Appendix D (Mass Fatality) to the Summit County Basic Plan

Mass Fatality

I. PURPOSE
This Appendix provides the information necessary to respond to the potentially overwhelming number of deceased in a Mass Fatality incident within Summit County. This information includes the responsibilities associated with recovering, identifying, investigating, and storing human remains in which death was a direct or indirect result of a disaster.

II. SITUATION AND ASSUMPTIONS

A. Situation
1. A Mass Fatality Incident may deplete the resources of response partners. If local resources are depleted, additional support may be requested through the state EOC.

2. Resources may be pre-determined to address the recovery, identification, and storage of fatalities associated with a Mass Fatality incident.

3. The Incident Command System will be utilized in a Mass Fatality incident.

4. The Summit County Medical Examiner has primary responsibility for delivering mass fatality services during an emergency.

5. State and Federal resources may assist at the request of local authorities.

B. Assumptions
1. In the event of a terrorist attack, a major natural disaster, or a chemical, biological, radiological, nuclear or explosive (CBRNE) incident, many critical supplies and personnel may be needed to address the overwhelming demand for corpse care.

2. Essential supplies, personnel, material and equipment are made available through designated agencies, companies, and governmental entities, (and Mutual Aid Agreements are in place to address the excess need for supplies and/or services).
III. PHASES OF EMERGENCY MANAGEMENT

A. Mitigation

Activities may include, but are not limited to:

1. Understanding existing regulations and laws.
2. Developing written agreements with businesses and industries concerning the use of state or private facilities.
3. Creating Standard Operating Guidelines to fulfill necessary procedures as needed.
4. Maintaining updated inventories and call-down lists to meet required supply/personnel demand.

B. Preparedness

1. The assignment of response roles and the continual upkeep and training for these response roles will be maintained within the individual authorities responsible for their specific locations.
2. Coordination with volunteer organizations for the use of professional and non-professional volunteers.
3. Establishment of Ante-Mortem teams, and the supplies necessary to adequately equip these teams.

C. Response

1. Response activities will include searching, locating, marking and numbering, recovering, and recording the bodies, body parts, and property associated with a Mass Fatality.
2. Location of bodies and/or body parts.
3. Marking and numbering of each item flagged.
4. Investigate cause of death as required by law.
5. Maintain and process remains according to law enforcement and public health officials as deemed appropriate.

D. Recovery

1. The recovery of bodies, body parts, property, and evidence.
2. Recovery of personal effects should be handled concurrently with the recovery of remains.
3. Plotting the location of personal effects, evidence, and property.
4. Analysis of data obtained.
IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. Emergency Management Agency

1. The Summit County Emergency Management Agency (EMA) may open the EOC in the event of a Mass Fatality Incident. EMA will coordinate all efforts to ensure delivery of all necessary resources to all areas within the county.

2. The Summit County Emergency Management Agency will keep in their records a current, exercised call-down list for such an incident.

B. Summit County Medical Examiner

1. The Summit County Medical Examiner is responsible for the direction of operations in a Mass Fatality Incident.

2. The Summit County Medical Examiner will provide a representative in the Summit County EOC in the event it is activated.

3. The Summit County Medical Examiner will provide direction and guidance as specified in the Ohio Revised Code.

4. The Summit County Medical Examiner’s office will be responsible for the completion of death certificates of the deceased during a Mass Fatality incident.

5. The Summit County Medical Examiner’s office may activate their Mass Disaster Incident Response Plan in a situation that may exceed the local resource capabilities.

C. Summit County Public Health

1. Summit County Public Health will be responsible for the maintenance of the volunteer database for a Mass Fatality Incident.

2. Summit County Public Health will assist the Summit County Medical Examiner with the appropriate functions as determined by the Ohio Revised Code during a Mass Fatality Incident.

D. Hospitals

1. Hospitals will support Mass Fatality Incidents in affected communities.
E. EMS

1. In the event EMS is on-scene at the time of death, EMS may provide physician notification and transportation of the deceased to the pre-established morgue sites.

2. EMS may support mass fatality efforts in affected communities.

F. Law Enforcement

1. Law Enforcement agencies in the affected areas may provide the necessary law enforcement duties for a Mass Fatality Incident.

2. Law Enforcement agencies will follow policies and procedures set forth in the Ohio Revised Code during a Mass Fatality Incident.

G. Mortuary Care

1. The Ohio Funeral Directors Association may supply personnel and materials to support mass fatality response and expanded mortuary services in affected jurisdictions.

2. A current list of Mortuary Care providers will be kept on file with the Summit County EMA. This list will be updated and exercised in the roles and responsibilities in a Mass Fatality Incident.

H. Veterinary Care

1. Veterinarians and their facilities may be considered in the Mass Fatality response process, and certain veterinary sites may be pre-determined for viability as alternate morgue sites in the future.

V. DIRECTION AND CONTROL

A. The EOC is the central point for coordinating the operational, logistical and administrative support needs relating to a disaster/emergency. Within the EOC, local decision-makers direct and coordinate emergency activities. The EOC staff gathers and disseminates situation reports and information for the local decision-makers, and other units of local, state and federal governments. Through this process, resources can be utilized without duplication of effort and operations can be more efficient. The EOC is the central coordinating point for obtaining, analyzing, evaluating, reporting, and recording disaster-related information.

B. The Summit County Emergency Management System is in
compliance with the National Incident Management System (NIMS).

C. The MAC Group in the activated EOC will coordinate with the Incident Commander in order to provide direction and control during an emergency.

VI. CONTINUITY OF GOVERNMENT

The line of succession will be determined as follows:

A. The Summit County Medical Examiner will be responsible for requesting and directing all functions of a Mass Fatality Incident. If the Summit County Medical Examiner is not available, the next in line of succession according to the SCME’s continuity of operations plan will determine the direction/request steps.

B. The Summit County Medical Examiner will share any pertinent information with the Summit County EOC and will request additional resources through the Summit County EOC.

