

2015

BANNOCK COUNTY
EMERGENCY OPERATIONS PLAN
MASS FATALITY PLAN
VOLUME 3



December 2015



Bannock County

Mass Fatality Plan

I. 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. Mass fatalities may be caused by infectious diseases, such as Pandemic Influenza, natural hazards (e.g. earthquakes, floods and tornados), human-related hazards (e.g., commercial airline crashes, bridge or tunnel collapses), or pro-active human hazards (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, mortuary operations, and decedent operations. The latter function entails human remains recovery, morgue services, and family assistance. These tasks fall under the auspices of the County 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.

II. Objectives:

The primary objectives for the mass fatality plan are:

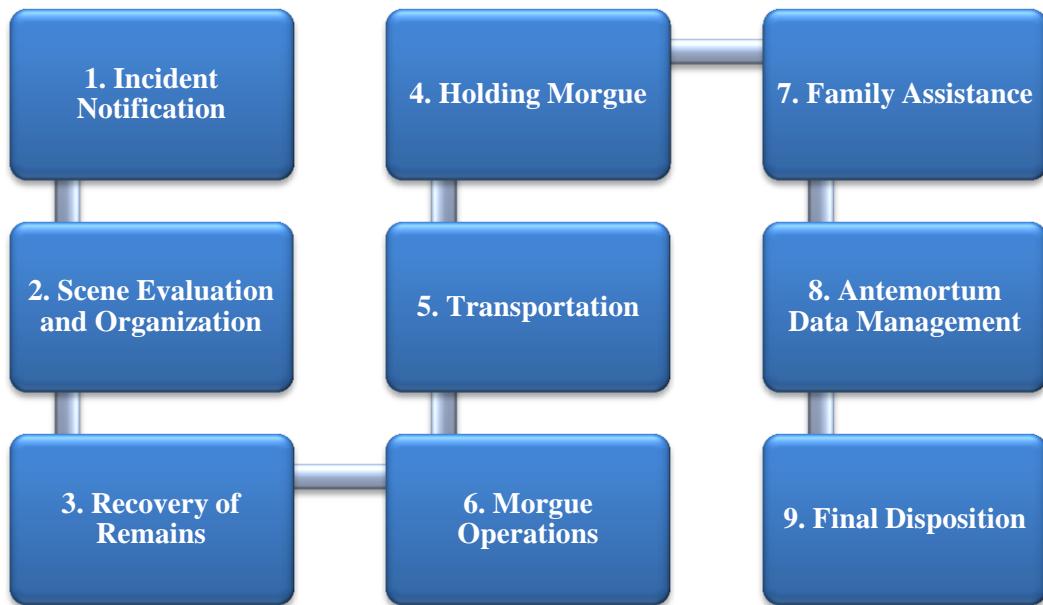
- To facilitate Bannock County's management of a mass fatality incident
- To delineate the command and control structure, who is responsible for activating the Plan, and the criteria for levels of activation
- To outline a means for obtaining the following support functions with scalability:
 - Supplies and equipment
 - Staffing requirements
 - Facility requirements
- To provide information regarding health and safety threats when handling decedents
- To identify decedent operational areas
- To identify the stakeholders and organizations responsible for management and coordination of operational activities
- 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

III. Scope:

The Bannock County Emergency Operations Center (EOC) will be activated in response to a mass fatality incident. (The Southeastern Idaho Public Health District EOC may also activate to offer assistance if the Mass Fatality Incident is tied to a Public Health issue.) The County EOC will oversee the coordination of the multiple local, regional, state and federal agencies and departments involved in the management of the incident. 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.

This Plan is based on the following standard response process for the management of human remains.



This Plan has been developed to fill the gap between those fatality incidents which can be managed by the Coroner's Office without assistance and those mass fatality incidents that cannot be handled locally and would require some form of regional assistance to fill the gap before requesting a federally activated Disaster Mortuary Operations Team. For the purpose of this Plan that gap is believed to be between 6 and 20 fatalities. The Plan has been written such that the County EOC and the Coroner's Office can easily transition to a full DMORT activation. The processes described and the forms dovetail directly into those that would be used by a DMORT if it was activated.

IV. Roles and Responsibilities

- **Bannock County Coroner** – The County Coroner is responsible for search, recovery, identification, family notification, and disposal of mass fatality victims.

- **Bannock Emergency Services Coordinator** – The Bannock County Emergency Services Coordinator is responsible for the request and coordination of resource and will assist the Coroner in the completion of his responsibilities as needed.
- **Bannock County Commission** – The Bannock County Commission will declare a disaster when necessary to activate regional, State, and Federal resources.
- **Fire Departments** – Fire Departments located in Bannock County or the Southeastern Idaho Regional Hazardous Materials (HazMat) Team is responsible for determining the best approach for mitigating hazardous material agent(s) while preserving remains, personal effects, and evidence.
- **Bannock County Search and Rescue** – Bannock County Search and Recovery personnel are responsible for the laborious physical removal and collection of human remains in whatever condition they may be found.\
- **Bannock County Sheriff** – The Bannock County Sheriff will provide public safety and security support to the Incident as ESF 13 and will also criminal investigations as required by State Law.
- **Idaho Bureau of Homeland Security Area Field Officer** – The Idaho BHS Southeastern Idaho Area Field Officer will assist Bannock County to activate regional, State, and Federal resources.
- **Southeastern Idaho Public Health District** – The Southeastern Idaho Public Health District will assist with potentially become a hazardous and toxic issue related to bio-waste and other bodily fluids from human remains during phases of recovery.
- **Federal Bureau of Investigation (FBI)** - The FBI is the lead investigation agency for any credible terrorist 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.
- **DMORT Teams** - The Department of Health and Human Services has organized Disaster Mortuary Operation Response Teams (DMORT). Under this system, the country is divided into ten regions, each with a Regional Coordinator. Bannock County is served by the Region 10 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.
- **Local Funeral Industry** – The local funeral industry will provide temporary refrigerated storage of remains. They can also provide transportation of remains to and from the incident scene as requested.

V. Introduction

A. General

The definition of a “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.

VI. Situation and Assumptions

A. Situation

- Bannock County has several state highways, two interstate highways, railroad lines, and an airport. There is a daily potential for a mass fatality incident involving a passenger bus or aircraft. Additionally, there is the potential for a natural disaster to cause a mass fatality incident.
- A mass fatality incident in Bannock County can be defined as more than 6 deaths in a single incident or simultaneous incidents.
- Local, state, and federal assistance is available to help with mass fatalities operations.

B. 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.
- Under certain circumstances this action will be challenging and require support and leadership from all levels of government.
- The Bannock County 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 plan (to ensure care for survivors), and normally be activated in concert with jurisdictional emergency operations center(s).
- 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 (NIMS) and the Incident Command System (ICS).
- 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. Traumatic stress 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 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.
- All agencies will cooperate with scene preservation before, during, and after the survivors are removed from the scene.
- A mass fatality incident can physically and emotionally overwhelm responders. Critical Incident Stress Debriefing teams will be available.
- Disaster plans are in place and will be used by carriers, corporations, hospitals, and other agencies involved with mass fatality incidents.
- Specialized resources are available to assist local agencies deal with mass fatality incidents.

VII. References

- Bannock County Emergency Operations Plan October 2011
- Bannock County Multi-Jurisdiction All Hazard Mitigation Plan 2008, as updated September 1, 2010
- National Association of Medical Examiners – Mass Fatality Plan
- Idaho Department of Health and Welfare – Public Health Preparedness and Response Plan – Annex J Mass Fatality Response, Version 6 September 2010
- DHS Target Capability – Fatality Management

VIII. Concepts of Operations

A. Plan Activation

The Bannock County Mass Fatalities Plan will be activated upon request by the Bannock County Coroner. It is assumed that the Plan will be activated when the number of decedents exceeds 6.

To activate the Plan the Bannock County Coroner will:

1. Request the Bannock County Dispatch Center to contact the Bannock County Coordinator of Emergency Services and request Plan activation.
2. The Bannock County Coordinator of Emergency Services will activate the County Emergency Operations Center.

3. The Bannock County Coordinator of Emergency Services, working with the County Coroner, will develop an Incident Action Plan which will outline tactical and strategic steps to be taken including the activation of specific Emergency Support Functions.
4. If the incident exceeds the capabilities of Bannock County the Coordinator of Emergency Services will prepare and request approval of a Disaster Declaration by the Bannock County Board of County Commissioners.
5. The Disaster Declaration will be forwarded to the State of Idaho Bureau of Homeland Security.
6. The Bannock County Coordinator of Emergency Services will request the regional assistance through the BHS Area Field Officer.

B. Initial Staging and Recovery Procedures.

1. Remains shall not be disturbed or moved until the Coroner has given approval.
2. A survey and assessment of the situation will be made by, or under the direction of, the Coroner to determine the following information:
 - a. Number of fatalities
 - b. Condition of the bodies, i.e. burned, dismembered, etc
 - c. Difficulty anticipated in the recovery of the bodies and the type of personnel and equipment needed
 - d. Location of the incident, accessibility, and difficulty that may be encountered reaching and working at the scene
 - e. Safety of scene
 - f. Condition of bodies
 - g. Resources/possible recovery hazards (chemical, biological, etc)

IX. Human Remains Recovery

A. Overview

A mass fatality event is any incident resulting in more deaths than can be managed utilizing 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 protect the skin from damage (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.

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 while working with human remains, including immediate cleansing with soap and clean water. 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.

C. Scene Evaluation and Investigation

In large events, unified command will oversee incident site operations. At the onset of an event, local law enforcement, fire, and EMS will be the first to arrive on scene. The 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, an Investigator from Local Law Enforcement, and a deputy Coroner for the initial evaluation.

The only potential 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 terrorist 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.

Depending upon the incident and the jurisdiction, local evaluation teams can be expanded by requesting regional assistance, and additional assistance from 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).

