and healthy while handling human remains.

Personal Protective Equipment

• **Hand Protection**. When handling potentially infectious materials, use appropriate

barrier protection including latex and nitrile gloves (powder-free latex gloves with reduced latex protein content can help avoid reaction to latex allergies). These gloves can be worn under heavy-duty gloves which will, in turn, protect the wearer from cuts, puncture wounds, or other injuries that break the skin (caused by sharp environmental debris or bone fragments). A combination of a cut-proof inner layer glove and a latex or similar outer layer is preferable.

• **Foot Protection**. Footwear should similarly protect against sharp debris.

• **Eye and Face Protection**. To protect your face from splashes of body fluids and fecal material, use a plastic face shield or a combination of eye protection (indirectly vented safety goggles are a good choice if available; safety glasses will only provide limited protection) and a surgical mask.

• **Respiratory Protection**- A surgical mask will provide satisfactory protection from contact exposure, but a respirator with N-95 protection or greater is recommended if aerosolized fluids are present and work within 3 feet of the remains is expected (e.g. in an autopsy suite where bone saws are in use, during CPR, or where fluid splash is present).

Hygiene. Maintain hand hygiene to prevent transmission of diarrheal and other diseases from fecal materials on your hands. Wash your hands with soap and water or with an alcohol-based hand cleaner immediately after you remove your gloves.

Give prompt care to any wounds sustained during work with human remains, including immediate cleansing with soap and clean water and report these to supervisors. Workers should also be vaccinated against hepatitis B, and get a tetanus booster if indicated.

• Never wear PPE and underlying clothing if it is damaged or penetrated by body fluids.
• Ensure disinfection of vehicles and equipment.

Ergonomic Considerations Lifting or moving heavy objects, particularly when done repetitively, can result in injuries to the workers involved. Human remains that have been in water for some time are likely to be even heavier than normal. Having more than one person involved in lifting the human remains will help to reduce the potential for injury. Following appropriate lifting techniques will also help to protect people, as will the use of mechanical lifts or other devices when available.

Myths There is no direct risk of contagion or infectious disease from being near human remains for those who are not directly involved in recovery or other efforts that require handling the remains.

Viruses associated with human remains (e.g., hepatitis B and C, HIV, various bacteria, etc.) do not pose a risk to someone walking nearby, nor do they cause significant environmental contamination.

The smell of human decay is unpleasant; however, it does not create a public health hazard.

Morgue Site Safety Rules

The Tuolumne County Sheriff-Coroner's Office has established the following mandatory safety practices to protect its employees and volunteers. Failure to comply with these rules could result in serious injury.

1. All workers must enter and exit the Morgue site through the front door. They must sign in and obtain official badges upon entering and sign out and return badges upon their departure.
2. Under no circumstance will any person be permitted to work while under the influence of alcohol or drugs.
3. No radios or headphones may be used by site workers (except those needed for internal and external communications).
4. Eating, drinking and gum chewing will only be permitted in the designated break area and not within work areas.
5. Neither horseplay nor running will be permitted at the site at any time.
6. Smoking is never permitted within the site. Individuals may smoke outside at a minimum of 100 ft away from the building or work site.
7. Staff should wear proper protective gear (gloves, masks, goggles) as applicable, and use aseptic technique.
8. Visually inspect for sharp objects and other hazards before reaching into containers such as garbage cans, boxes or bags.
9. All spills must be cleaned up immediately.
10. Morgue site floors are to be kept free of debris at all times.
11. Use correct lifting techniques at all times. Do not attempt to lift over 50 pounds without assistance.
12. Report damaged or malfunctioning equipment to the unit leader immediately. Do not attempt to make any repairs.
13. Do not block emergency exits, fire extinguishers, or any equipment requiring immediate access.
14. Report all accidents and injuries immediately to your unit leader.
15. Report all unsafe conditions or practices to your unit leader.

CHAPTER XV
TUOLUMNE COUNTY SHERIFF-CORONER'S OFFICE
MASS FATALITY INCIDENT SECURITY PLAN

A- Purpose

The purpose of this Plan is to identify the security needs at the County EOC, temporary morgue sites, and the search and recovery sites.
Additionally, this plan delineates the responsibilities of the Sheriff-Coroner's Office in providing security.

B- Policy

It is the policy of the Incident Commander that security of personnel is of primary importance and concern throughout all aspects of the incident. Once identified, security concerns shall be appropriately mitigated or addressed.

