Mass Fatality Planning: Using Partnerships to Enhance Planning

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MDHHS
Michigan Department of Health & Human Services

MISSION:
Michigan Department of Health and Human Services (MDHHS) provides opportunities, services, and programs that promote a healthy, safe and stable environment for residents to be self-sufficient.

Learning Objectives

1. Attendees will be familiar with the mass fatality planning process to include what partners are necessary to engage during planning.
2. Attendees will understand what resources are available from the state to assist in responding to a mass fatality.
3. Attendees will recognize and begin planning for the various roles that community partners will play in the development and partnership in a Jurisdictional ME Emergency Plan.
4. Attendees will understand the role public health can play in assisting with a mass fatality response that includes the role of Family Assistance Centers.

Framing

A mass fatality plan is technical in nature – and differs in several important ways from most other public health plans – it is particularly important that all of the agencies and individuals involved clearly understand not only their own roles but also the rationale used for the development and organization of the plan.

Two scenarios

What is a mass fatality?

Mass fatalities are defined as when the number of fatalities exceed local and/or regional resource for human remains recovery, storage, transportation and identification and return to loved ones for final disposition.

Why does it matter?

“Fatality management is really about the living—they are the people who are left behind to deal with the tragedy and grief and need resources and support.”

A smooth, well coordinated response is the goal. Where families, but also the media is communicated to regularly and reliably, with truth and clarity.

Public Health's Role in Mass Fatalities

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01

Provide a summary of guidance and frameworks used at all levels for planning and coordination.

02

Define and explain local roles and responsibilities in disasters and public health emergencies.

03

Highlight best practices and example of effective coordination with community-based organizations to address the health and wellbeing of community members.

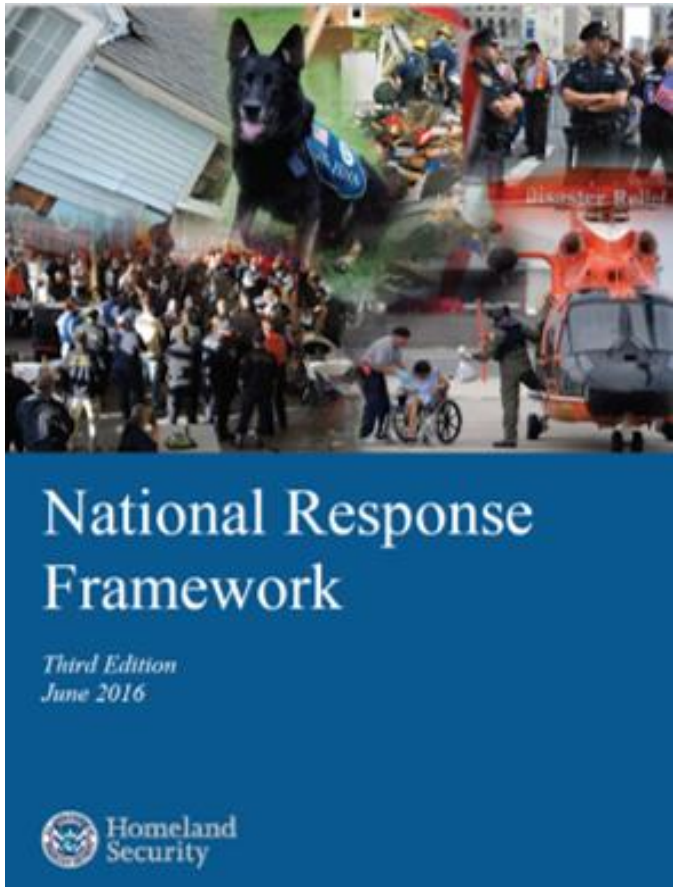
Presidential Policy Directive (PPD) 8: National Preparedness

In 2011, the president directed the development of a **national** preparedness goal to strengthen security and resilience of the nation with respect to disasters and public health emergencies through a systematic, all-hazards approach.

Launched what became the "**whole community approach**," recognizing that preparedness involves the shared responsibility of the entire community including all levels of government, private and public sectors, faith-based and non-profit organizations, and the public.