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:

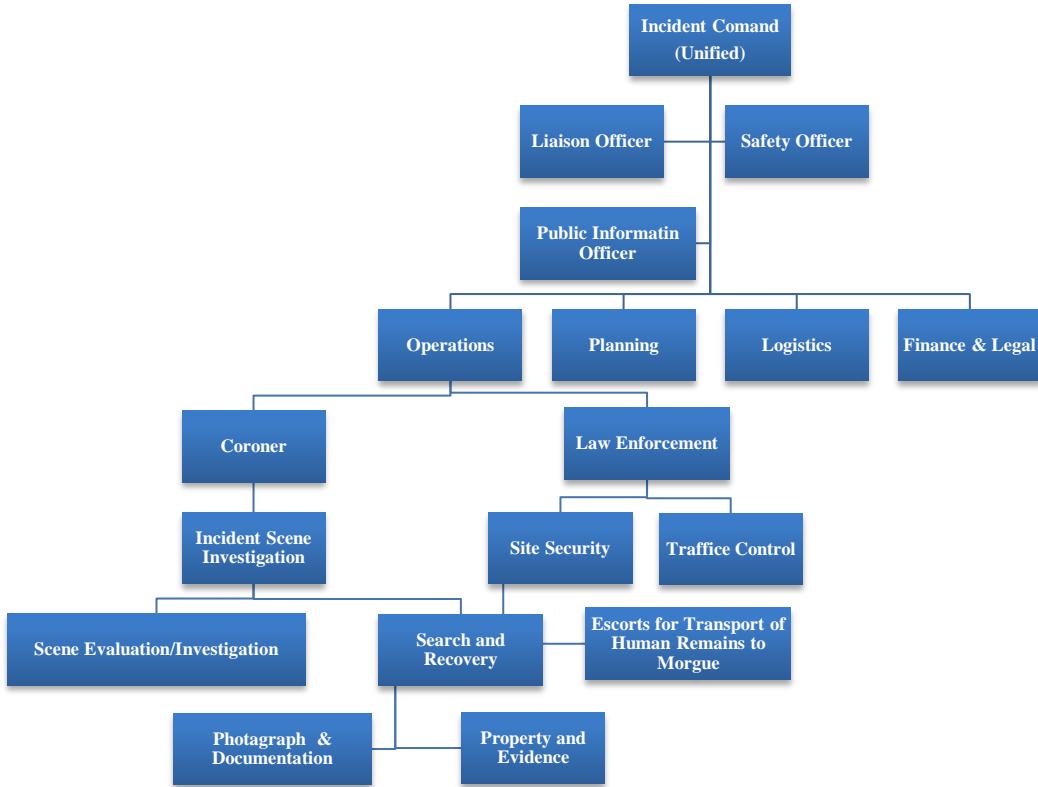
- Utilizing a badging and identification procedure for everyone entering or leaving the incident scene
- Limiting vehicle access; establish traffic patterns for all incoming and outgoing vehicles
- Security guards will be stationed at site perimeter to prevent looting or tampering

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

The following chart outlines a typical ICS structure organized to manage the field component of a mass fatality recovery operation.



Incident Action Plan

The Coroner will determine incident objectives and strategies 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 Bannock County Emergency Operations Plan – Standard Response Guide #2- Incident Action Plan Development.

D. 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, Polaroid, 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 may 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 bag with corresponding numbers labeled on the bag. 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.

Search and Recovery Equipment List:

- Boundary Tape
- Fluorescent Paint
- Body Bags
- Biohazard Bags
- Zip Lock Bags
- Paper Bags
- Measuring Device
- Computers
- Cellular Telephones
- Sharps Container
- Protective Suits, Mask and Gloves
- Metal ID Body Tags
- N-95 Respirators
- Refrigerated Trailer
- DVD Camcorder
- Cameras
- Motorola Radios
- Pin Flags
- Permanent Markers

E. 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 has 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 clearstone” not “gold with a diamond”.

The collection, inventory, and return of personal effects to the decedent’s family are 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.

F. 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 Bannock County Coroner, consulting with the Fire Departments located in Bannock County or the Southeastern Idaho Regional 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 Southeastern Idaho Public Health District. Universal Precautions should be adhered to at all times.

On-Site Decontamination

Decontamination 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:** A 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 Hazardous Materials Team, 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.

G. 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.

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.

H. 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

I. Disaster Mortuary Operations Team (DMORT)

In the event that the recovery exceeds the capability of the local, regional, or State of Idaho capabilities the State of Idaho Emergency Operations Center can request the activation of a DMORT through FEMA Region 10.

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. Bannock County is served by the Region 10 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.

DMORT can be activated by four methods:

Federal Disaster Declaration

The Federal Response Plan dictates how federal agencies respond following a disaster. A request for DMORT assistance must be made by a local official through the state Emergency Management Agency, who will then contact the regional office of the Federal Emergency Management Agency (FEMA). Based on the severity of the disaster, FEMA can ask for a presidential disaster declaration, allowing the DMORT team to be activated. This process can take 24-48 hours.

Aviation Disaster Family Assistance Act

Under this Federal act, the National Transportation Safety Board (NTSB) can ask for the assistance of DMORT. The act covers most passenger aircraft accidents in the United States and U.S. territories. The NTSB coordinates with the local medico-legal authority to assess local resources and capabilities, and can activate DMORT upon the request of the local authority.

U.S. Public Health Act

Under the U.S. Public Health Act, the U.S. Public Health Service can provide support to a state or locality that cannot provide the necessary response. Under this act, the state or locality must pay for the services of DMORT, including salary, expenses, and other costs.

Memorandum of Understanding with Federal Agency

The DMORT may be requested by a federal agency to provide disaster victim identification. Under this mechanism, the requesting agency must pay for the cost of the DMORT deployment. As an example, following the crash of United Airlines Flight 93 in Pennsylvania on September 11, 2001, DMORT was activated under an MOU with the FBI.

FEMA maintains two Disaster Portable Morgue Units (DPMUs) 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.

X. Human Remains Storage

A. Overview

The purpose of this section is to identify the capabilities of Bannock 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 the Regional Portable Morgue Unit (to be developed) through mutual aid; and then 3) Construct temporary morgue facilities using tents or trailers. The latter two actions may 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 table delineates the current storage capacity at local hospitals and morgues in or near Bannock County.

Location	Refrigerated Morgue Capacity
Cornelison Funeral Home (Pocatello)	2
Colonial Funeral Home (Pocatello)	3 (6 if smaller children)
Downard Funeral Home (Pocatello)	2
Manning Wheatley Funeral Home (Pocatello)	2
Wilkes Funeral Home	4 (12 if in body bags)
Sims Funeral Home (Soda Springs)	2
Webb Funeral Home (Preston)	12 (if in Body Bags)
Hawker Funeral Home (Blackfoot)	10

C. Morgue Facilities – Temporary

The refrigeration capacity of the county hospital morgues and local mortuary 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 Regional Portable Morgue Unit (*To be developed*) is a pre-packaged unit that contains administrative supplies, forensic equipment, support equipment and instrumentation required to operate a temporary morgue facility in the field. It may also be used to support an existing morgue in a surge situation. Additionally, this unit contains office equipment to support a Family Assistance Center. The Unit can be requested through the BHS Area Field Officer or the Bannock County Coordinator of Emergency Services.

FEMA's Disaster Portable Mortuary Units (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

- 5,000 - 10,000 square feet at a minimum
- Room for 53' refrigerated trailer(s) (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

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

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, and sinks
- Existing drainage to dispose of gray waster
- Pre-existing rest rooms within the facility are preferable

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 Bannock County have been identified as potential Temporary Morgue sites:

- City of Pocatello Airport
- Bannock County Fairgrounds

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 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

and the County EOC 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 (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 emits 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 Interment:** 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 safety risk.

F. Morgue Services

1. Overview

Morgue Services reports to the Coroner in the ICS example offered above. It is most often supported by the Emergency Operations Center. 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

2. Morgue Operations

Morgue Operations includes the following components:

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

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, 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.

• Preparation

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

• 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

- **Contact with Funeral Home**

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

- **Final Release**

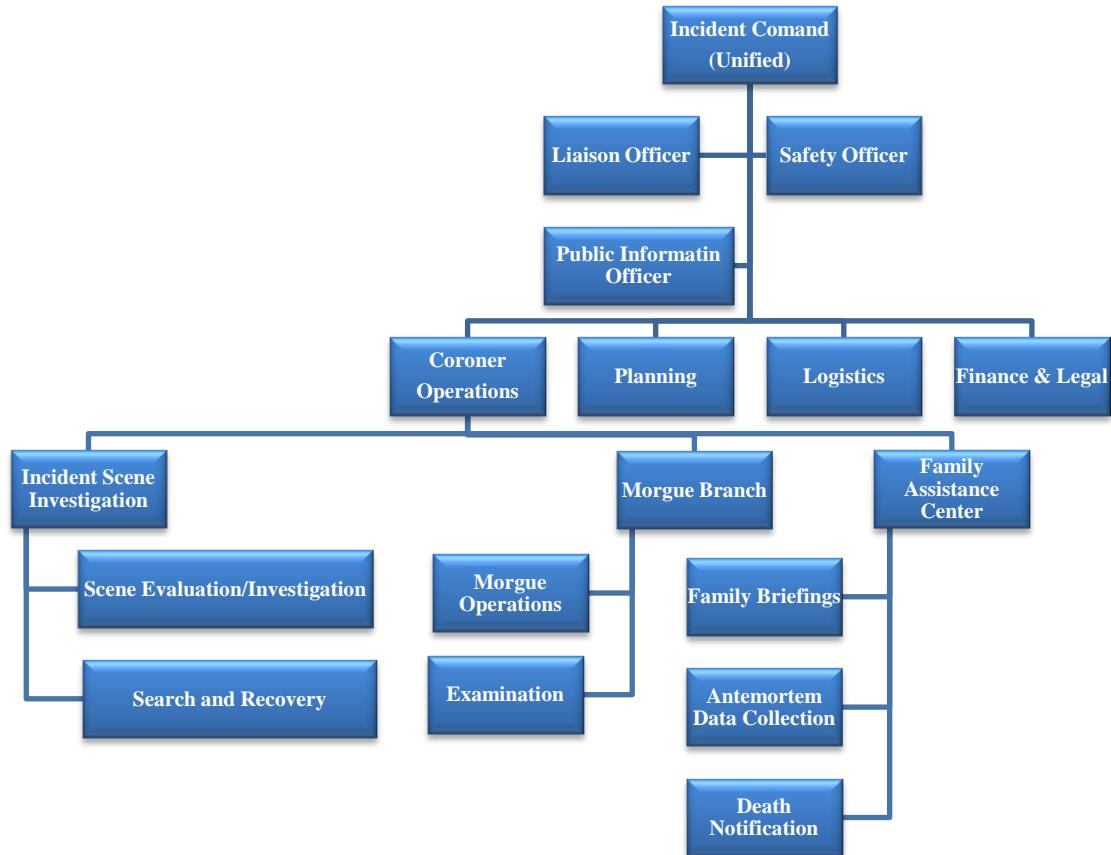
Upon completion of the final identification, human remains and associated personal effects that are not deemed evidence will be released according to the standard operating procedure of the Coroner's Office.