VII. ADMINISTRATION AND LOGISTICS

A. Resources

1. All necessary mass fatality forms will be completed in accordance with the guidelines put forth in the planning process. It is the responsibility of the Medical Examiner to maintain the necessary procedures to ensure completion of these documents.

2. A list of necessary supplies/resources will be kept on-hand and current with Summit County EMA.

3. Protection of Vital Records

   a. All records essential to the continuation of government and law enforcement functions will be secured and protected. Refer to Appendix A, Procedures for the Relocation and Safeguarding of Vital Records in the Basic Plan.

4. Protection of Government Resources

B. Communications

1. Communications will be coordinated through the Summit County Communications Center.

2. In addition, a Public Information Officer may be designated at the scene to address media issues related to a specific incident.

VIII. PLAN DEVELOPMENT AND MAINTENANCE

A. EMA in cooperation with the SCME, Summit County Public Health, and all other involved entities, is responsible for updating this annex based on deficiencies identified through drills and exercises and changes in government structure and emergency organizations.

B. The Summit County EMA will forward all changes to appropriate organizations.

IX. AUTHORITIES AND REFERENCES

O.R.C. 313.12
Ohio Emergency Operations Plan, ESF #8
Ohio Funeral Director’s Association Mortuary Response Team (OFDA-MRT)
Summit County Medical Examiner’s Office Mass Disaster Incident Response Plan. 10-06-97.
Summit County Emergency Management Agency Plans and Procedures

X. ADDENDUMS

Glossary of Terms & Acronyms

Tab 1 – Three Phases of a Mass Disaster Incident in Relation to Bodies, Body Parts, and Property

Tab 2 – Disaster Number System, Autopsy Numbers, Case Numbers

Tab 3 - Processing Disaster Victims at the Scene

Tab 4 – Supply List
Tab 5 – Job Descriptions for a Mass Fatality Incident
1. Ante-Mortem Information Gathering Teams
2. Volunteers
3. Trackers
4. On-Duty Investigator
5. Chief Medical Examiner
6. Morgue Operations Manager
7. Chief Investigator
8. Investigators
9. Morgue Attendants
10. Office Administrator
11. Secretarial Staff
12. Recovery Teams
   a. Team Leader
   b. Marker
   c. Recorder
   d. Recovery Handlers
   e. Photographer

Tab 6 – Inspection Station Designation

Tab 7 – Forms
1. Emergency Notification Record
2. Telephone Log
3. Field Investigation Report (filled out at the scene by the Team Leader)
   a. Record of Identification (filled out by Pathologist at the Morgue)
   b. Record of Identification Processing – Skeletal Chart (filled out by Pathologist/Anthropologist at the Morgue)
   c. Postmortem Dental Record (filled out by the Odontologist at the Morgue)
   d. Record of Preparation and Disposition of Remains (Filled out by the Funeral Director)
4. Fatality Collection Area List
5. Mass Disaster Receiving List
6. Disaster Management Tracking Form
7. Personal Information Questionnaire – Five pages total

Tab 8 – Chemical or Biological Incident
1. Guidelines
2. Decontamination Categories
3. Decontamination Procedure

Tab 9 – OFDA-MRT Mobile Morgue Equipment
### Glossary of Terms & Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DMORT</td>
<td>DISASTER MORTUARY OPERATIONS RESPONSE TEAM</td>
</tr>
<tr>
<td>ODFA-MRT</td>
<td>OHIO FUNERAL DIRECTORS ASSOCIATION MORTUARY RESPONSE TEAM</td>
</tr>
<tr>
<td>OFDA</td>
<td>OHIO FUNERAL DIRECTORS ASSOCIATION</td>
</tr>
<tr>
<td>MRF</td>
<td>MORTUARY RESPONSE FOUNDATION</td>
</tr>
<tr>
<td>HRO</td>
<td>HIGHEST RANKING OFFICIAL</td>
</tr>
<tr>
<td>FAC</td>
<td>FAMILY ASSISTANCE CENTER</td>
</tr>
<tr>
<td>NDMS</td>
<td>NATIONAL DISASTER MEDICAL SYSTEM</td>
</tr>
<tr>
<td>PBC</td>
<td>POLICY BOARD CHAIRMAN</td>
</tr>
<tr>
<td>PIO</td>
<td>PUBLIC INFORMATION OFFICER</td>
</tr>
<tr>
<td>MST</td>
<td>MANAGEMENT INFORMATION SUPPORT TEAM</td>
</tr>
<tr>
<td>ORC</td>
<td>OHIO REVISED CODE</td>
</tr>
<tr>
<td>EMA</td>
<td>EMERGENCY MANAGEMENT AGENCY</td>
</tr>
<tr>
<td>PB</td>
<td>POLICY BOARD</td>
</tr>
<tr>
<td>WMD</td>
<td>WEAPONS OF MASS DESTRUCTION</td>
</tr>
<tr>
<td>DHS</td>
<td>DEPARTMENT OF HOMELAND SECURITY</td>
</tr>
<tr>
<td>VIP</td>
<td>VICTIM IDENTIFICATION PROGRAM</td>
</tr>
<tr>
<td>EOP</td>
<td>EMERGENCY OPERATIONS PLAN</td>
</tr>
<tr>
<td>GRIDDING</td>
<td>A MAPPING SYSTEM THAT USES GRIDS</td>
</tr>
<tr>
<td>THEOLODITE</td>
<td>A MAPPING SYSTEM THAT USES SPECIALIZED EQUIPMENT TO MAP WHERE A FATALITY HAS</td>
</tr>
<tr>
<td></td>
<td>OCCURRED</td>
</tr>
<tr>
<td>EMS</td>
<td>EMERGENCY MANAGEMENT SERVICES</td>
</tr>
<tr>
<td>TRACKERS</td>
<td></td>
</tr>
<tr>
<td>MORGUE</td>
<td></td>
</tr>
<tr>
<td>RECOVERY</td>
<td></td>
</tr>
<tr>
<td>MARKER</td>
<td></td>
</tr>
<tr>
<td>RECORDER</td>
<td></td>
</tr>
<tr>
<td>RECOVERY</td>
<td></td>
</tr>
<tr>
<td>HANDLERS</td>
<td></td>
</tr>
<tr>
<td>STATIONS</td>
<td></td>
</tr>
<tr>
<td>ANTE-MORTEM</td>
<td></td>
</tr>
<tr>
<td>POST-MORTEM</td>
<td></td>
</tr>
<tr>
<td>ANTHROPOLOGIST</td>
<td></td>
</tr>
<tr>
<td>PATHOLOGIST</td>
<td></td>
</tr>
<tr>
<td>ODONTOLOGIST</td>
<td>A FORENSIC DENTIST</td>
</tr>
<tr>
<td>FBI</td>
<td>FEDERAL BUREAU OF INVESTIGATION</td>
</tr>
<tr>
<td>CISD</td>
<td>CRITICAL INCIDENT STRESS DEBRIEFING</td>
</tr>
</tbody>
</table>
### Tab 1 - Three Phases of a Mass Disaster Incident in Relation to Bodies, Body Parts, and Property