C- Roles and Responsibilities

Incident Commander – Approve Security Plan

Operations Section Personnel – Assure that security considerations are included in all tactical and strategic decisions

Security Unit Leader – Establish/Implement Security Plan

Unit Leaders & Supervisors – Communicate security information to all assigned personnel and closely monitor their activities to ensure compliance

D- Elements

All security needs within the operational area become the overall responsibility of the County Sheriff's Department. The County Sheriff will appoint the Security Unit Leader. This individual will be responsible for the security of vehicle/material transport, equipment, and personnel at the recovery site and at all morgue sites. The security needs of the hospital will also be taken into consideration. The Sheriff's Department will be assisted in these efforts by local Police Departments. Should the security needs exceed the capability of the local jurisdiction, additional resources can be obtained through law enforcement mutual aid and may include the following:

- CAL Fire Law Enforcement Officers
- State Parks Officers
- Fish and Game Wardens
- DMV Investigators

Private security agencies and volunteer groups may be used to supplement local law enforcement. If local government resources are not available from Operational Area jurisdictions, the EOC will coordinate with private vendors to supply requested resources. The Sheriffs Department and City Police Departments may have citizen volunteer and

explorer units that can be utilized as security support. These are unarmed volunteers who wear readily identifiable uniforms and may be utilized to observe and report. If they encounter a problem, they can quickly radio in to their respective agencies for additional support.

Search and Recovery Site Security

The primary goal of Search and Recovery site security is to provide crowd control and direction, worker and general public safety, and protection of the crime scene.

The following site security measures are recommended:

- The public will be denied access to the search and recovery site.
- Media access will be coordinated through the EOC. A PIO staff member will accompany the media.
- Access control into, within, and outside of the perimeter. This measure entails identification badges for all authorized personnel, and sign-in/out sheets.
- If deemed necessary, perimeter fences, personnel gates and turnstiles can be quickly installed to provide an additional physical barrier. Additional exterior lighting can also be added.
- The Family Assistance Center will coordinate with the Security Unit Leader all authorized site visits by next of kin.
- Establish traffic patterns for entry and exit to the area and clearly designate parking areas.
- Establish a Security Post and make its location and contact information known to all personnel.

Morgue Site Security

The primary goal of morgue site security is to provide protection for site inventory and personnel. Site security is the responsibility of law enforcement agencies (Police or Sheriff) within each morgue sites' jurisdiction.

The following Morgue Site security measures are recommended:

- Before activation, the responsible law enforcement agency should perform, in coordination with the logistics section, a physical security and facility preparedness assessment of the morgue site(s).
- Access control into, within, and out of the facility. This measure entails identification badges for all authorized personnel, and sign-in/out sheets.
- Controlling and coordinating media access within the site (coordinating through the EOC and PIO).
- Establish traffic patterns for entry and exit to the facility and clearly designate parking areas.

E- Mitigation of Specific Concerns or Hazards & Summation

Mitigation of Specific Concerns or Hazards

Security has been identified as an important objective, which is the responsibility of **ALL** incident personnel. Specific concerns and security risks will be identified and mitigated by all

members of the Command and General Staff (Officers & Section Chiefs). Any security “lapse” will be reported, investigated, documented, and reviewed for “lessons learned” potential.

CHAPTER XVI
PLAN EXERCISE AND MAINTENANCE
TRAINING, EXERCISE, EVALUATION AND MAINTENANCE

A- Overview

Tuolumne County Sheriff-Coroner's Office personnel and community partners will receive all appropriate emergency preparedness related trainings and exercises in order to facilitate response efforts during an actual Mass Fatality Incident. It would be advantageous if local hospital administrators, managers and local mortuary Funeral Directors were included in training programs. The TCSO training coordinator will develop a calendar at the start of each fiscal year and also schedule all requisite trainings and exercises.

B- Training

Based on the fact that this Mass Fatality Plan is new, training objectives for 2012 include:

- Introduce the MFI plan to Emergency Managers in the Sheriff's Department and local hospitals and solicit suggestions for improvement.
- Convene a meeting of the Tuolumne County Death Care Industry. Introduce the basic County Emergency Management organization and explain the Multiple Emergency Response Planning process.
- Introduce the MFI Plan and the concept of Memorandum of Understanding (MOU's) to the Tuolumne County Death Care Industry for partnering with the Sheriff-Coroner. Future training objectives for emergency managers will center on refining expertise on the actual operational components of the plan. Integration of the Coroner's Services Branch in the County EOC will be a high priority. Also relevant, is the demonstration to the local Death Care Industry the importance of developing MOU's with the Sheriff-Coroner's Office.

C- Exercises

Exercises are valuable because they enable local jurisdictions and regional planners to evaluate how well the MFI plan works and identify where the plan needs improvement. Some exercises may test only limited parts of the plan such as notification procedures. MFI are seldom stand alone events, therefore it is realistic to exercise this Plan in concert with the exercising of other Plans (e.g. SNS, Pan Flu, or Mass Casualty).