Response Coordination: National Response Framework (NRF)

- Save lives, protect property and environment, stabilize the incident, and provide for basic human needs
- Scalable, flexible, and adaptable
- Roles, responsibilities, and coordinating structure
- Composed of Emergency Support Function (ESF)
- Annexes for coordinated federal assistance



Differentiating ESF 6 and ESF 8

Differentiating ESF 6 *and* ESF 8

- Lead Agency: DHS/FEMA
- Examples include:
  - Mass Care - congregate shelters, feeding, emergency supplies
  - Emergency Assistance - coordination with volunteers and donations
  - Temporary Housing
  - Human Services - loans and grants, crisis counseling, disaster case management, disaster legal services

ESF 8- Public Health and Medical Services

- Lead Agency: HHS/ASPR
- Examples include:
  - Public health – vector control, health surveillance, safety and security of drugs & medical devices, environmental health, distribution and delivery of medial countermeasures
  - Medical services – medical surge, patient movement, patient care, behavioral healthcare, veterinary medical support, fatality management

Defining Public Health's Role

Many major disasters start without warning, continue for periods ranging from mere seconds to weeks or months, and leave behind a chaotic mass of useless rubble and ruined lives. The work of public health starts well before the first tremor, continues through the entire response/recovery/resilience process, and ends – well, never.

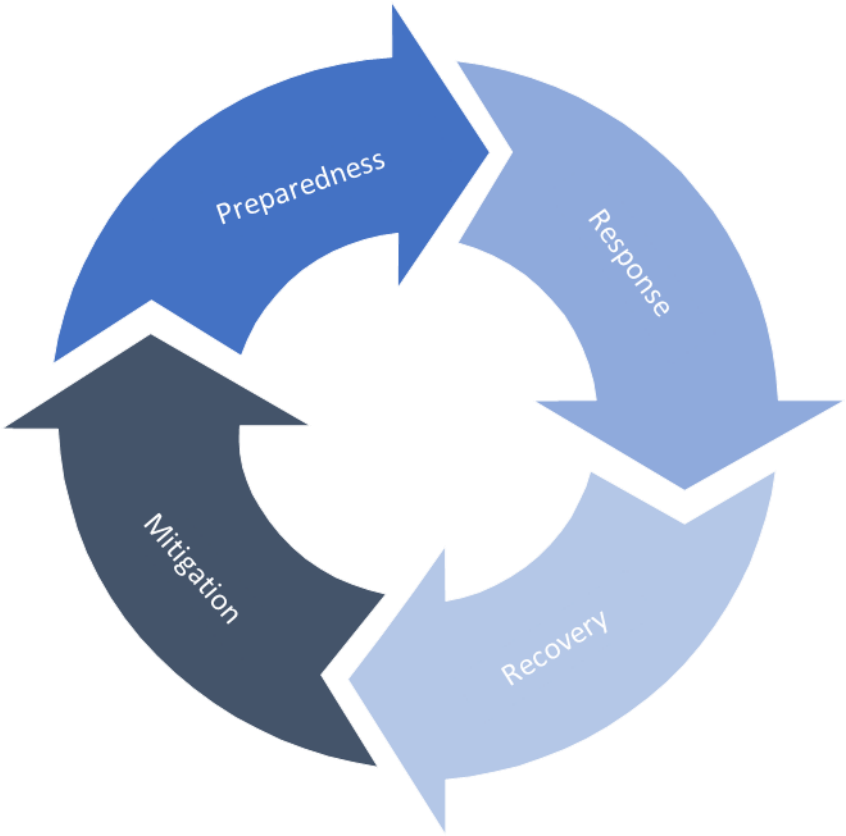
-*RAPHAEL BARISHANSKY & AUDREY MAZUREK;* *ICF International, specializing in public health and healthcare preparedness*

- **Natural Disasters, Human Caused Disasters, and Public Health Emergencies**
  - Notice events (flooding, temperature related disasters)
  - No-notice events (tornados, human caused disasters)
  - Public health emergencies (pandemic influenza, infectious diseases outbreaks)

- **Disasters Cause Disruptions**
  - Power, Communication, Healthcare, Transportation
  - First responders focus on disaster response
  - Community-based organizations should develop plans to address their own disaster-related needs and emergencies through partnerships
  - Human services programs may be impacted

The Four Phases of a Disaster Cycle

- **Preparedness:** Preparing to handle a disaster.
- **Response:** Responding to a disaster and putting plans into action.
- **Recovery:** Actions taken to return to normalcy or safer conditions.
- **Mitigation:** Preventing future disasters & minimizing their effects.