THREE PHASES OF A MASS DISASTER INCIDENT IN RELATION TO BODIES, BODY PARTS, AND PROPERTY

A. The **SEARCH** for bodies, body parts, or property.

1. Decide on the strategy to be used.
   a) Gridding vs Total Station Theodolite.
      1a) If gridding is the chosen option, set up the grid.
      2a) If Theodolite is used, no special set up is required. The survey equipment company providing the Theodolite will supply two men to operate the equipment.

2. Location of bodies and/or body parts.
   a) Where bodies and/or body parts are located in conjunction with a reference point.
   b) Where other items, such as personal effect, items of evidence, etcetera, are in conjunction with a reference point.
   c) Search in Waves:
      **Wave 1** - Do a straight line search with a minimum of five people and one team leader. Place a flag next to each body, body part, item of evidence, or item of personal property.

3. Marking and Numbering each item flagged.
   **Wave 2** - Go through again with a team leader, a photographer, a marker and a recorder (The recorder will complete the portion of the Field Investigation Report and place this form on the item flagged). At this time a disaster number will be issued. Write this number on the disaster form as well as the flat that identifies the item.

   a) Personal effects:
      1a) Unattached personal effects:
         - Personal effects that are found in close proximity to remains must be tagged with a separate disaster number and its location in relation to the remains documented.
         - Items should be placed in clear plastic bags or containers for easy identification of content.
         - Wet items should be placed in paper bags.

      2a) Personal effects found on the body:
         - Valuables such as wallets, jewelry, etc., that are attached
to the body shall not be removed. Such valuables that have potential identification value should be documented as to their location on the body and left in place.

B. The **RECOVERY** of bodies, body parts, property, evidence, etcetera.

1. **Wave 3** - Go through again with a team leader and two recovery handlers. Place bodies and/or body parts in body bags or sheets secured with duct tape. Place personal effects, evidence, etcetera, in the appropriate container. Tag the body bag or container with the corresponding disaster number.

   **Wave 4** - Go through again with a team leader and the appropriate personnel and remove bodies, body parts, property, evidence, etcetera, to a designated fatality collection area.

2. Records to be kept at the Fatality Collection Area.
   a) Disaster number of the body, body part, property, evidence, etcetera.
   b) Grid number where the item was located.
   c) A description of the item
   d) Identification of the vehicle that will transport the item (license #, truck #, etc).

3. Recovery of personal effects should be handled concurrently with the recovery of remains.

4. Plot the location of personal effects, evidence, property, etcetera.

C. **ANALYSIS** of data obtained.

1. This is the final step of a Mass Disaster Incident.
2. This should be conducted by the Medical Examiner and his designates.
Tab 2 – Disaster Number System, Autopsy Numbers, Case Numbers

DISASTER NUMBERING SYSTEM

Use the following scheme for numbering bodies, evidence, etc., at the scene.

**Grid #, Type of Item, Item #:**

Grid # is the number assigned to the grid you are working.
Type of Item is from the list below.
Item # is a sequential number.

<table>
<thead>
<tr>
<th>Type of Item</th>
<th>Item #</th>
</tr>
</thead>
<tbody>
<tr>
<td>P - Property</td>
<td>1</td>
</tr>
<tr>
<td>E - Evidence</td>
<td>2</td>
</tr>
<tr>
<td>IB - Intact Body</td>
<td>3</td>
</tr>
<tr>
<td>PB- Partial Body/Body Part</td>
<td></td>
</tr>
<tr>
<td>C - Clothing</td>
<td></td>
</tr>
<tr>
<td>B - Bone(s)</td>
<td></td>
</tr>
</tbody>
</table>

**Example:**

<table>
<thead>
<tr>
<th>Grid #</th>
<th>Type of Item</th>
<th>Item #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>PB</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>IB</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>E</td>
<td>3</td>
</tr>
</tbody>
</table>

AUTOPSY NUMBERS

For autopsy numbers, use the disaster number with the following appended.

Append the year in a two digit format (02 for 2002, 03 for 2003, etc.)
Also append what type of examination was performed:

A - Autopsy
P - Partial
E - External

**Example:** From the above disaster numbers, the corresponding autopsy numbers would be:

1PB103E: 1B203A:

1 = Grid Number 1 = Grid Number
PB = Type of Item
1 = Item Number
03 = Year
E = External

B = Type of Item
2 = Item Number
03 = Year
A = Autopsy

**CASE NUMBERS**

Mass Disaster Case numbers will be issued in the usual manner by a secretary.

Case numbers for mass disaster incidents will be a six digit number instead of the usual five digit number.

The mass disaster case number will begin with 77 and then proceed in sequential order.