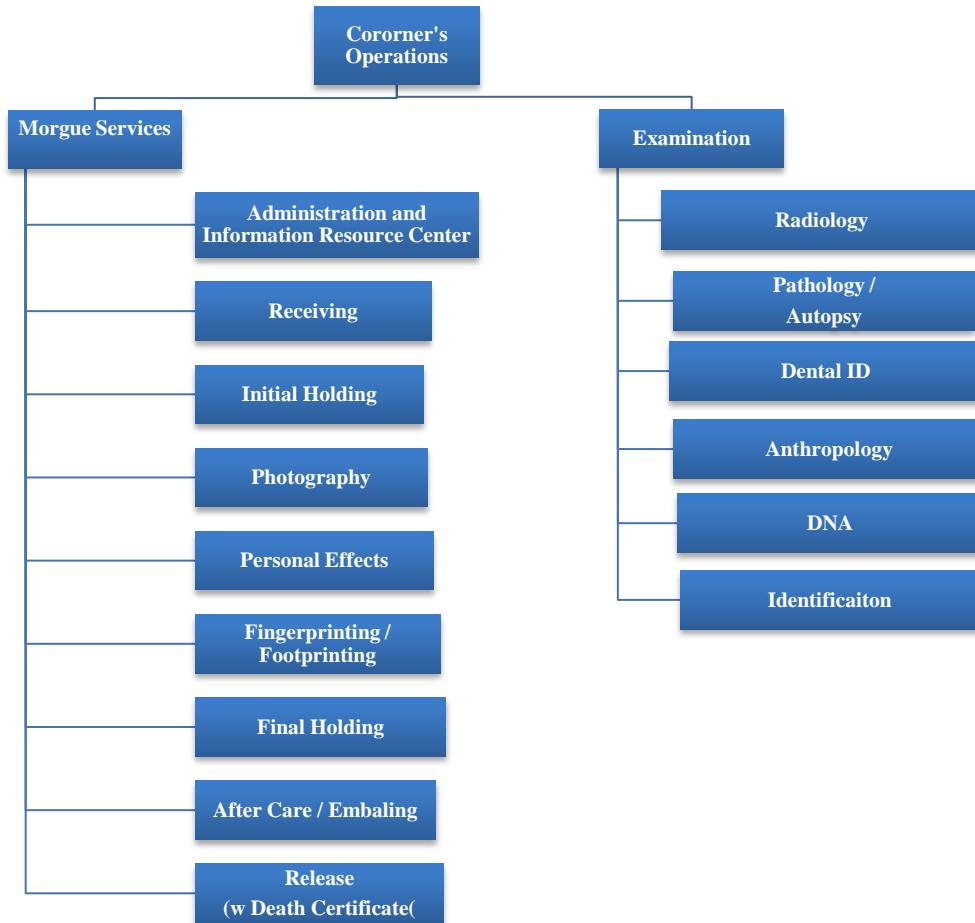
- Keep a log of remains/bodies that are cleared for release and those on hold
- Check/assure that remains/bodies are prepared for release as authorized by next of kin
- Complete Release of Human Remains form and Release of Personal Effects form
- Implement chain of custody
- Maintain a *Release Log*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

- **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.

The following charts depict in some detail the organization of the Coroner's Service Branch in the ICS structure.

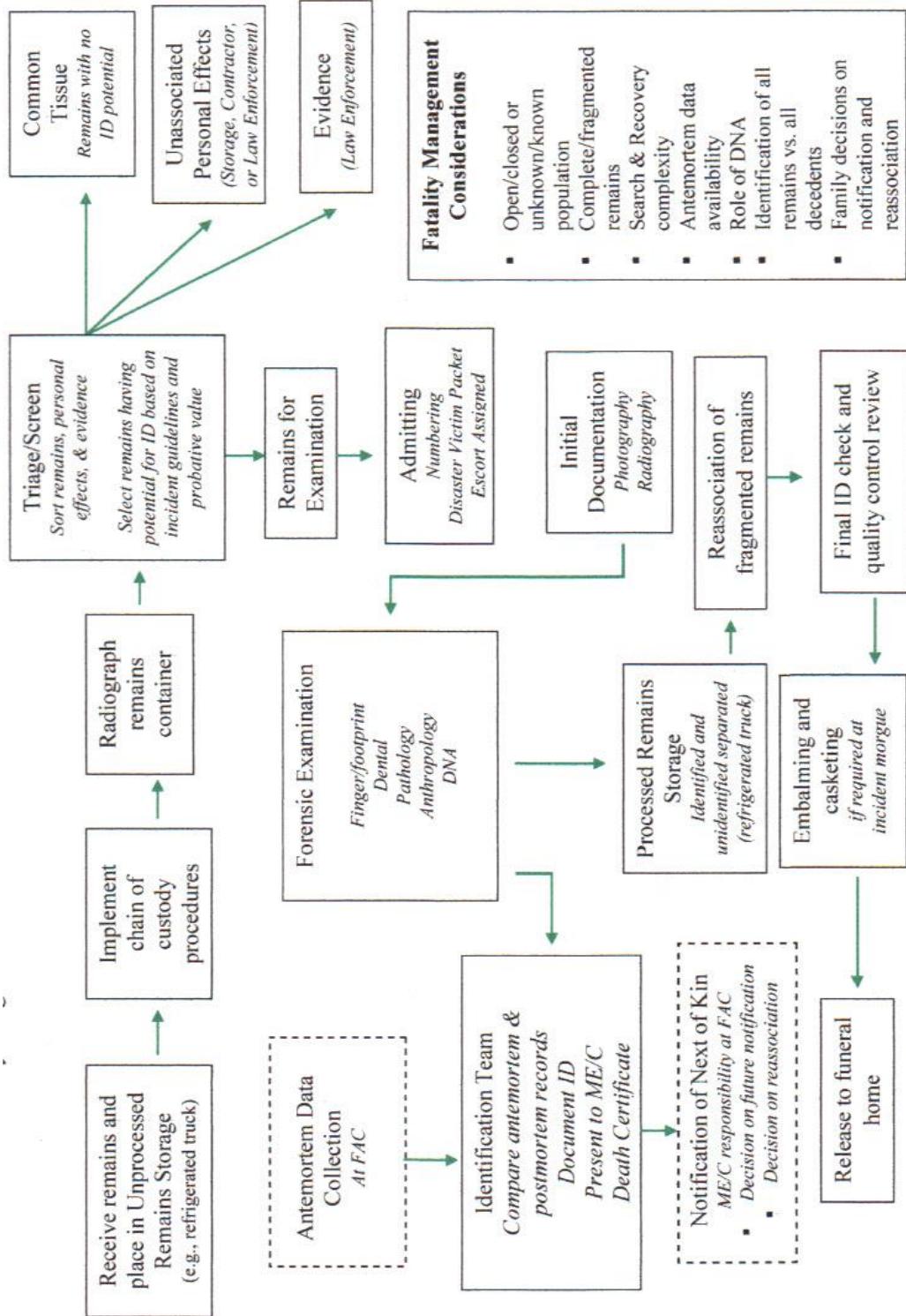




10. Morgue Examination and Identification

Morgue Examination and Identification will usually take place under the direction of a medical examiner. Detailed description and procedures are not provided as part of this Plan as the work will take place using existing procedures. The areas covered in Morgue Examination and Identification includes:

- Radiology
- Dental Identification
- Pathology
- Anthropology
- DNA Identification
- Identification Station and Victim Identification Profile (VIP)



XI. Death Certificate Process

A. Overview

A mass fatality incident within Bannock County will engender a surge in requests to register deaths, obtain permits for disposition of human remains, and obtain certified death certificates. According to Idaho Code, Title 30 Health and Safety Chapter 2 Vital Statistics 39-260 the following steps must be taken to Register Deaths

1. A certificate of each death which occurs in this State shall be filed with the local registrar of the district in which the death occurs, or as otherwise directed by the State registrar, within five (5) days after the occurrence. However, the board shall, by rule and upon such conditions as it may prescribe to assure compliance with the purposes of the vital statistics act, provide for the filing of death certificates without medical certifications of cause of death in cases in which compliance with the applicable prescribed period would result in undue hardship; but provided, however, that medical certifications of cause of death shall be provided by the certifying physician, physician assistant, advanced practice professional nurse or coroner to the vital statistics unit within fifteen (15) days from the filing of the death certificate. No certificate shall be deemed complete until every item of information required shall have been provided or its omission satisfactorily accounted for. When death occurs in a moving conveyance in the United States and the body is first removed from the conveyance in this State, the death shall be registered in this State and the place where the body is first removed shall be considered the place of death. When a death occurs on a moving conveyance while in international airspace or in a foreign country or its airspace and the body is first removed from the conveyance in this State, the death shall be registered in this State but the certificate shall show the actual place of death insofar as can be determined. If the place of death is unknown but the dead body is found in this State, the certificate of death shall be completed and filed in accordance with this section. The place where the body is found shall be shown as the place of death. If the date of death is unknown, it shall be determined by approximation. The person in charge of interment or of removal of the body from the district shall be responsible for obtaining and filing the certificate. Said person shall obtain the required information from the following persons, over their respective signatures:
 - a. Personal data shall be supplied by the person best qualified to supply them; and
 - b. Except as otherwise provided, medical data shall be supplied by the physician, physician assistant or advanced practice professional nurse who attended the deceased during the last illness, who shall certify to the cause of death according to his best knowledge, information and belief within seventy-two (72) hours from time of death. In the absence of the attending physician, physician assistant or advanced practice professional nurse or with said person's approval the certificate may be completed and signed by said person's associate, who must be a physician, physician assistant or

advanced practice professional nurse, the chief medical officer of the institution in which death occurred, or the physician who performed an autopsy upon the decedent, provided such individual has access to the medical history of the case, views the deceased at or after death, and death is due to natural causes.