Jurisdictional Partners (Preparedness)

- Emergency Management
- Local Law Enforcement
- Local Fire Department(s)
- Hazardous Materials Team(s)
- Emergency Medical Dispatch 911
- Local Hospital(s)
- Regional Healthcare Coalitions
- Funeral Home Director(s)
- Faith-Based Support
- Local/Regional Epidemiologist Office
- Public Information Officer(s)
- Mental Health Professional(s)
- Medical Examiners Office
- Human Service Programs

Mass Fatality Management Capabilities and Resources Identification (Response)

- Personal Protective Equipment
- Communication Strategies
- Worker Safety and Comfort Supplies
- Identification and Tracking Supplies
- Storage Supplies for Personal Belongings
- Evidence Chain of Custody Forms
- Human Remains Pouches and Plastic Sheeting
- Storage Racks
- Transportation (personnel, equipment, bodies)
- Cold Storage
- Equipment for debris removal/ disposition
- Biohazard Bags, Boxes and Containers
- Written documentation or computer equipment
- Office equipment and supplies
- Staffing Needs
- Security personnel and equipment
- Decontamination supplies/equipment
- Family Assistance Center
  - Structure
  - Personnel Needed to Support

Goals for Workgroup (Planning for Recovery/Mitigation)

1. Plans and guidelines are written and in place to manage a mass fatality incident in a safe, legal, respectful, and thorough manner.
2. Local processes and procedures are in place for proper decedent management.
3. Local processes are in place to identify staffing and resources.
4. Agreements and processes are in place identifying the authorities and organizational structure.
5. Ensure sufficient local processes and procedures have been identified by planning partners to train and exercise the mass fatality incident management plan.
6. Properly handle a mass fatality incident in a manner that accommodates religious, cultural, and social expectations and individuals' preferences.

Partners and Planning

Roles and Responsibilities: Medical Examiners

- Nothing changes in terms of responsibility for remains
- Direct / lead response activities (including with local, state and federal assistance)
  - Activate mutual aid agreements as necessary

National Association of Medical Examiners Position statement on disaster victim identification (DVI) in mass fatality incidents states,