Example: 77____

First case number: 770001
Second case number: 770002
Nth case number: 77000N
Tab 3 – Processing Disaster Victims at the Scene

A. Examine the victim and document the following on the Field Investigation Report:
   1. Clothing, personal effects, trauma, distinguishing characteristics, etc.
   2. Personal effects not found on the victim are placed in plastic zip lock bags.
      • Write the disaster number on the plastic bag.
      • Note the location of the item found in relation to other items, bodies, body parts, personal effects, evidence, wreckage, debris, etc.
   3. Personal effects found on a body such as a wallet in a pants pocket, a wrist watch, on the deceased, etc., are to be noted and left with the body.

B. Photography
   1. Per the designated protocol (See "Recovery Teams" Section)

C. Tag the Victim:
   1. Note on the tag the location where the victim was found and their position relative to other victims, body parts, personal effects, evidence, etc.

D. Place a marker with the disaster tag number on it where the body, body part, personal effect(s), evidence, etc., was/were found.

E. Wrap the body/body part in a sheet and place it in a body bag. Attach a disaster tag to the body bag with the corresponding disaster number. Have it removed to the Fatality Collection Area. If no body bags are available, then wrap the body/body part in a sheet and secure it closed with duct tape. Attach a disaster tag to the sheet with the corresponding disaster number.
### Tab 4 – Supply List

**Body Bags:**
- Ohio National Guard on Hawkins Ave., in Akron can supply 200 bags.
- Cleveland Hopkins Airport can supply 100 bags

All of the supplies listed below are located in the storage room in the garage at the M.E. Office

**Red bag contains:**
- Fingerprint cards / ink pad
- Paper bags (large and small)
- Metal Impresso tags
- Zip lock bags (large and small)
- String / twine
- Orange “Coroner’s” vests
- White coroner’s tags
- Pens
- Magic markers
- Rubber bands
- Sticky labels
- Duct tape
- Two 16’ steel tape measures

**Shelf contains:**
- Sheets (In a green duffel bag)
- Wooden marker stakes (In a green duffel bag)
- Marker flags
- Clip boards
- Forms
  * Field Investigation Reports (In a white cardboard box - to be taken to the scene)
  * Fatality Collection Area list (To be taken to the scene)
  * Mass Disaster Receiving List
  * Disaster Management Tracking Form
Tab 5 - Job Descriptions for a Mass Fatality Incident

ANTE-MORTEM INFORMATION GATHERING TEAMS

Personnel at the office fielding telephone inquiries and attempting to secure information which may lead to the identification of the victims will be identified as Ante-Mortem Information Gathering Teams.

- The Ante-Mortem Information Gathering Teams will be composed of pre-qualified individuals who are assigned specifically for the purpose of the V.I.P. program.
- Possible relatives of decedents can be referred to the Ante-Mortem teams.
- Two purposes of the teams:
  - To obtain or develop a list of potential disaster victims.
  - Obtain and develop identifying information on suspected disaster victims.

This information is obtained and developed by use of the “Personal Information Questionnaire”

VOLUNTEERS

The majority of volunteer help will be provided through the Medical Reserve Corps. and Citizens Corps.

Other possible sources for volunteers would be the United Way and the American Red Cross.

Volunteers will be used in the capacity necessary, as determined at the time of the event. If volunteers have not had previous training in a Mass Fatality Incident, Just-In-Time Training will be provided at the time of incident.

NOTE: Volunteer’s who will be used as trackers should be screened to determine their ability to work in a disaster environment involving multiple and/or mutilated bodies.

TRACKERS

Trackers are made up mainly of pre-qualified medical personnel who have experience in mortuary care.

The tracker will first make an entry on the “Mass Disaster Receiving List” for each body/body part he/she will track. He/she will then fill out a “Disaster Management Tracking Form”, for each body/body part he/she will track.

A tracker’s main duty is to “track” a body/body part in the morgue through each station (Dental, Fingerprint, Autopsy, etc), using the “Disaster Management Tracking Form”. The form has a list of each station with a space for the date and time the function at each station was completed. It is the duty of the tracker to ensure that each body/body part has been processed at each station. Once this is completed the tracker will
deliver the completed tracking form along with any other forms (autopsy, etc.), to the front office where that information will be entered into the CAPMI4 program.

The tracker will then make an entry on the “Mass Disaster Receiving List”, fill out another “Disaster Management Tracking Form” and track another body/body part through each station in the morgue.

NOTE: Trackers should be screened to determine their ability to work in a disaster environment involving multiple and/or mutilated remains.

OFFICE PERSONNEL DUTIES IN A MASS DISASTER INCIDENT

ON DUTY INVESTIGATOR

The On-Duty Investigator does not report to the scene. When the initial disaster call comes in, the On-Duty Investigator obtains:

1. Type of incident.
2. Approximate number of fatalities.
3. Any known hazards to scene workers.
4. Exact location of incident.
5. Best route to access the scene.
6. Time of occurrence.
7. Location of the staging area/command post.

The Investigator then takes on the duty of dispatcher and makes the following notifications:

1. Medical Examiner (reports to the scene - at his discretion).
2. Chief Investigator (reports to the scene or office).
3. Administrator (reports to the office).
4. Morgue Attendants (reports to the office).
5. Back-up Investigator (reports to the office).
6. Remaining Investigator’s (Either placed on stand-by or reports to the office, at the discretion of the Chief Investigator).
7. Remaining office personnel (Either placed on stand-by or reports to the office, at the discretion of the Chief Investigator or Office Administrator).

The above notifications are logged on the “Emergency Notification Record”.

CHIEF MEDICAL EXAMINER

The Chief Medical Examiner reports to the scene and directs the overall operation relating to the deceased.

A. Attempts to visualize the entire task by walking through the scene.
B. The Chief Medical Examiner then addresses the recovery teams and advises of the goals, responsibilities and overall situation.
**DEPUTY MEDICAL EXAMINER**

The Deputy Medical Examiner reports to the scene, and assists in any way the Chief Medical Examiner deems appropriate.

**MORGUE OPERATIONS MANAGER**

The Morgue Operations Manager is responsible for the Morgue Unit, the Forensic Investigative Unit, the Administration Unit, and implementation of the plan under the direction of the Chief Medical Examiner. In the event of the absence of the Chief Medical Examiner, the Morgue Operations Manager will coordinate with the on-call Medical Examiner.