2. The person in charge of interment or of removal of the body from the district shall refer the following cases to the coroner who shall make an immediate investigation, supply the necessary medical data, and certify to the cause of death:
 - a. When no physician, physician assistant or advanced practice professional nurse was in attendance during the last illness of the deceased;
 - b. When the circumstances suggest that the death occurred as a result of other than natural causes; or
 - c. When death is due to natural causes and the physician, physician assistant or advanced practice professional nurse who attended the deceased during the last illness or said person's designated associate who must be a physician, physician assistant or advanced practice professional nurse, is not available or is physically incapable of signing.
3. When a death is presumed to have occurred within this state but the body cannot be located, a death certificate may be prepared by the state registrar upon receipt of an order of a court of record of this State, which shall include the finding of facts required to complete the death certificate. Such a death certificate shall be marked "presumptive" and shall show on its face the date of registration and shall identify the court and the date of decree.

XII. 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.

For mass fatality events occurring in Bannock County, excluding aircraft accidents, the ESF 6 Mass Care, Emergency Assistance, Housing and Human Services has been designated by the Emergency Services Coordinator and the Coroner as the lead to manage and coordinate the FAC. Working under the Operations Section of the ICS, the Coroner's Services Branch will initiate a Family Assistance Unit.

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, where there are Mass Casualties and well as Mass Fatalities, 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, Faith Based Groups, as well as the American Red Cross, Salvation Army, community services clubs, local volunteer agencies, and non-profit organizations will 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 Idaho Department of Health and Welfare. 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 System. 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 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

Mental health 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 5:00 pm (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 or 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

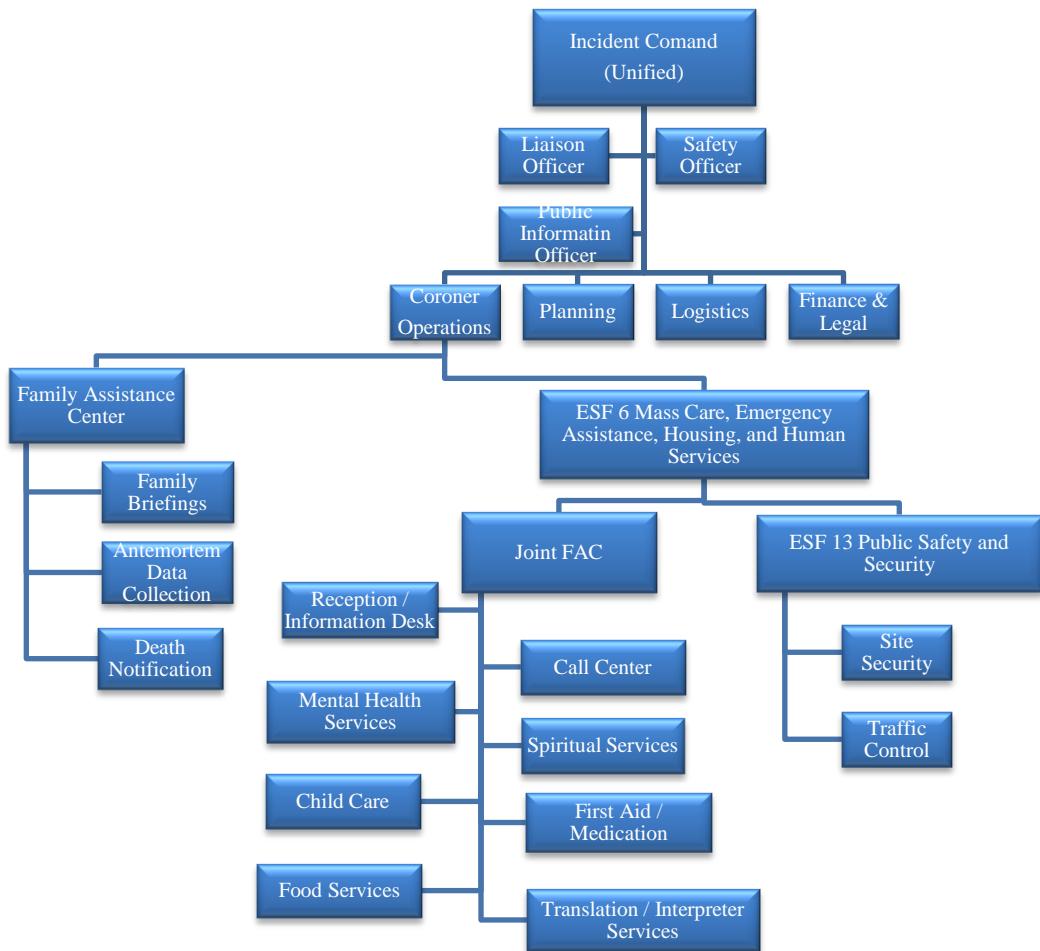
- Financial Assistance
- Benefits Counseling
- Physical Health Services
- Veterans Affairs Services
- Victim Assistance and Compensation

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 Bannock County Coroner in cooperation with the County Coordinator of Emergency Services and Bannock Memorial Hospital will determine whether a single or joint 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.

The following chart depicts the ICS structure which includes a Family Assistance Center.



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Attachment 1: Health and Safety

A. Purpose

The purpose of this attachment 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 all Incident Commanders in Bannock County 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
- 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. 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
- Conducting a safety analysis for each operational period
- Providing appropriate health and safety information to be included in 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, IAP will include an objective which provides for incident personnel and public safety. Safety concerns specific to Tactical Teams should be identified in the IAP. The Safety Officer, and assistants if necessary, 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. The IAP will be used to identify the major hazards and mitigations. All accidents will be reported, investigated, documented, and reviewed for “Lesson’s Learned” potential.

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.

Attachment 2: Mass Fatality Incident Communications

A. Purpose

The purpose of this attachment is to identify the communication needs and delineate responsibilities for: 1) the rapid notification of staff members, and 2) the methods of tactical communications.

A mass fatality incident is never a standalone 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

1. Logistics Section Chief – Approve Communications Plan
2. Planning Section Chief – Include Communications Plan in the operational period Incident Action Plan and discuss communications concerns during daily briefings.
3. Communications 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 of an emergency and to request them to report to their designated sites
- Alerting personnel to set up morgue sites
- Ensuring that the incident scene and morgue site are properly equipped and staffed with communications devices
- Assisting the PIO 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 Communications

The primary means of communication will be the existing phones, both cellular and landlines, within the Dispatch Center, the Coroner's office, the County EOC, and response personnel.

Sites may also be equipped with VHF and UHF radios and cellular phones for a back-up means of communications. Internet connections and fax machines at the sites will also be used.

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.

E. Communications Concerns

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

Attachment 3: Mass Fatality Incident Public Information

A. Purpose

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

A MFI is never a standalone 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. 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 Southeastern Public Health District Public Information Plan should be concurrently utilized. Detailed information regarding the use of the Health Department's Emergency Phone Center and other technical information relating to the mitigation of health emergencies can be found there.

B. Policy

It is the policy of the Coroner of Bannock 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

Coroner— Establishes policies and approves, in conjunction with the Incident Commander, all public information and news releases as prepared by the Public Information Officer (PIO).

Public Information Officer – 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 Public Information Officer.

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 District are working actively to minimize health risks

The Public Information Officer will, in conjunction with the Coroner and Incident Commander:

- 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 Bannock Board of County Commissioners, State of Idaho officials, local government officials within Bannock County, with accurate information so that these agencies may assist in keeping the public informed in a consistent manner

To attain these elements, the Public Information Officer 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 Public Information Officers
- 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 Health Department's Emergency Phone Center should it be placed into service

- SIRCOMM or Bannock County Dispatch Center by providing releases for the Emergency Alerting 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)

ESF 15 Public Information Support Staff – Provide the following support

- Develop and establish mechanisms to rapidly receive information from the Bannock 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 well informed about the situation, 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.

Timely and accurate Public Information has been identified as a very important objective by the 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.

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Attachment 4: Mass Fatality Incident Security

A. Purpose

The purpose of the Mass Fatality Incident (MFI) Security attachment is to identify the security needs at the County EOC, temporary and permanent morgue sites, the search and recovery sites, and the family assistance center. Additionally, this attachment delineates the responsibilities of the Sheriff's Office and Local Law Enforcement – ESF 13 Public Safety and Security in providing security.

B. Policy

It is the policy of all Bannock County Incident Commanders 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 law enforcement agency with jurisdiction. The law enforcement agency with jurisdiction 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 law enforcement agency with jurisdiction will be assisted in these efforts by local Police Departments and/or the Bannock County Sheriff. 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:

- Bannock County Search and Rescue
- Idaho State Police
- Local Law Enforcement from neighboring jurisdictions may be used to supplement local law enforcement; if local government resources are not available from Operational Area jurisdictions, the EOC will coordinate within the region to supply requested resources
- The Bannock County Sheriff's Office and the City Police Departments may have citizen volunteers 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 Public Information Officer 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 ropes/hazard tapes 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 Public Information Officer)
- Establish traffic patterns for entry and exit to the facility and clearly designate parking areas

E. 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). The Incident Action Plan (IAP) will be used to document any identified hazards and propose mitigation actions. Any security "lapse" will be reported, investigated, documented, and reviewed for "lessons learned" potential.

Attachment 5: Mass Fatality Plan Training, Exercise, Evaluation, and Maintenance

A. Overview

The Bannock County Coroner's Office 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 medical center managers and local mortuary Funeral Directors were included in training programs. The Coroner, in cooperation with the Bannock County Department of Emergency Services, will coordinate as needed all requisite trainings and exercises.

B. Training

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

- Introduce the Mass Fatality Incident (MFI) Section to the Bannock LEPC and others who may interact as response staff including the Sheriff's Office, local law enforcement, Portneuf Medical Center, local fire and EMS Departments/Districts, and solicit suggestions for improvement.
- Introduce the MFI Plan and the concept of Memorandum of Agreements (MOA's) to the Bannock County Death Care Industry for partnering with the 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 MOA's with the Coroner's Office.

C. Exercise

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).

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
- Activate the Family Assistance Center component
- Simulate the issuance of a large number of death certificates and permits for disposition

D. Evaluation and Maintenance

For all exercises involving the Bannock County Department of Emergency Management and the Bannock County Coroner's Office 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 Coroner or his/her designated representative.