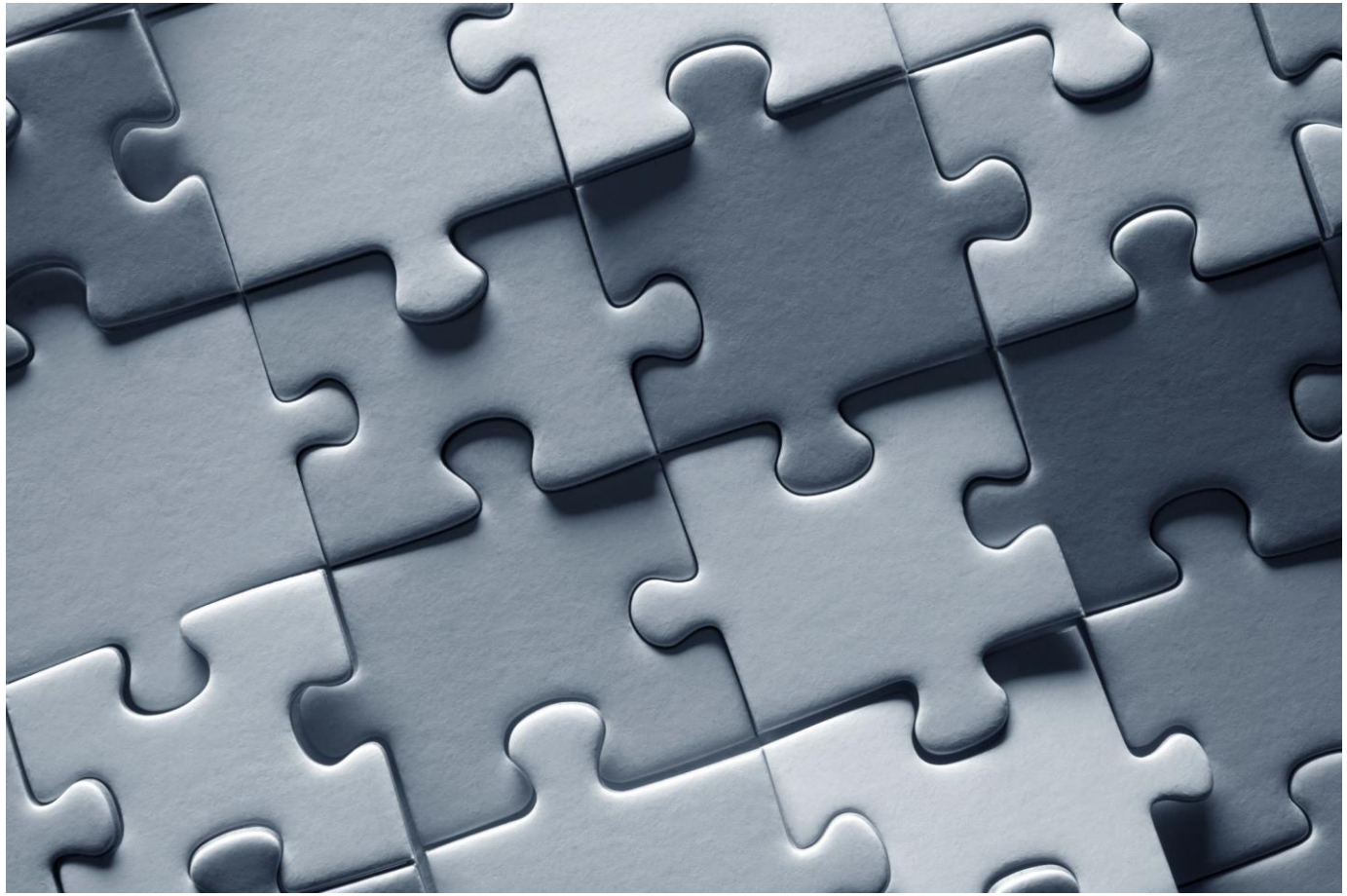
> It is the position of the National Association of Medical Examiners (NAME) that scientific methods of victim identification (i.e., fingerprint, odontology, radiologic, molecular), and other equivalent means of identification (i.e., serial numbers on surgical implants) be used in cases of mass fatality incidents. This practice has become a global standard.

Roles and Responsibilities: Hospitals

Hospitals

- Appropriate bagging and storage of deceased
- Appropriate evidentiary needs
- Any special considerations for contaminated remains

Roles and Responsibilities: Local Government (Emergency Management)



Roles and Responsibilities: Local Health Departments & Healthcare Coalitions

Local Health Department

- Participate in planning activities, including the family assistance center.
- Provide support for public health surveillance activities.
- Participate in response activities.