A. Based upon available information, the Morgue Operations Manager shall determine if temporary refrigerated storage units are required and coordinate delivery to the office or, if activated, a temporary morgue site.
B. Reports to the medical examiner facility or to the temporary morgue for duty.
C. Shall monitor the case status and identification process to ensure thorough investigation and completed identification prior to release of the remains.
D. Conduct an inventory of non-incident remains and coordinate with the investigative staff and funeral homes for expeditious removal of all remains ready for release.
E. Assist in the layout of the temporary morgue, if established.
F. Establish work shifts as required to provide operational coverage while providing adequate rest.
G. Ensure adequate supplies are available.
H. Obtain FAA Toxicology kits for aircraft incidents.
I. Assist the Chief Medical Examiner as necessary.

**CHIEF INVESTIGATOR**

A. Either reports to the scene or the office.
   1. If the Chief Investigator reports to the scene:
      a) Along with the Medical Examiner, overlooks and evaluates the scene.
      b) Reports to and is stationed in the Incident Command Post.
      c) Attempts to set up communication with the office.
         • cell phones
         • mobile radios
         • land lines
         • email
         • fax
   2. If he reports to the office:
      a) Assists the On-Duty Investigator.
      b) Coordinates information between disaster site and the office.
      c) Handles requests for:
         • Further supplies or services needed at the disaster site or office.
• Need for further personnel.
• Special needs as they arise.

3. If the Chief Investigator is on the disaster scene:
   a) Takes on the duties of a Team Leader.

INVESTIGATORS

All Investigators report to the office and are dispatched at the discretion of the Chief Investigator.

MORGUE ATTENDANTS

A. All Morgue Attendants report to the office.
B. One Morgue Attendant will load supplies and report to the scene with the Investigative Supervisor.
C. Two Morgue Attendants will remain at the office and perform the following functions:
   1. Prepare the morgue to receive disaster victims.
      a. Set up record board header (8 x 4 board).
      b. Locate and set out disaster forms
         • Disaster Management Tracking Form (Refer to the Section “FORMS”)
         • Mass Disaster Receiving List (Refer to the Section “FORMS”)
   2. Once disaster victims begin to arrive at the morgue:
      a. Morgue attendant’s will fill out the Mass Disaster Receiving List as victim’s arrive to the morgue and are processed one at a time.
         *** NOTE: This task may be assigned to a “Tracker” ***
      b. Set out the signs for the individual stations, i.e., DENTAL, AUTOPSY, etc. Refer to the Section “INSPECTION STATIONS”
      c. A “Tracker” will be assigned to each body/body part and will follow it through the entire process (From Station to Station), filling out the Mass Disaster Tracking Form. (Refer to the Section “TRACKERS”)
   D. Morgue attendants will then perform autopsy dissection and other duties in accordance with their job description.
OFFICE ADMINISTRATOR

A. Reports to the Office.
B. Directs the activities of the clerical staff.
C. Documents the use of resources to enable proper fiscal recovery from emergency operation.
D. Maintains records of resources utilized during the mass fatality incident.
E. Provides logistical support to field and office personnel.

SECRETARIAL STAFF

A. Either placed on stand-by or reports to the office.
   1. If instructed to report to the office, secretarial staff will be directed by the Office Administrator and their duties may include but are not limited to:
      a. Answering the telephones.
      b. Logging in and out volunteer workers.
      c. Preparing death certificates.
      d. Acting in the capacity to develop information on suspected disaster victim’s. This is accomplished through the use of the “Personal Information Questionnaire”. Secretarial staff may act to supervisor volunteers at the Family Assistance Center in filling out the “Personal Information Questionnaire”.
      e. Entering data into the “CADVIP” program. This is the postmortem information obtained from the “Field Investigation Report” that has followed each body/body part from the scene all the way through each inspection station in the morgue. Once the form is complete the “Tracker” will deliver the completed form to the data entry person. The ante-mortem information is obtained from the "Personal Information Questionnaire" that volunteers get after interviewing families at the Family Assistance Center. This information is also entered into the "CADVIP” program.

RECOVERY TEAMS

A. Recovery Team Leader
   1. Responsible for placement of markers.
      a) Body, body part, personal effects, evidence, etcetera.
   2. Assigns numbers to flag markers, disaster tags, and disaster forms.
      a) This information is dictated to the person designated as the Marker and the person designated as the Recorder.
      b) The Marker writes this number on the flag markers and disaster tags.
      c) The Recorder writes this number on the disaster form.
      d) The disaster number assigned to the flag markers, disaster tags, and disaster forms are all the same number.
   3. Describes location of each flag marker.
   4. Ensures that photos are taken.
   5. Describes body, body part, etcetera at each flag marker.
      a) This information is dictated to the Recorder.
6. Arranges to have bodies, body parts, property, etcetera removed to a pre-designated Fatality Collection Area.

B. Marker
1. Supplies Team Leader with flag markers, disaster tags and disaster forms.
2. Writes the disaster number on the flag marker and the disaster tag.
3. Places the disaster flag marker at the discretion of the Team Leader.
4. Attaches the disaster tag to the body, body part, property, or evidence at the direction of the Team leader.
5. When the completed disaster form is obtained from the Recorder, the Marker attaches it to the body, body part, property, evidence, etcetera.

C. Recorder
1. Fills out the disaster forms contained in the clear plastic pouch as dictated by the Team Leader.
2. Writes the disaster number on the disaster form.
3. Supplies the completed disaster form to the Marker.

D. Recovery Handlers
1. Places the body or body part in a body bag or sheet secured with duct tape.
2. Attaches a disaster tag to the body bag or sheet with the corresponding disaster number.
3. Places personal effects, evidence, and any other pertinent article, in the appropriate container.
4. Attaches a disaster number to the container with the corresponding disaster number.
5. Removes the body, body part, evidence, and any other pertinent article, to the pre-designated Fatality Collection Area, at the direction of the Team Leader.