Attachment 6: Position Checklists

Job Action Sheet

Coroner's Service Branch Liaison

Location Assigned to:	Emergency Operations Center
Section Assigned to:	Operations
Report to:	Operations Section Chief
Staffed by:	Coroner's Office
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 County as the Coroner, this position requires extensive managerial experience, NIMS and ICS expertise; a complete understanding of County Coroner's Office, the County EOC, and the Public Health District EOC
Job Description:	The Branch Director is responsible for managing personnel, equipment, and resources to affect recovery, identification and disposition of mass fatality victims.
Forms used:	2

Beginning of Shift Duties:	<ul style="list-style-type: none"><input type="checkbox"/> Obtain identification badge<input type="checkbox"/> Review Incident Action Plan<input type="checkbox"/> Obtain briefing from Operations Section Chief<input type="checkbox"/> Review Mass Fatality Plan<input type="checkbox"/> Assess the current situation<input type="checkbox"/> Determine resources assigned<input type="checkbox"/> Establish Recovery, Morgue Services and Family Assistance Operations, assigning personnel as needed<input type="checkbox"/> Conduct staff briefing unit leaders assigned
Job Duties:	<ul style="list-style-type: none"><input type="checkbox"/> Determine locations for the temporary morgues and Family Assistance Center(s)<input type="checkbox"/> Establish a communications post (if not located in EOC)

	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure planning meetings are scheduled and attended as required <input type="checkbox"/> Participate in the development of an Incident Action Plan and prepare contingency planning. <input type="checkbox"/> Determine work schedules and shifts as needed <input type="checkbox"/> Coordinate activities for all staff <input type="checkbox"/> Ensure employees understand their work assignments <input type="checkbox"/> Distribute Job Action Sheets and documents for review <input type="checkbox"/> Make certain employee welfare is cared for <input type="checkbox"/> Ensure that adequate safety measures are in place and being adhered to <input type="checkbox"/> Supervise and review the effectiveness of all operations assigned <input type="checkbox"/> Report directly to Operations Section Chief and inform the command staff about developments, progress and problems related to functional activities within the branch <input type="checkbox"/> Review logistical support and make recommendations as necessary <input type="checkbox"/> Compare current capacity with future requirements and estimate future logistical requirements <input type="checkbox"/> Communicate with the other Branch Directors to ensure continuity and effectiveness of the overall operation <input type="checkbox"/> Maintain unit records, including Unit Log
End of Shift Duties:	<ul style="list-style-type: none"> <input type="checkbox"/> Check out with the Operations Section Chief and assigned unit leaders <input type="checkbox"/> Brief Branch Director working next shift <input type="checkbox"/> Verify return schedule
Demobilization Duties:	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure development of the Coroner's Service Branch Demobilization Plan <input type="checkbox"/> Identify issues for the After Action Report <input type="checkbox"/> Ensure all records and reports are completed and submitted <input type="checkbox"/> Conduct staff debriefing <input type="checkbox"/> Participate in After Action Review

Job Action Sheet

Scene Investigation/Human Remains Recovery Officer

Location Assigned to:	Incident Scene
Section Assigned to:	Operations
Report to:	Coroner's Service Branch Director
Staffed by:	Coroner's Office
Coordinate with:	Human Remains Recovery, Morgue Services, and Logistics Section
Preferred Qualifications and Certifications:	This position requires extensive managerial experience, NIMS and ICS expertise. A complete understanding of County Coroner's Office, the County EOC
Job Description:	Oversees the collection and documentation of postmortem remains, property, and evidence at the incident scene
Forms used:	1, 25, 26, 27, 28, 29
Beginning of Shift Duties:	<ul style="list-style-type: none"><input type="checkbox"/> Obtain identification badge<input type="checkbox"/> Review Incident Action Plan<input type="checkbox"/> Obtain briefing from Coroner's Service Branch Director<input type="checkbox"/> Review Mass Fatality Plan<input type="checkbox"/> Review the IAP<input type="checkbox"/> Assess the current situation<input type="checkbox"/> Request clarifying information<input type="checkbox"/> Determine resources assigned<input type="checkbox"/> Establish Scene Evaluations Operations, assigning personnel as needed<input type="checkbox"/> Conduct staff briefing unit leaders assigned.
Job Duties:	<ul style="list-style-type: none"><input type="checkbox"/> Establish a Command Post<input type="checkbox"/> Maintain Communications with the EOC<input type="checkbox"/> Assess the Situation<input type="checkbox"/> Ensure adequate safety measures are in place<input type="checkbox"/> Assist Team in establishing grid or search patterns<input type="checkbox"/> Ensure that all personnel and equipment get to and from assignments in a timely manner<input type="checkbox"/> Expand the scene evaluations team as needed to include

	<p>law enforcement, HazMat, Public Health, or other agencies based on the nature of the mass fatality incident.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Monitor Search and Rescue Teams <input type="checkbox"/> Obtain Information concerning progress on assigned tasks from subordinates by: <ul style="list-style-type: none"> ○ Condition of Special Requests ○ Periodic/routine reports ○ Personal observation ○ Take corrective action as appropriate ○ Ensure the general safety and welfare of Team personnel ○ Maintain communications with subordinates <input type="checkbox"/> Resolve logistics problems within the Team <input type="checkbox"/> Advise of any surplus of resources <input type="checkbox"/> Coordinate activities with other Divisions/Groups <input type="checkbox"/> Respond to information requests from other team elements <input type="checkbox"/> Communicate with the other Branch Directors to ensure continuity and effectiveness of the overall operation <input type="checkbox"/> Recommend expedient changes to the IAP during the operations period as necessary <input type="checkbox"/> Maintain unit records, including Unit Log
End of Shift Duties:	<ul style="list-style-type: none"> <input type="checkbox"/> Check out with the Coroner's Service Branch Director <input type="checkbox"/> Brief oncoming Scene Investigation/Human Remains Recovery Officer working next shift <input type="checkbox"/> Verify return schedule
Demobilization Duties:	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure development of the Scene Evaluations Team Demobilization Plan <input type="checkbox"/> Identify issues for the After Action Report <input type="checkbox"/> Ensure all records and reports are completed and submitted <input type="checkbox"/> Conduct staff debriefing <input type="checkbox"/> Participate in After Action Review

Job Action Sheet

Scene Evaluation Team

Location Assigned to:	Incident Scene
Section Assigned to:	Coroner's Service Operations Branch
Report to:	Scene Investigation/Human Remains Recovery Officer
Staffed by:	Coroner's Office and/or Local Law Enforcement/Search and Rescue
Coordinate with:	Human Remains Recovery, Morgue Services, and Logistics Section
Preferred Qualifications and Certifications:	Trained in Death Investigations. This position requires extensive managerial experience, NIMS and ICS expertise; a complete understanding of County Coroner's Office, the County EOC
Job Description:	Responsible for evaluating and investigating the scene, developing a field action plan and determining incident objectives and strategy in coordination with the EOC
Forms used:	5, 25, 26, 27, 28, 29

Beginning of Shift Duties:	<input type="checkbox"/> Obtain identification badge <input type="checkbox"/> Review Incident Action Plan <input type="checkbox"/> Obtain briefing from Coroner's Service Branch Director <input type="checkbox"/> Review Mass Fatality Plan <input type="checkbox"/> Assess the current situation <input type="checkbox"/> Determine resources assigned <input type="checkbox"/> Establish Scene Evaluations Operations, assigning personnel as needed <input type="checkbox"/> Conduct staff briefing unit leaders assigned.
Job Duties:	<input type="checkbox"/> Establish a Command Post <input type="checkbox"/> Assess the Situation <input type="checkbox"/> Ensure adequate safety measures are in place <input type="checkbox"/> Expand the scene evaluations team as needed to include law enforcement, HazMat, Public Health, or other agencies based on the nature of the mass fatality

	<p>incident</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evaluate the Scene for the following: <ul style="list-style-type: none"> ○ Potential or real number and location of remains ○ Condition of the bodies ○ Location of atypical cases ○ Potential number of remains for autopsy ○ Complicating factors or level of difficulty in recovery – types and numbers of personnel and equipment needed ○ Accessibility of the incident site ○ Possible biological, chemical, physical, or radiological hazards ○ Level of personal protective equipment required <input type="checkbox"/> Ensure that initial pictures of the site are taken <input type="checkbox"/> Establish tactical and support resource needs for operations <input type="checkbox"/> Establish immediate priorities and assign on-scene resources <input type="checkbox"/> Communicate with the other Branch Directors to ensure continuity and effectiveness of the overall operation <input type="checkbox"/> Maintain unit records, including Unit Log
End of Shift Duties:	<ul style="list-style-type: none"> <input type="checkbox"/> Check out with the Scene Investigation/Human Remains Officer <input type="checkbox"/> Brief oncoming Scene Evaluations Team working next shift <input type="checkbox"/> Verify return schedule
Demobilization Duties:	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure development of the Scene Evaluations Team Demobilization Plan <input type="checkbox"/> Identify issues for the After Action Report <input type="checkbox"/> Ensure all records and reports are completed and submitted <input type="checkbox"/> Conduct staff debriefing <input type="checkbox"/> Participate in After Action Review

Job Action Sheet

Human Remains Recovery Logistics Officer

Location Assigned to:	Incident Scene
Section Assigned to:	Scene Investigations
Report to:	Scene Investigations/Human Remains Recovery Officer
Staffed by:	Deputy Coroner
Coordinate with:	Human Remains Recovery, Morgue Services, and Logistics Section
Preferred Qualifications and Certifications:	This position requires extensive managerial experience, NIMS and ICS expertise; a complete understanding of County Coroner's Office, the County EOC
Job Description:	Acquire, issue, store, and account for all supplies, equipment, facilities, personnel, and services necessary to support the Human Remains Recovery; monitor status of procurement actions, staffing requirements, and interface with the EOC Logistics Officer to ensure Human Remains Recovery Mission is met
Forms used:	

Beginning of Shift Duties:	<ul style="list-style-type: none"><input type="checkbox"/> Check in at Command Post<input type="checkbox"/> Obtain identification badge<input type="checkbox"/> Review Incident Action Plan<input type="checkbox"/> Review Mass Fatality Plan<input type="checkbox"/> Obtain Briefing from Investigations/Human Remains Recovery Officer<input type="checkbox"/> Conduct staff briefing to personnel as assigned
Job Duties:	<ul style="list-style-type: none"><input type="checkbox"/> Identify and track all necessary communications supplies and equipment to support the Human Remains Recovery Team and consult with EOC Logistics to locate, allocate, and procure communications supplies and equipment<input type="checkbox"/> Identify and track all necessary health and medical services, supplies, and equipment<input type="checkbox"/> Identify and track all necessary food services, supplies, and equipment<input type="checkbox"/> Identify and track all necessary facility needs and