Healthcare Coalition

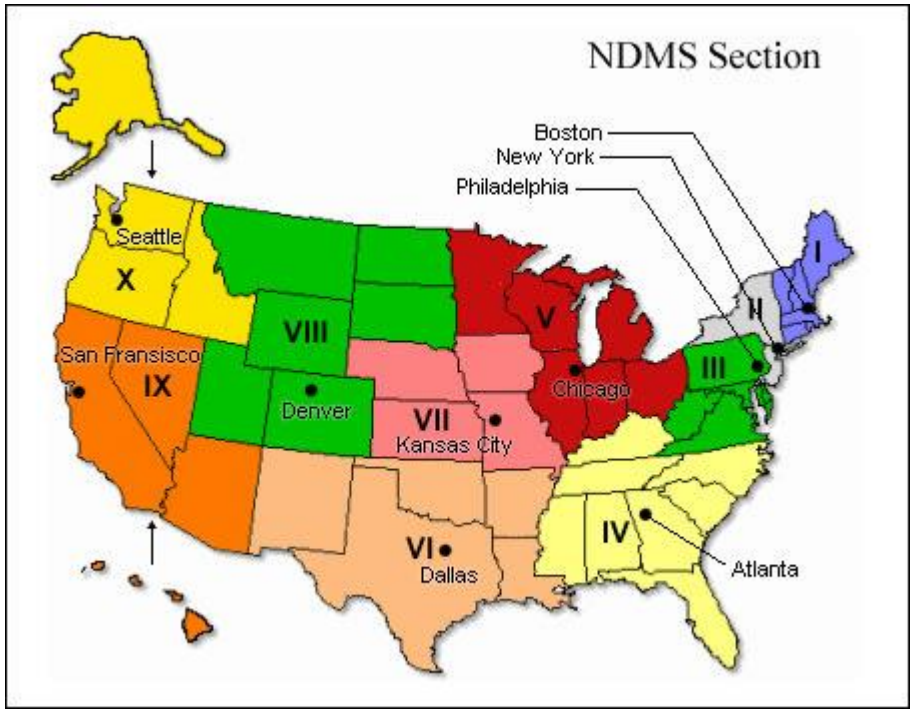
- Assist with coordination with medical facilities as needed.
- Provide situational awareness.
- Participate in response activities.

Roles and Responsibilities: State Government

- Activation of state resources as requested
  - MI-MORT (resources and people)
  - Supplies and equipment (remains management)
- Provide subject matter expertise
- Federal assistance through the MSP SEOC

Roles and Responsibilities: Federal Government and Inter-state partners

- Emergency Management Assistance Compact (EMAC)
- National Disaster Medical System (NDMS) to include DMORT
- Northern Emergency Management Assistance Compact (NEMAC)



Roles and Responsibilities: Non-Governmental, Volunteer & Private Sector Organizations

- Support role
  - American Red Cross, Salvation Army, others
  - Local resources, to include funeral homes, crematoriums, etc.

Public Health in Mass Fatality Planning

Public Health Support (Recovery/Mitigation)

- **Human Remains Recovery/Retrieval:** Public health supports the lead agency (e.g., Fire/Rescue, EMS, and/or law enforcement) in acquiring supplies and resources, providing subject-matter expertise related to decontamination, and maintaining awareness of operations to anticipate challenges.
- **Storage:** Public health can work with applicable community partners such as healthcare coalitions, hospitals and emergency management agencies to identify appropriate locations for both the short- and long-term storage of decedent remains.
- **Identification and Tracking:** Although identification of decedents is usually led by law enforcement and the ME – with law enforcement serving as the lead in notifying the next of kin – all of the response agencies involved, including public health, are responsible for ensuring the careful and respectful tracking of decedents, body parts, and personal effects.
- **Interment:** If remains cannot be stored in a refrigerated facility while awaiting final disposition, temporary interment (i.e., burial) may be considered. Public health assists in selecting appropriate temporary interment sites, ensuring that the appropriate resources are available, and – at the conclusion of the mass fatality incident – assisting with the process of re-interment.
- **Disposition:** A key goal during a mass fatality incident is to ensure that each body reaches the “final disposition” stage in accordance with his or her religious and cultural practices as well as the wishes of the victim’s family. In support of this goal, public health assists the death care industry in developing a viable continuity of operations plan (COOP), providing situational awareness and appropriate public messaging capability, and ensuring that the resources needed are available.

Public Health Support (con't)

- **Death Certificates:** Public health is the lead in communities by processing death certificates.
- **Law Enforcement/Security:** Participate in the discussion of security needs, a particularly important responsibility at all mass fatality incident operational areas – storage sites as well as incident sites.
- **Family Assistance:** Public health can provide oversight for family assistance centers (FACs) infrastructure. Both during the planning process and during an event.
- **Demobilization/Recovery:** Depending on the type of incident, public health may have to provide immediate and/or ongoing support to mass fatality management to work toward a respectful resolution and final resting place for decedent remains. In addition, public health probably will have to manage certain environmental-surety issues such as decontamination, determining a safe return to facilities, and both water and soil sampling.