E. Photographer
1. Overall photos to include but not limited to:
   a) Each body as found, including a full face shot.
   b) Each body part as found. c) Personal effects as found. d) Items of evidence as found.
   e) The relationship of the body, body part, property, evidence, etcetera to:
      • Other bodies, body parts, property, etcetera.
      • Wreckage or debris.
      • The disaster flag marker and the disaster tag number (the number must be readable).
Tab 6 - **Inspection Station Designation**

Listed below are stations that will be designated in the morgue for the processing and inspection of each body/part.

Trackers will be assigned to track the body/part through each station until the processing and inspections are completed.

**Station #1**
Log-in/Personal Effects

**Station #2**
Photography

**Station #3**
Fingerprint

**Station #4**
X-Ray

**Station #5**
Dental

**Station #6**
Autopsy/Anthropology

**Station #7**
Embalming
Tab 7 - FORMS

- **Emergency Notification Record**
  The On-Duty Investigator who is informed of a Mass Disaster Incident will make notification to personnel per protocol and fill out this form as each person is notified.

- **Telephone Log**
  The On-Duty Investigator will use this form to log telephone activity (requests, messages, information, etc.), during the course of and relating to the Mass Disaster Incident.

- **Field Investigation Report**
  This form is contained in a plastic see through pouch (shop ticket). The scene investigator uses this form for his/her scene investigation and attaches the pouch (along with the report) to each separate body/body part and/or item of personal property or evidence. The Field Investigation Report also contains a chart for postmortem dental records, a record of identification processing (to be used as the autopsy protocol), and a record of disposition of the remains.

- **Fatality Collection Area List**
  This form is used at the scene to log body/body parts and/or personal property of the deceased as they are removed from the scene to the collection area.

- **Mass Disaster Receiving List**
  This form is used at the Medical Examiner’s office to log body/body parts and/or personal property of the deceased as they are received at the office.

- **Disaster Management Tracking Form**
  Used at the Medical Examiner’s office by the tracker.

- **Personal Information Questionnaire**
  This form is used by the Ante-Mortem Information Gathering personnel to develop information on suspected disaster victims.
Tab 8 - CHEMICAL OR BIOLOGICAL INCIDENT

NOTE: In the event of a chemical or biological incident this section of the Mass Disaster Plan will be implemented into the standard plan.

(1). Prior to beginning the decontamination process, law enforcement must determine evidence preservation needs. The following general guidelines are designed to contain contamination

a. The local fire department or Akron Fire HazMat Team/Summit County HazMat Team (depending on the number of victims), in conjunction with the Summit County Medical Examiner's Office and the Summit County Emergency Management Agency has determined that in the event of a chemical or biological incident, fire department personnel will decontaminate the hot zone from a level 'A' hazard to a level 'C' hazard prior to allowing access by Medical Examiner personnel. Once the hazard level is at 'C', Medical Examiner personnel can enter with level 'C' hazmat suits (level 'C' hazmat suits don not require any special training to use). The Summit County Emergency Management Agency has available level 'C' hazmat suits for use by the Medical Examiner's office. The Summit County Emergency Management Agency has mass decontamination trailers available.

b. Decontamination of fatalities may be a first responders fire fighters operations level skill. Fire fighters may help Medical Examiner personnel with the decontamination process. Medical Examiner personnel will supervise the process as it relates to the decedent, property, clothing, evidence, etc. (See 'Decontamination Categories' below).

c. Absolutely no items will be transported/transfered from the decontamination site prior to going through the decontamination process. Only decontaminated remains and personal effects will be transported from the scene to the Medical Examiner's Facility or mobile morgue site. Bodies and personal effects will be processed one at a time; personal effects will accompany the body to the morgue.

d. Bodies will be photographed and clothing and valuables removed at the scene by Medical Examiner's personnel or by law enforcement

NOTE: These items must stay with the body while being transported to the morgue.

e. If possible, decontaminated valuables will be returned to the next-of-kin or personal representative of the Decedent. If decontamination of valuables is not possible (which might be the case for wallets, purses,
and other porous items), or if the item can not be decontaminated, the items will be inventoried, photographed and destroyed. Destruction will be documented and conducted by at least two individuals.

(2) After evaluating the risk of contamination to personnel, the number of victim's, and the need for autopsy to determine the cause of death; the decision to autopsy all, none or a portion of the dead will be made by the Chief Medical Examiner or by his or her representative.

a. At a minimum, unless risk to personnel is determined to be unacceptable, all victims will be examined externally and specimens collected for toxicology and serology.

b. If the decision has been made not to autopsy all victims, but the risk of contamination is not considered unacceptable; victims presenting evidence of trauma (such as might result from trampling during a panic evacuation incident) will be autopsied.

(3) Decontamination Categories.

C01 - Nerve Agents - "G" Series
C02 - Nerve Agents - "V" Series
C03 - Nerve Agents - "GV" Series
C04 - Nerve Agents - Norvichok
C05 - Nerve Agents - Binary and Components
C06 - Nerve Agents - Carbamate
C07 - Vesicants - Sulfer Based
C08 - Vesicants - Arsenic Based
C09 - Vesicants - Nitrogen Based
C10 - Vesicants - Mixture of Sulfur and Arsenic
C11 - Urticants
C12 - Blood Agents - General
C13 - Blood Agents - Arsenic Based
C14 - Choking Agents
C15 - Choking Agents - Metal Fume
C16 - Incapacitating Agents
C17 - Tear Agents - Halogenated
C18 - Tear Agents - Non-Halogenated
C19 - Tear Agents - In Solvents
C20 - Vomiting Agents
C21 - Corrosive Smoke
C22 - Toxins
C23 - Toxins - Dermally Hazardous
C24 - Pathogens - Anti-Personnel
C25 - Pathogens - Anti-Personnel/Vector
C26 - Pathogens - Anti-Personnel/Ingestion
C27 - Pathogens - Anti-Animal
C28 - Pathogens - Anti-Plant
C29 - Pathogens - Used as Simulants