	<p>consult with EOC Logistics on locating and procuring temporary morgue space and/or refrigerated vehicles to transport human remains</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identify and track all necessary transportation needs <input type="checkbox"/> Identify and track staff and volunteer needs and coordinate with EOC Logistics to procure staff and volunteers <input type="checkbox"/> Identify and track all information systems needs and coordinate with EOC Logistics to locate and procure information systems equipment, software, networks, and technical support <input type="checkbox"/> Convey, as necessary logistics requests for all high priority supply actions to the EOC Logistics Officer <input type="checkbox"/> Maintain expense data, accountability documents, procurement documents, and other information pertaining to the mission <input type="checkbox"/> Resolve logistics problems within the Team <input type="checkbox"/> Communicate with the other Branch Directors to ensure continuity and effectiveness of the overall operation <input type="checkbox"/> Recommend expedient changes to the IAP during the operations period as necessary <input type="checkbox"/> Maintain unit records, including Unit Log
End of Shift Duties:	<ul style="list-style-type: none"> <input type="checkbox"/> Check out with the Scene Investigations Officer <input type="checkbox"/> Brief oncoming Human Remains Recovery Logistics Officer coming on shift <input type="checkbox"/> Verify return schedule
Demobilization Duties:	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure development of the Human Remains Logistics Demobilization Plan <input type="checkbox"/> Identify issues for the After Action Report <input type="checkbox"/> Ensure all records and reports are completed and submitted <input type="checkbox"/> Conduct staff debriefing <input type="checkbox"/> Participate in After Action Review

Job Action Sheet

Morgue Services Unit Leader

Location Assigned to:	Morgue Site: _____
Section Assigned to:	Operations Section
Report to:	Coroner Service Branch
Staffed by:	Deputy Coroner or Coroner's Staff
Coordinate with:	Human Remains Recovery Unit, Family Assistance Center, Logistics Section and the Medical Branch if activated
Supervise:	Staff assigned to morgue
Preferred Qualifications and Certifications:	Managerial experience, ICS/NIMS expertise; a complete understanding of County Coroner's Office, the County EOC, and the Public Health District EOC
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
Forms used:	4, 6, 7, 8, 9, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29

Beginning of Shift Duties:	<input type="checkbox"/> Obtain identification badge <input type="checkbox"/> Review Incident Action Plan <input type="checkbox"/> Review Mass Fatality Plan <input type="checkbox"/> Obtain briefing from the Morgue Services Unit Leader completing shift <input type="checkbox"/> Check-in with Coroner Branch Director and the Human Remains Recovery Unit Leader <input type="checkbox"/> Assess the current situation <input type="checkbox"/> Conduct staff briefing
Job Duties:	<input type="checkbox"/> If operations warrant, establish a command post <input type="checkbox"/> Determine staff required to complete operations in a timely manner <input type="checkbox"/> Place orders for required staff through Logistics <input type="checkbox"/> Identify tasks/activities needed, prioritize and assign to staff

	<ul style="list-style-type: none"> <input type="checkbox"/> Determine work schedules and shifts needed <input type="checkbox"/> Coordinate activities for all staff <input type="checkbox"/> Ensure employees understand their work assignments <input type="checkbox"/> Make certain employee welfare is cared for <input type="checkbox"/> Ensure that adequate safety measures are in place and being adhered to <input type="checkbox"/> Ensure personnel have the proper tools and supplies they will need to perform their job <input type="checkbox"/> Report directly to Coroner Branch Director: inform about developments, progress and problems related to functional activities in the morgue operation <input type="checkbox"/> Be familiar with the equipment used and the protective gear that staff should have (e.g., steel-toed shoes, coveralls, gloves and masks) <input type="checkbox"/> Communicate with the Human Remains Recovery Unit Leader to ensure coordination between the recovery site and the morgue
End of Shift Duties:	<ul style="list-style-type: none"> <input type="checkbox"/> Check out with Branch Director and the Human Remains recovery Unit Leader <input type="checkbox"/> Provide briefing to Morgue Unit Leader working the next shift <input type="checkbox"/> Verify return schedule
Demobilization Duties:	<ul style="list-style-type: none"> <input type="checkbox"/> Participate in the development and the implementation of the Coroner's Branch Demobilization Plan <input type="checkbox"/> Identify issues for the After Action Report <input type="checkbox"/> Ensure all records and reports are completed and submitted <input type="checkbox"/> Conduct staff debriefing <input type="checkbox"/> Participate in After Action Review

Job Action Sheet

Human Remains Recovery Unit Leader

Location Assigned to:	Morgue Site: _____
Section Assigned to:	Operations Section
Report to:	Coroner Service Branch
Staffed by:	Search and Rescue or as designated by Coroner
Coordinate with:	Morgue Services, Family Assistance Center, Logistics Section and the Medical Branch if activated
Supervise:	Staff assigned to the Search and Recovery Team
Preferred Qualifications and Certifications:	Managerial experience, ICS/NIMS expertise; a complete understanding of County Coroner's Office, the County EOC, and the Public Health Districts EOC
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.
Forms used:	14, 24, 25, 26, 27, 28, 29

Beginning of Shift Duties:	<input type="checkbox"/> Obtain identification badge <input type="checkbox"/> Review Incident Action Plan <input type="checkbox"/> Review Mass Fatality Plan <input type="checkbox"/> Obtain briefing from the HRR Unit Leader completing shift <input type="checkbox"/> Check-in with Coroner Branch Director and the Morgue Services Unit Leader <input type="checkbox"/> Assess the current situation <input type="checkbox"/> Conduct Recovery Team briefing
Job Duties:	<input type="checkbox"/> Establish a Recovery site communications post <input type="checkbox"/> Identify tasks/activities needed for Recovery Team <input type="checkbox"/> Determine work schedules and shifts as needed <input type="checkbox"/> Coordinate activities for all staff <input type="checkbox"/> Ensure employees understand their work assignments <input type="checkbox"/> Make certain employee welfare is cared for

	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure that adequate safety measures are in place and being adhered to <input type="checkbox"/> Ensure personnel have the proper tools and supplies they will need to perform their job <input type="checkbox"/> Report directly to Coroner Branch Director: inform about developments, progress and problems related to functional activities at the recovery site <input type="checkbox"/> Be familiar with the equipment used and the protective gear that staff should have (e.g., steel-toed shoes, coveralls, gloves and masks) <input type="checkbox"/> Communicate with the Morgue Services Unit Leader to ensure coordination between the recovery site and the morgue <input type="checkbox"/> Maintain unit records, including Unit Log
End of Shift Duties:	<ul style="list-style-type: none"> <input type="checkbox"/> Check out with Branch Director and the Morgue Services Unit Leader <input type="checkbox"/> Provide briefing to HRR Unit Leader working the next shift <input type="checkbox"/> Verify return schedule
Demobilization Duties:	<ul style="list-style-type: none"> <input type="checkbox"/> Participate in the development and the implementation of the Coroner's Services Branch Demobilization Plan <input type="checkbox"/> Identify issues for the After Action Report <input type="checkbox"/> Ensure all records and reports are completed and submitted <input type="checkbox"/> Conduct Recovery Team debriefing <input type="checkbox"/> Participate in After Action Review

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 and other Branch Directors or Unit Leaders as assigned
Staffed by:	Local Law Enforcement
Coordinate with:	State and local law enforcement agencies
Supervise:	Security staff
Preferred Qualifications and Certifications:	Law Enforcement/Management experience. ICS/NIMS expertise; knowledge of the County ECO and Public Health District 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 and the FAC, and Morgue personnel comply with security protocols required by the hosting agency for access to, from, and on the hosting agency's property
Forms used:	

Beginning of Shift Duties:	<input type="checkbox"/> Obtain briefing from Security Unit Leader completing shift <input type="checkbox"/> Report to Logistics or Branch Directors as assigned <input type="checkbox"/> Review Job Action Sheet <input type="checkbox"/> Obtain identification badge <input type="checkbox"/> Determine current status of Security Unit
Job Duties:	<input type="checkbox"/> Participate in incident planning meetings, as required <input type="checkbox"/> Establish contacts with state and local law enforcement or private security agencies as required <input type="checkbox"/> Communicate with law enforcement and security staff to discuss any special requirements that may affect operations <input type="checkbox"/> Request required personnel support to accomplish work assignments

	<ul style="list-style-type: none"> <input type="checkbox"/> Advise the Morgue Unit Leader and Family Assistance Center Unit Leader, of any unsafe, hazardous or security condition <input type="checkbox"/> Ensure that support personnel are qualified to manage security problems <input type="checkbox"/> Coordinate security activities with appropriate incident personnel <input type="checkbox"/> Keep the peace, prevent assaults, and settle disputes through coordination with Agency Representatives <input type="checkbox"/> Prevent theft of all government and personal property <input type="checkbox"/> Assign specific duties to Security Staff <input type="checkbox"/> Train and supervise Security Staff <input type="checkbox"/> Develop and implement accountability, safety and security measures for personnel and resources <input type="checkbox"/> Maintain unit records, including Unit Log
End of Shift Duties:	<ul style="list-style-type: none"> <input type="checkbox"/> Check out with Section Chief, Branch Director, or Unit Leader as assigned <input type="checkbox"/> Brief in-coming Security Unit Leader <input type="checkbox"/> Verify return schedule
Demobilization Duties:	<ul style="list-style-type: none"> <input type="checkbox"/> Supervise demobilization of Security Unit <input type="checkbox"/> Make sure all activities are documented and Unit Logs are submitted to Documentation Unit <input type="checkbox"/> Identify issues for the After Action Report <input type="checkbox"/> Participate in After Action Review

Job Action Sheet

Family Assistance Center Staff

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
Staffed by:	Southeastern Public District Health
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 expertise; a complete understanding of the County EOC and the Public Health District EOC
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 “Case Management” services provided include grief counseling, feeding, escorting, and housing family members. The Deputy Coroner will be dispatched to the FAC to conduct family briefings, collect antemortem data, and provide death notifications.
Forms used:	30, 31, 32, 33, 34
Beginning of Shift Duties:	<ul style="list-style-type: none"> <input type="checkbox"/> Obtain identification badge <input type="checkbox"/> Review Incident Action Plan <input type="checkbox"/> Review Mass Fatality Plan <input type="checkbox"/> Obtain briefing from the Command Staff <input type="checkbox"/> Check-in with Coroner Branch Director and the Morgue Services and Human Remains Recovery Unit Leaders <input type="checkbox"/> Assess the current situation <input type="checkbox"/> Conduct FAC staff briefing
Job Duties:	<ul style="list-style-type: none"> <input type="checkbox"/> Establish a location for the Family Assistance Center <input type="checkbox"/> Evaluate the number of victims and estimate the number of family members expected (8-10 per victim) and report findings to command staff