Family Assistance Center Planning

The Family Assistance Center is a secure facility established to serve as a centralized location to provide information and assistance about missing or unaccounted for persons and the deceased.

- Provide a private and secure place for families/loved ones to gather, to receive information about the response and recovery, and to grieve.
- Protect families/loved ones from the media and curiosity seekers.
- Facilitate information exchange between families/loved ones and the ME, so that the ME can obtain information needed to assist in identifying the victims.
- Address family informational, psychological, spiritual, medical and logistical needs.
- Provide death notifications and facilitate the processing of death certificates and the release of human remains for final disposition.

Family Assistance Center Partners/Staff

- Possible partners in FAC include:
  - Local public health
  - American Red Cross
  - Salvation Army
  - Religious or clergy services
  - Behavioral or mental health support
  - Therapy animals
  - Funeral directors
  - Others

Family Assistance Center – Communications

- Gather ante-mortem data
- Keeping family informed
- Death notifications

ESF 8 – FUNCTIONAL ANNEX
Regional Family Assistance Center Plan

Region 1 Jurisdictional Health Departments:

Jackson

Lenawee

Branch/Hillsdale/**St. Joseph**

Barry/**Eaton**

Ingham

Livingston

Shiawassee

Mid-Michigan

Regional FAC Plan Contents

Table of Contents

- Purpose, Scope, Situations, and Assumptions
- Concept of Operations
- Command, Control and Coordination
- Code of Conduct
- Activation and Set-up
- Operations
- Demobilization

Organization and Assignment of Responsibilities

- Local Health Department
- Medical Examiner/Coroner
- Law Enforcement
- Local Offices of Emergency Management
- American Red Cross
- Medical Reserve Corps/MI Volunteer Registry
- Local Hospitals
- National Transportation Safety Board
- Disaster Mortuary Operations Response Team
- Michigan Department of Health and Human Services
- Michigan Office of Emergency Management

Regional FAC Plan Contents

Communications

- Family Briefings
- Communications with Staff
- Communications with Incident Site
- Coordinated Communications with Partners
- Public Communications
- Media

Administration, Finance & Logistics

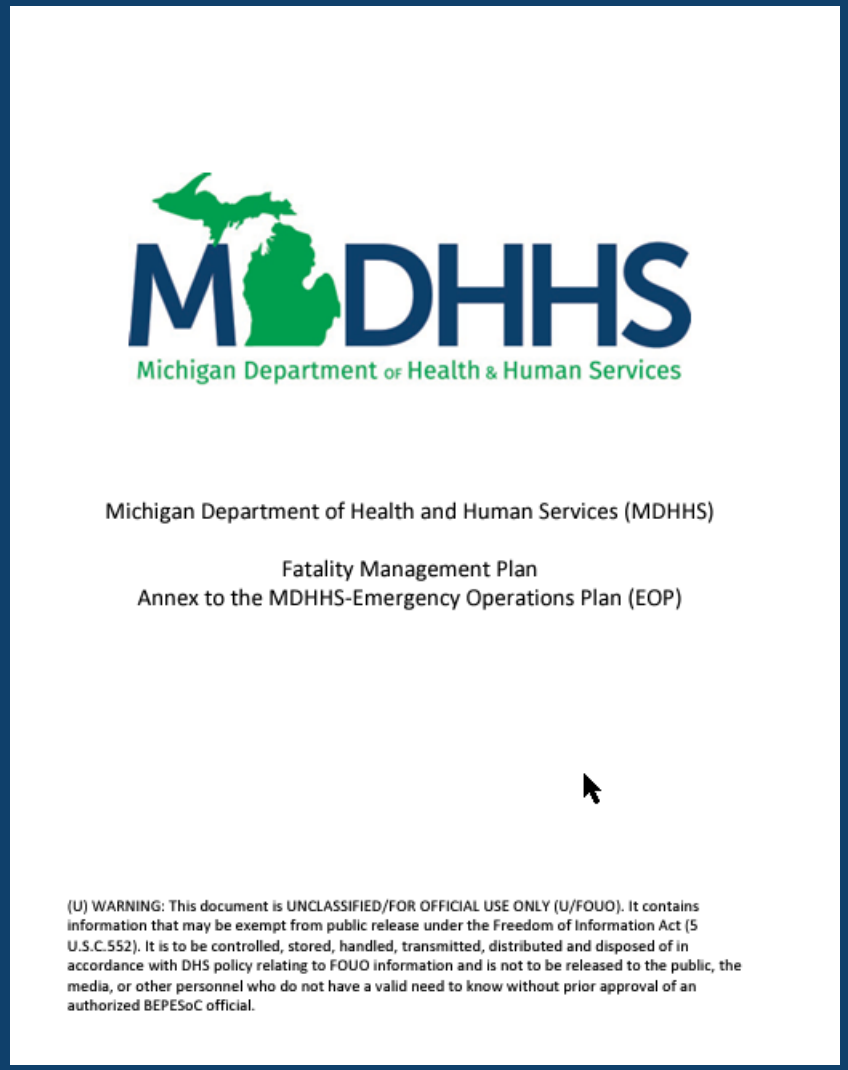
- Logistics
- Finance/Administration
- Plan Development and Maintenance
- Training and Exercises
- Authorities and References