a. **C01-12, 16, 22 and 23:** Remove all clothing; decontaminate with straight household bleach then incinerate at an appropriate facility. Wash remains with a bleach solution insuring the solution is introduced into the ears, nostrils, mouth, and any wounds. Pay particular attention to hair, scalp, pubic areas, fingernails and folds of skin where agents may get trapped. The solution should be no less than one part household bleach to one part water. Solution may be buffered with sodium bisulfate to a neutral pH in order to minimize the corrosive impacts on the remains. The bleach solution should remain in contact with the remains for a minimum of five (5) minutes. Wash with soap and water. Remains should be screened for volatile agents. Agents that have been absorbed into the remains pose minimal secondary risk; however, it is prudent to perform air monitoring during examinations. **Latex gloves do not offer sufficient protection prior to decontamination.**

b. **C13-14 and 17-19:** Remove all clothing; ship to appropriate hazardous waste disposal facility. If solid (reactive) agents have been released, care must be taken to remove as much solid agent as possible prior to decontamination. Wash remains with copious amounts of soap and water. Pay particular attention to hair, scalp, pubic areas, fingernails and folds of skin where agents may get trapped. Remains should be screened for volatile agents. Agents that have been absorbed into the remains pose minimal secondary risk; however, it is prudent to perform air monitoring during examinations.

c. **C20:** Remove all clothing; ship to appropriate hazardous waste disposal facility. Wash remains with a bleach solution insuring the solution is introduced into the ears, nostrils, mouth, and any wounds. Pay particular attention to hair, scalp, pubic areas, fingernails and folds of skin where agents may get trapped. The solution should be no less than one part household bleach to one part water. Solution may be buffered with sodium bisulfate to a neutral pH in order to minimize the corrosive impacts on the remains. The bleach solution should remain in contact with the remains for a minimum of five (5)
minutes. Wash with soap and water. Remains should be screened for volatile agents. Remains pose no significant secondary hazards after decontamination.

d. **C21**: Remove all clothing; decontaminate with an appropriate neutralizing agent. Wash remains with an appropriate neutralizing agent followed with soap and water. Pay particular attention to ears, nostrils, mouth, wounds, hair, scalp, pubic areas, fingernails, and folds of skin where agents may get trapped. Remains pose no significant secondary hazards after decontamination.

e. **C24-26**: If fatality was due to direct exposure to an aerosol cloud, remove all clothing and double bag in appropriate biological hazard containers. Wash remains with soap and water. Collect and disinfect all wash and rinse solutions. In many cases, there is an additional risk of secondary infections due to exposure of personnel to contaminated blood, body fluids, or fecal matter from the remains. Some pathogens may be absorbed into fomites (e.g., clothing or bedding), causing these items to become infections and capable of transmitting the disease. If fomites are hazardous, remove all items and double bag in appropriate biological hazard containers.

f. **C27-29**: These pathogens represent a minimal threat to humans; thus medical examiner investigation is unlikely. In the event of a human death who is thought to be contaminated with an agent in any of these classed, cleaning with a soap and water solution is sufficient to eliminate further contamination. Contaminated personal effects are to be cleaned with the same solution.

(4) **Biological Incident**: The procedures for these agents are included in the above section 'Chemical or Biological Incident'; however, because of the incubation period associated with a biological agent, special attention must be given to the epidemiology of the deaths in order to accurately diagnose the disease, identify the agent and establish the date/time and location of the incident. Close cooperation with hospitals and the Health Department is essential to properly investigate deaths resulting from this type of incident.

Following identification of the agent, providing prophylactic care to those exposed to the agent is the first priority; this will require chronicling all contacts of exposed department personnel with the public.
Deaths exhibiting the symptoms associated with the agent must be identified and appropriate decontamination procedures completed prior to examination. Any unwitnessed and unexpected apparent natural death should be assumed to be the result of the biological incident and handled accordingly.

For either a chemical or a biological incident, Federal involvement in the investigation is likely. The expertise of Federal officials should be incorporated into the investigation and procedures modified accordingly.

DECONTAMINATION PROCEDURE:

I. **Decontamination of the body:**
   A. Photograph the body as is.
   B. Remove clothing and items of personal property (including jewelry, wallets, etc).
      - Photograph the nude body as well as the items of personal property.
      - Be sure that these items are marked/tagged with the same disaster number as the body. It is essential that these items can be identified with that particular body.
   C. Put the body through the decontamination procedure.
      - Refer to (3) 'Decontamination Categories' above to determine the proper decontamination procedure.
        **NOTE:** The Fire Department may have their own decontamination procedure or recommendations.
      - The Fire Department should have a chemical agent monitor. If the body still shows residual contamination, put the body through the decontamination procedure again.
   D. Once the chemical agent monitor shows a safe level, mark/tag the body as having decontaminated.
      - To tag a body, body part, item, etc., as having been decontaminated, use a 'DECON' tag.
        a. Mark the tag with the date and time of decontamination.
        b. Your name.
        c. Then secure the tag to the body, body part, etc.

II. **Decontamination of personal property/items:**
   A. Decontamination of items removed in (B) above.
      1. **Non-porous items,** such as laminated drivers license, credit cards, jewelry, etc.
         a. Refer to (3) 'Decontamination Categories' above to determine the proper decontamination procedure.
         b. Once the chemical agent monitor shows a safe level, bag and/or place these items in containers.
c. Mark the bag and/or container with the same disaster number associated with the body.
d. Mark/tag the items as having been decontaminated (Refer to 'D' above).
e. Place the bag and/or container containing these items with the deceased for transport.

2. **Porous items**, such as clothing, wallets, purses, papers, etc.
   a. Refer to (3) 'Decontamination Categories' above to determine the proper decontamination procedure.
   b. Clothing should be photographed and documented on a clothing form as to its description, color, size, brand and any distinguishable marks. The clothing should then be decontaminated and placed in a biohazard bag. The biohazard bag is then marked/tagged with the same disaster number associated with the body and identified as decontaminated.
   c. Wallets/Purses - Search the wallet and/or purse for identification. If a laminated/plastic form of identification (drivers license, SSN card, credit card), is found, follow the decontamination procedure for **Non-porous items** above. If a porous form of identification is found it should be photographed with the disaster number associated with the body clearly identified then documented on the field investigation form. Place in a plastic bag or container. Mark/tag the plastic bag or container with the same disaster number associated with the body.