	<ul style="list-style-type: none"> <input type="checkbox"/> Identify tasks/activities, prioritize and assign to the FAC staff <input type="checkbox"/> Determine work schedules and shifts as needed <input type="checkbox"/> Coordinate activities for all staff <input type="checkbox"/> Ensure employees understand their work assignments <input type="checkbox"/> Make certain employee welfare is cared for <input type="checkbox"/> Ensure that adequate safety measures are in place and being adhered to <input type="checkbox"/> Ensure personnel have the proper tools and supplies they will need to perform their job <input type="checkbox"/> Report directly to Coroner Branch Director: inform about developments, progress and problems related to functional activities at the FAC <input type="checkbox"/> 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 <input type="checkbox"/> Maintain unit records, including Unit Log
End of Shift Duties:	<ul style="list-style-type: none"> <input type="checkbox"/> Check out with Branch Director and the Morgue Services and the Human Remains Recovery Unit Leaders <input type="checkbox"/> Provide briefing to FAC Unit Leader or Branch Director working the next shift <input type="checkbox"/> Verify return schedule
Demobilization Duties:	<ul style="list-style-type: none"> <input type="checkbox"/> Participate in the development and the implementation of the Coroner's Services Branch Demobilization Plan <input type="checkbox"/> Identify issues for the After Action Report <input type="checkbox"/> Ensure all records and reports are completed and submitted <input type="checkbox"/> Conduct FAC staff debriefing <input type="checkbox"/> Participate in After Action Review

Job Action Sheet

Deputy Coroner Assigned to the Family Assistance Center

Location Assigned to:	Site Located at: _____
Section Assigned to:	Operations Section
Report to:	Coroner
Staffed by:	Deputy Coroner
Coordinate with:	Morgue Services, Human Remains Recovery Unit
Supervise:	Coroner Staff that are assigned to the Family Assistance Center
Preferred Qualifications and Certifications:	Deputy Coroner designation
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 provided include conduct family briefings, collect antemortem data, and provide death notifications.
Forms used:	10,11,12,13
Beginning of Shift Duties:	<ul style="list-style-type: none"> <input type="checkbox"/> Obtain identification badge <input type="checkbox"/> Review Incident Action Plan <input type="checkbox"/> Review Mass Fatality Plan <input type="checkbox"/> Obtain briefing from the Command Staff <input type="checkbox"/> Check-in with Coroner and the Morgue Services and Human Remains Recovery Unit Leaders <input type="checkbox"/> Assess the current situation <input type="checkbox"/> Conduct FAC staff briefing
Job Duties:	<ul style="list-style-type: none"> <input type="checkbox"/> Determine work schedules and shrifts as needed <input type="checkbox"/> Report directly to Coroner: inform about developments, progress and problems related to functional activities at the FAC <input type="checkbox"/> 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 <input type="checkbox"/> Establish and supervise family briefing procedures <input type="checkbox"/> Conduct family briefings assuring the release of

	<p>accurate and timely information</p> <ul style="list-style-type: none"> <input type="checkbox"/> Coordinate release of information with the Public Information Officer, sharing information learned from family members <input type="checkbox"/> Establish and supervise antemortem data collection procedures and ensure efficient transfer of data to the Morgue Services Unit <input type="checkbox"/> Assist in the collection of DNA sampling from family members in support of the DNA lab <input type="checkbox"/> Establish and supervise death notification procedures and assign staff members and/or law enforcement personnel to the death notification teams <input type="checkbox"/> Serve as a liaison with outside agencies and the death industry at the FAC
End of Shift Duties:	<ul style="list-style-type: none"> <input type="checkbox"/> Check out with Coroner and the Morgue Services and the Human Remains Recovery Unit Leaders <input type="checkbox"/> Provide briefing to FAC Unit Leader or Branch Director working the next shift <input type="checkbox"/> Verify return schedule
Demobilization Duties:	<ul style="list-style-type: none"> <input type="checkbox"/> Participate in the development and the implementation of the Coroner's Services Branch Demobilization Plan <input type="checkbox"/> Identify issues for the After Action Report <input type="checkbox"/> Ensure all records and reports are completed and submitted <input type="checkbox"/> Conduct FAC staff debriefing <input type="checkbox"/> Participate in After Action Review

Job Action Sheet

Transportation Unit Leader

Location Assigned to:	EOC
Section Assigned to:	Logistics Section
Report to:	Logistics Section Chief
Staffed by:	ESF 1 Transportation
Coordinate with:	Coroner's Service Branch
Supervise:	Transportation Staff
Preferred Qualifications and Certifications:	Administrative/Management experience, knowledge or ICS/NIMS, County Coroner's Office 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 hospital 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, and 7) Developing and implementing traffic plans
Forms used:	3, 24
Beginning of Shift Duties:	<ul style="list-style-type: none"><input type="checkbox"/> Obtain briefing from Transportation Unit Leader completing shift<input type="checkbox"/> Report to Logistics Section Chief<input type="checkbox"/> Review Job Action Sheet<input type="checkbox"/> Obtain identification badge<input type="checkbox"/> Determine current status of Transportation Unit activities
Job Duties:	<ul style="list-style-type: none"><input type="checkbox"/> Participate in incident planning meetings, as required<input type="checkbox"/> Assign specific duties to staff<input type="checkbox"/> Train and supervise staff<input type="checkbox"/> Develop and implement accountability, safety and security measures for personnel and resources<input type="checkbox"/> Oversee and organize all ground transportations operations<input type="checkbox"/> Develop and implement off site Traffic Plan for the

	<p>movement of bodies from recovery to morgue sites and from hospitals to morgue sites</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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 <input type="checkbox"/> Arrange for and activate fueling, maintenance, and repair of on-site ground resources <input type="checkbox"/> Maintain inventory of all transportation vehicles (ICS Form 218) <input type="checkbox"/> Document usage information on rented equipment assigned to the incident <input type="checkbox"/> Requisition maintenance and repair supplies (e.g., fuel, spare parts) <input type="checkbox"/> Arrange for an accident investigation team when warranted <input type="checkbox"/> Provide training and briefings on any special considerations to drivers <input type="checkbox"/> Evaluate conditions for special precautions, such as equipment drivers, weather, and escorts with personal protective equipment <input type="checkbox"/> Maintain unit records, including Unit Log
End of Shift Duties:	<ul style="list-style-type: none"> <input type="checkbox"/> Check out with Logistics Section Chief <input type="checkbox"/> Brief in-coming Transportation Unit Leader <input type="checkbox"/> Make certain all activities/problems are documented on Unit <input type="checkbox"/> Verify return schedule <input type="checkbox"/> Return RSS Warehouse Identification badge
Demobilization Duties:	<ul style="list-style-type: none"> <input type="checkbox"/> Supervise demobilization of Transportation Unit <input type="checkbox"/> Oversee refueling, maintenance and return of all vehicles to appropriate location <input type="checkbox"/> Make sure all forms and records are completed and submitted to Administrative Unit <input type="checkbox"/> Identify issues for the After Action Report <input type="checkbox"/> Participate in After Action Review

Attachment 7: Blank Forms

See Next Page

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Page
Intentionally
Blank

Disaster Scene

Death Investigation Record

Date/Time: _____ Body Number: _____

Possible Name of Deceased: _____

Race: _____ Sex: _____ Approximate Age: _____

Physical Investigation: _____ Photos Taken: Yes _____ No _____

Clothing/Personal Effects:

Position and Location of Body: (Grid location, GPS, etc./Note type of surface the body is on, covering, etc)

Comments/Summary:

Team Leader: _____

Recovery Team:

Notification of Mass Disaster

Medical Examiner's Office Notified by: _____

From _____ at _____

Call back number(s) _____

Type of Incident (i.e. aircraft crash, train derailment) _____

Agency handling scene _____ Phone # _____

Approximate Number of Fatalities _____ Date and time of Occurrence _____

Exact Location of Incident _____

Access Route to Use _____

Noteworthy Conditions (i.e. Hazards to responders, terrain, chemical/biological exposure)

Exact Location of Command Post _____ Phone # _____

Exact Staging Area _____

Need a Representative Now? _____

When do you anticipate needing a disaster response? _____

Pathologist on duty notified: _____ Date/Time: _____

By: _____ Comments: _____

Chief Medical Examiner notified: _____ Date/Time: _____

By: _____ Comments: _____

Director of Operations notified: _____ Date/Time: _____

By: _____ Comments: _____

Transportation Log

All of the following fields must be completed before the transfer vehicle is released to the morgue. The driver of the transfer vehicle is responsible for the log sheet until he/she releases it to the admitting section leader at the morgue. Additional sheets may be added depending on the number of body bags that are being transferred.

Each Body Bag Number Being Transported:

Total Number of Body Bags: _____

License Number of the Vehicle: _____

Driver's Name: _____ Signature: _____

Date and Time Leaving Crash Site: _____

Admitting Section Leader Name: _____

Signature: _____

Date and Time Vehicle Arrived at the Morgue: _____

Morgue Admission Log

Photography Log

Pathology Log

Radiology Log

Release Log

Release Authorization

Name of Deceased _____ MRN- _____

Please be advised unidentified human tissue will be buried in an appropriate manner.

In the even any additional tissue(s) are recovered in the future and are identified as belonging to the above named deceased, I/we request the following:

- I/We do not wish to be notified. I/We are authorizing the appropriate officials to dispose of said tissue(s) by methods deemed appropriate by said officials.
- I/We wish to be notified and will make a decision regarding disposition at that time.

I/We the undersigned hereby authorize the (**Name of ME/Coroner**) _____
Office to release the remains of (**Name of Deceased**) _____ to the
designated Disaster Mortuary Team or other authorized agent.

I/We further authorize the designated Disaster Mortuary Team or another authorized agent to embalm, and perform post mortem reconstructive surgery techniques, and otherwise prepare, as they deem necessary and upon completion to release said remains to:

Name and Address of Funeral Home of Agent: _____

I/We certify that I/we have read and understand this document. I/We further state that I/we are all of the next of kin, or represent all of the next of kin and am/are legally authorized, and/or charged with the responsibility of burial and/or final disposition of above said deceased.