Incident Scale and Supplies Planning

Scenario	1	2	3	4
Scale of Incident	Small	Medium	Large	Catastrophic
Potential Fatalities	<20	20-100	101-500	>500
Family and Friends	<160	160-800	800-4,000	>4,000
Daily Capacity for Critical Services (family interviews, processing, and staff break time: average 3 hours)	3-5 interviewers/12 hours a day = 12-20 interviews per day	5-10 interviewers /12 hours a day = 20-40 interviews per day	10-30 interviewers/12 hours a day = 40-120 interviews per day	30-50 interviewers/12 hours a day = 120-200 interviews per day

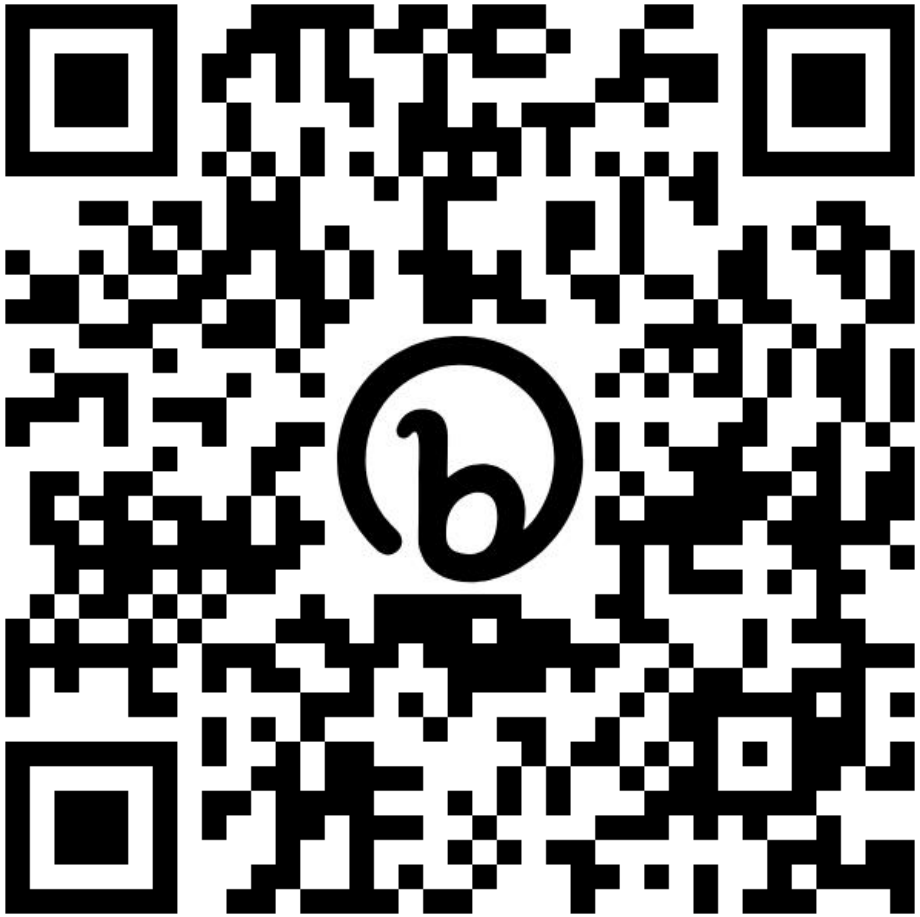
Other factors that may influence the magnitude and duration of operations:

- The condition of the disaster site
- Access to the disaster site
- Condition of the remains
- Duration of the mortuary operations
- Whether or not there are other organization that can continue ongoing case management needs
- Whether or not the disaster is an ongoing event
- Open vs. closed population



Current State Plans and Resources

Michigan Fatality Management Plan



https://bit.ly/MDHHSfatalitymgmt

Family Assistance Center Plan

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Available State Resources

- Refrigerated trailers
- Mortuary Enhanced Remains Cooling System (MERC)
  - Storage of 48 remains (2)
  - Storage of 24 remains (1)
  - Needs a building to sit in
- Racks
- Body bags

MI-MORT

- Resource to assist the Medical Examiner
  - Collection of ante-mortem data
  - Morgue Operations
  - Remains Management
  - Remains Identification
- Staffed with volunteers

DART

- Remains recovery

Random Thoughts and Wrap-Up

Local/Regional Resource Availability

- Recovery
  - Medical Examiner's Capabilities
  - Search and Rescue – do they do recovery?
  - EMS/Fire
  - Disaster Assistance Recovery Team (DART)
- Supplies
  - Body Bags
  - Personal Protective Equipment
  - Hand tools and heavy equipment
- What mutual aid agreements are in place to support each other? Do they include recovery?

Resource Availability – con't

- Storage Capacity
  - How many fatalities can be stored?
  - For how long?
- Transportation
  - Bodies out, resources in, bodies in storage location
- Security

Staffing – General Planning Considerations

- Identify key staff positions and develop staffing requirements to carry out essential functions
  - ICS
  - Who recovers the bodies
  - Who works in the Family Assistance Center
  - Etc.
- Plan, train, and exercise with identified partners

Scene – General Planning Considerations

- Does it matter what type of incident has occurred (criminal, accident, NTSB involvement, etc.)?
- Are there risk for contaminated remains (chemical, radiological, etc.)? How does that impact recovery? Do you have personnel?
- Who will do remains recovery under what circumstances?
- How will you support them after the fact?

Considerations for Remains Storage Sites

- Temperature: 37˚F to 42˚F
- Security
- Access to storage
- For onsite staff:
  - Communication
  - Electricity / Power
  - Plumbing
  - Restroom

Alternate Remains Storage Sites

- Considerations
  - Refrigerated trucks / trailers
  - Refrigerated empty large warehouse-type store/grocery store
  - Other empty warehouse
  - Refrigerated rail car
  - Airplane hanger
  - Public Buildings (not ideal)

Scene Safety

- Primary responsibility for scene safety?
- Tracking personnel
- Providing appropriate PPE

Also consider:

- Breaks
- Mental Health

Assumptions – A Story

- Reminders
  - Medical examiners will follow positive identification of the remains
  - What happens on scene is confidential and should not be talked about with people not involved
  - Telling family something now may result in misinformation

Equity, Cultural and Religious Considerations

Two scenarios – Follow Up

Summary

- The mass fatality planning process needs to include various emergency management and non-emergency management partners.
- There are lots of parts to mass fatality planning and local health departments have a role to play.
- While the state has resources, they are very limited. Local planning is key to a successful response to a mass fatality.

Question and Contact Information

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