Continue to inventory the wallet or purse and document the inventory on the field investigation form.

A. If decontamination of an item is not possible, photograph, document and examine the item. Then place the item in a biohazard bag and dispose of it in a manner to be determined by the Medical Examiner.

**NOTE:** Any item that cannot be adequately decontaminated **MUST NOT** be transported to our office.
Tab 9 – OFDA-MRT Mobile Morgue Equipment

The complete Ohio Funeral Directors Association Mortuary Response Team (OFDA-MRT) Response Plan is available at www.OFDAMRT.org, or call 1-800-589-6332 or 1-614-486-5339 to request additional information.

A. Table of Contents

The OFDA-MRT Response Plan covers the following topics:

I. Introduction

II. Team Information
   a. Team Makeup
   b. Mobile Morgue Equipment
   c. Operating and Calling Guidelines
   d. Potential Press Release

III. Mortuary Emergency Operations Plan
   a. Purpose, concept of operation, local, direction and control
   b. Initial Recovery & Operations Guidelines
   c. Biological / Chemical Response
   d. Guidelines for Evacuation to Morgue
   e. Temporary Morgue Site
   f. Family Assistance Center
   g. Mass Burial Guidelines
   h. Unidentifiable Remains
   i. Temporary Storage VS. Burial
   j. Remains not Recovered
   k. Preparation Guidelines
   l. Personal Effects & Property Disposition
   m. Personnel
   n. Critical Incident Stress Debriefing

IV. Forms Appendix
   a. Drill Request
   b. Response Request
   c. Ante-Mortem Data Collection Form (VIP Form)

B. OFDA-MRT Mobile Morgue Equipment

The morgue equipment available through OFDA-MRF is available to any county in Ohio and beyond. It is contained in three trailers staged in Columbus, Ohio. The morgue equipment may be used for processing, identification, sanitation, preservation (as authorized) of human remains.
from a mass fatality incident (MFI). It is a cache of equipment to support the pathology, dental, anthropology, DNA, fingerprinting, X-ray and photography operations in a morgue involved in investigating and determining identification of the victims of an MFI. It also can support site/recovery, Family Assistance Center (FAC) and embalming operations.

When provided a site, the temporary morgue equipment provides the opportunity for constructing individual sections for each operational area. It includes instruments, preparation tables, water and electric service, lighting and personal protection equipment needed by that specific section. An itemized list is maintained to verify that all equipment is on hand before and after an incident. The equipment in the morgue is based on standards set in disaster responses throughout the country. Due to the variety of disaster situations and needs, there may be equipment needed that is unique to a specific disaster that may have to be procured at the time of the disaster.

OFDA-MRT members will deploy to set up the morgue, maintain the morgue equipment and disassemble the morgue upon completion of the operation. Team members will also assist with site/recovery, morgue and FAC operations as requested by the HRO. Forensic staffing for the morgue will be done by the HRO. If needed, assistance in finding staffing can be given by MRT officers.

There are also two “push packs” available in Ohio that serve as first response trailers to any county in Ohio with equipment to assist with site recovery operations. The “push packs” are maintained in Erie and Gallia Counties. They can be requested through the county E.M.A. When a mass fatality incident occurs, the Mobile Morgue will provide the equipment and nonperishable supplies as a field expedient where it is essential. The Mobile Morgue is designed to supply ample inventory with minimal effort on the part of the requesting person, and to be delivered in a timely and efficient manner. Perishable supplies will be obtained directly from suppliers through prearranged agreement.

Additional morgue equipment is also available from the US Government, Department of Homeland Security, National Disaster Medical System (NDMS), Disaster Mortuary Operational Response Team (DMORT). State EMA officials will need to follow normal protocols for receiving federal assistance to obtain this equipment. Most members of the OFDA-MRT are also members of DMORT and will help facilitate this process.

Photos of the mobile morgue equipment can be found at www.ofdamrt.org/morguephotos
C. STANDARD OPERATING AND CALLING GUIDELINES for OFDA-MRT

1. Event Occurs

2. County Medical Examiner, or authorized representative in the County E.O.C., calls OFDA, Policy Board Chairman (PBC), or a Policy Board member. Contact attempts to get written request to be faxed to OFDA office at (614) 486-5358 OR (800) 507-1465, or e-mail to DISASTER@OFDAMRT.ORG [written request MUST be obtained as soon as practical]

3. Notification is made to OFDA Executive Committee, Executive Director, MRT Policy Board and Team Co-Chiefs.

4. PBC, CO-CHIEFS, and/or local team member communicate with Medical Examiner or authorized representative. After assessing the situation with the Medical Examiner/authorized representative, PBC will determine OFDA-MRT needs.

5. After assessment, PBC consults with OFDA Executive Committee, Executive Director and Policy Board to activate team.

Order of activation:
   a. Remaining PB Members
   b. MST - Respond to OFDA office
   c. Site Recovery Team
   d. Morgue Team – Members will be directed where to respond
   e. Family Assistance Team (if necessary)

6. Medical Examiner/authorized representative and OFDA make general press release (refer to next page) If PIO is needed, the PB will determine who will assume that role.

7. If OFDA President and/or PBC deems it necessary, OFDA will send an officer to the scene.

8. Local Team Member, as appointed, works with co-chiefs to explain area and responsible parties.

9. TEAM PLAN TAKES EFFECT. Follow Response Plan protocols for all team operations.

10. After disaster, critical incident stress debriefing is mandatory.

11. Morgue inventory will be completed prior to reloading and restock needs will be assessed.

12. Each member will complete a critique two weeks following disaster.
13. Team will meet to discuss and review critiques and general operation of response team.