Plan and Design Group

To plan exercises that adequately evaluate the readiness of the local jurisdiction and region to respond to an emergency, an exercise planning and design group will be developed to establish goals, objectives, and possible scenarios.

This group will include the following:

- Fire Department personnel
- Law Enforcement personnel
- HazMat response personnel

 Tuolumne County Public Health Department personnel
 Tuolumne County Environmental Health personnel
 Tuolumne County Behavioral Health personnel
 Tuolumne County Death Care Industry representatives
 AHS managers and administrators and local healthcare professionals
 Emergency management coordinators
 Public information and health education specialists
 Other personnel as appropriate and determined by the exercise design team

Exercise Requirements

As noted above MFI are seldom stand alone events, therefore it is realistic to implement the use of the MFI Plan in concert with the exercising of other Plans.

To meet the training objectives outlined above, the following components should be exercised annually:

 Ensure that the Coroner's Service Branch is established within the County EOC
 Test the operational capabilities of the Morgue Services Unit
 Exercise the Hospital Situation Unit and the Hospital MFI Unit Leader positions
 Activate the Family Assistance Center component
 Simulate the issuance of a large number of death certificates and permits for disposition
 Demonstrate the need for MOU's between the TCSO and the local Death Care Industry.

D- Evaluation and Maintenance

For all exercises involving the TCSO, the following exercise evaluation activities will occur:

 Development of a post exercise written evaluation
 Conduct a post exercise Hot Wash
 Preparation of an After Action Report (AAR)
 Preparation of a Corrective Action Plan (CAP)
 Implement the Corrective Action Plans in a timely fashion.

This plan, in its entirety, will be reviewed, maintained, and updated on a yearly basis by the Sheriff-Coroner or his/her designated representative.

GLOSSARY OF TERMS AND ACRONYMS

AAR After Action Report
BT Bioterrorism
Bulk Packages of supplies or medication that have not been repackaged into individual units or doses
CAP Corrective Action Plan
Cal DIT California Dental Identification Team
CDC Centers for Disease Control and Prevention
CDHS California Department of Health Services
CHEMPACK Pre-established cache of chemical antidotes
DEA Drug Enforcement Agency
Delivery Point Site where supplies are delivered; includes Local RSS Warehouse, dispensing sites, hospitals, corporate centers (including educational institutions), special populations centers (correctional facilities), long term living facilities, First Responders/Essential Personnel etc.
DHHS Department of Health and Human Services
Dispensing Site Site that dispenses medicines, food, water, ice and other staples needed by the general public in a time of emergency.
DMAT Disaster Medical Assistance Team
DMORT Disaster Mortuary Operations Team
DMPU Disaster Mortuary Portable Unit
DOC Department Operations Center
DVP Disaster Victim Packet
EMS/ H.E.A.R. Hospital Emergency Radio System
EOC Emergency Operations Center
FAQ Frequently Asked Question
CHD County Health Department
HDSC Hospital Disaster Support Communications System
HICS Hospital Incident Command System
IAP Incident Action Plan
ICS Incident Command System
LZ Landing Zone (helicopter)
MCI Mass Casualty Incident
MCP Mass Casualty Plan
MHOAC Medical Health Operational Area Coordinator
MOA Memorandum of Agreement
MOU Memorandum of Understanding
NDMS National Disaster Medical System
OA Operational Area
OES Office of Emergency Services
PFRD Public Facilities and Resources Department
PH Public Health
RACES Radio Amateur Civil Emergency Center
RDMHC/S Regional Disaster Medical Health Coordination Specialist
Receiving Acceptance of materials from the state government or other local government agency
SEMS Standardized Emergency Management System
SMI Stockpile Managed Inventory
SNS Strategic National Stockpile
SRMC Sonora Regional Medical Center

TCSO Tuolumne County Sheriff's Office
TJC The Joint Commission of Healthcare Organizations
VIP Victim Identification Profile
WMD Weapons of Mass Destruction

TUOLUMNE COUNTY SHERIFF-CORONER'S OFFICE
MASS FATALITY INCIDENT
APPENDICES

_ **VIP/DMORT Anthropology Form**
_ **VIP/DMORT Program AFIP/DNA Specimen Form**
_ **VIP/DMORT Program Clothing Inventory Form**
_ **VIP/DMORT Program Fingerprinting Form**
_ **VIP/DMORT Program Jewelry Inventory Form**
_ **VIP/DMORT Program Pathology Form**
_ **VIP/DMORT Program Radiology Form**
_ **VIP/DMORT Program Tracking Form**
_ **VIP/DMORT Disaster Scene Death Investigation Record**
_ **VIP/DMORT Incident Site Recovery Record**

Important Note: The following forms and the Victim Incident Profile (VIP) database program may be downloaded from the DMORT web site, free of charge, at www.dmort.org/forms