Signed: _____ Relationship to Deceased: _____

Printed Name: _____ Date: _____ Time: _____

Complete Address: _____

Telephone Number: _____

Signed: _____ Relationship to Deceased: _____

Printed Name: _____ Date: _____ Time: _____

Complete Address: _____

Telephone Number: _____

Witness (Printed): _____ (Signed): _____

VIP/DMORT Program

Requested Records List

Case #: _____ Victims Last/Fist/Middle: _____

Informant Last/First/Middle: _____

Informant Phone: _____ On Site Phone: _____

Informant Address: _____

Dental

Type	Location	Contact	Phone	Date Ord	Date Rec

Prints

Radiographs

Medical Records

Photo Requests

Requested Records Notes

--

Policy on Release of Incomplete Human Remains

Incomplete is defined as a body with any missing structure due to the disaster incident.

When positive identification is made by the Medical Examiner/Coroner of a disaster victim classified as Incomplete Human Remains the “Declaration of Positive Identification of Disaster Victim Form” needs to be completed. Following the completion of said form, the next of kin will be notified through established procedures by designated staff at the Family Assistance Center. “Release Authorization Form” shall be used to “Incomplete Human Remains”. This form must be signed by the next of kin or person acting as such and returned to the Mortuary Operations Center.

If, after the release of the “Incomplete Human Remains”, additional tissue(s) or structure(s) are recovered and positively identified as belonging to the released “Incomplete Human Remains” appropriate next of kin wishes will be followed as designated on the “Incomplete Human Remains Form”.

The “Incomplete Human Remains Form” outlines two options for the next of kin. They are:

1. I/We do not wish to be notified. I/We are authorizing the appropriate officials to dispose of said tissue(s) by methods deemed appropriate by said officials
2. I/We wish to be notified and will make a decision regarding disposition at that time

This policy is agreed upon and adopted this date: _____

Medical Examiner/Coroner Printed: _____

Signed: _____

DMORT Incident Commander Printed: _____

Signed: _____

Sample Letter

Official Notification to Next of Kin Regarding Positive Identification of Victim

(The following is a suggested format, which should be created on the official letterhead of the Office Medical Examiner/Coroner of jurisdiction)

Date

Name of Next of Kin

Address

Dear _____,

Please consider this letter an official notification to you and your family that the body of your... **(enter relationship)**, **(enter full name of deceased)**... has been positively identified. Identification was accomplished as a result of forensic examinations correlated with ante-mortem records. On behalf of the entire mortuary disaster team please accept our heartfelt condolences regarding the loss of your loved one.

I appreciate your patience and cooperation during this most trying time. It is necessary for you and your family to make certain decisions regarding disposition. Please carefully read the following information and complete where necessary.

Our office will arrange for your... **(enter relationship)**... to be transferred to a funeral home or agent of your designation. Please sign and return the attached Release Form to the official who delivered this form to you.

VIP Personal Information pg 1

Name: (Last) _____ / (First) _____ / (Middle) _____

Gender: Male Female Maiden/Birth Name: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Country: _____

Phone: (Home) _____ (Work) _____ (Other) _____

Live Inside City Limits: Yes No

Race: African American Caucasian Hispanic Native American Asian/Pacific Islander Other (Specify): _____

Social Security #/Other: _____ Age: _____ Date of Birth: _____

Citizenship (1 or more): _____

Naturalization Card: Yes No Religion: _____

Alias (Last/First/Middle): 1 _____ 2 _____

Birth Hospital: _____ Birth City/State/Country: _____

Group Status: Traveling Alone Group (such as family, company, sports team, or school)

Group Type: _____ Fam/Grp Name: _____

If family group, please list other family members: _____

Marital Status: Married Never Married Widowed Divorced Separated Unknown

Wedding date: _____

Spouse: (Last/First/Middle) _____ Living Deceased Unknown

Father: (Last/First/Middle) _____ Living Deceased Unknown

Mother: (Last/First/Middle) _____ Living Deceased Unknown

Legal Next of Kin: _____ Phone: _____

Address: _____ On Site Phone: _____

City: _____ State: _____ Zip: _____

Relationship: _____

Informant 1 Name: _____ Phone: _____

Address: _____ On Site Phone: _____

City: _____ State: _____ Zip: _____

Relationship: _____

VIP Personal Information pg 2

Informant 2 Name: _____ Phone: _____

Address: _____ On Site Phone: _____

City: _____ State: _____ Zip: _____

Relationship: _____

Dentist Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Extensive Dental Work Lower Dentures Upper Dentures Upper & Lower Partial Plate
Braces No Teeth Most/All Teeth Dental Films Bridge Other: _____

Medical Radiographs: _____ Physician(s): _____

Yes No Address: _____

Medical Radiographs Location | Potential Types of Radiographs – and dates taken if known

Objects in Body: Pacemaker Steel Plate Shrapnel Bullet(s) Needle(s)

Other _____ Place of Objects: _____

Old Fractures: Yes No Description: _____

Surgery: Gall Bladder Appendectomy Tracheotomy Laparotomy Caesarean

Mastectomy Breast Implants Open Heart Other _____

Unique Characteristics: Yes No

Description of: Scars, Operations, birthmarks, burns, missing organs, amputations, other special characteristics: _____

Prosthetic: Yes No Description/Location: _____

Prints of File: Yes (Fingerprints Footprints) No

Prints Located: _____

VIP Personal Information pg 3

Employer & Address: (Please list last employer if retired)

Type of Business: _____

Occupation: _____

Height (in.): Under 24" 24-36" 37-48" 49-60" 61-72" 73-84" 85-96" Over 96"

Weight (lbs) Under 10 11-20 21-40 41-60 61-80 81-100 101-120 121-140
141-160 161-180 180-200 200-220 221-240 241-260 261-280
281-300 Over 300

Eye Color: Blue Brown Green Hazel Gray

Eye Status: Missing R Missing L Glass R Glass L Cataract R Cataract L Blind R
Blind L

Optical: Glasses Contacts None Description: _____

Hair Color: Auburn Blonde Brown Black Gray Red Salt & Pepper White
Other: _____

Hair Colored: Yes No Unknown Color: _____ Hair Style: _____

Hair Accessory: Wig Toupee Hair Piece Hair Transplant

Hair Length: Short 1-3" Medium 4-8" Long 8-12" Very Long 12-24" Over 24" Bald
Hair Description: _____

Facial Hair Color: Blonde Brown Black Gray Red Salt & Pepper White N/A

Facial Hair Type: Beard Beard & Mustache Mustache Clean Shaven Goatee N/A

Facial Hair Style: Fu Manchu Handle Bar Whiskers under Lower Lip

Mutton Chops Pencil Thin Upper Lip Full Upper Lip

Facial Hair Notes: _____

Ear Lopes: Attached Unattached Unknown Circumcision: Yes No Unknown N/A

Finger Nail Type: Natural Artificial Unknown Length: Very Long Long
Medium Short

Fingernail Color: _____ Fingernail Characteristics: Bites Misshapen
Decorated Stained

Description: _____

VIP Personal Information pg 4

Toenail Color: _____ Toenail Characteristics: Bites Misshapen
Decorated Stained

Description: _____

Complexion: Light Medium Dark Acne Tanner Olive Ruddy

Tan Mark Description: _____

Tattoo(s) Yes No Description/Location(s): _____

Tattoo Photos: Yes No Unknown N/A Photo Location: _____

Body Piercing(s): Yes No Description/Location(s): _____

VIP Personal Information Continued pg 5

Name: (Last) _____ / (First) _____ / (Middle) _____

Male Female

A=Data not available B=Photo C=Further information later in form

#	Clothing Items	Material	Color	Description	Size	A	B	C
01	Hat					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	Overcoat					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	Scarf					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	Gloves					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	Jacket					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Suspenders/Braces					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Sweater					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	Vest					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	Tie					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	Shirt					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Blouse					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	Undershirt					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Chemise/Camisole					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Bra					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Underpants					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Girdle					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Slip					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Trousers/Slacks					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Shorts/Walking					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Dress					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Skirt					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Socks					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Hose/Stockings					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Tights					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Belt					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Belt Buckle					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Other 1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Other 2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Other 3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Other 4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIP Personal Information Continued pg 6

Name: (Last) _____/(First) _____/(Middle) _____

Male Female

Shoes

A=Data no available B=Photo C=Further information later in form

#	Material	Color	Description	Label	Size US	Size cm	A B C
01 Shoes							<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Watch

A=Data no available B=Photo C=Further information later in form

# Type	Material	Color	Description	Make	Inscription	A B C				
01 Digital						<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C				
02 Analog						<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C				
03 Other						<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C				
04 Worn	<input type="checkbox"/>	Right Wrist	<input type="checkbox"/>	Left Wrist	<input type="checkbox"/>	Finger	<input type="checkbox"/>	Pin On	<input type="checkbox"/>	Pocket Watch
05 Band	<input type="checkbox"/>	Leather	<input type="checkbox"/>	Metal	<input type="checkbox"/>	Other	Band Color: _____			

Jewelry

A=Data no available B=Photo C=Further information later in form

#	Material Color	Stone Color	Description	Inscription	Where Worn	A B C
01 Wedding Ring						<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
02 Finger Ring						<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
03 Earrings						<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
04 Ear clips						<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
05 Neck Chain						<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
06 Pendant Chain						<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
07 Other Chain						<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
08 Bracelets						<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
09 Medic Alerts						<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
10 Other 2						<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
11 Other 3						<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
12 Other 4						<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
13 Other 5						<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Use this space for more information regarding jewelry:

VIP Personal Information Continued pg 7

Name: (Last) _____/(First) _____/(Middle) _____

Male Female

Wallet: Description: _____

Contents: _____

Purse: Description: _____

Contents: _____

Other Person Effects:

Ever in Armed Forces: Yes No Unknown Military Branch: _____

Military Service Number: _____ Nation Served: _____

Approximate Service Date: _____

Highest Education Level: Elem/Second (0-12) _____ OR College (1-5+) _____

Additional Data

VIP Personal Information Continued pg 8

Name: (Last) _____ / (First) _____ / (Middle) _____

Social Security Number: _____ Male Female

Potential Living Biological Donors

Mother/Father of Missing Individual

Consent Form

Name	Age	Address	Phone	DNA Collected	Signed
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Brother(s) and Sister(s) of Missing Individual

Name	Age	Address	Phone	DNA Collected	Signed
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Spouse of Missing Individual

Name	Age	Address	Phone	DNA Collected	Signed
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Children of Missing Individual

Name	Age	Address	Phone	DNA Collected	Signed
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Primary donor for Nuclear DNA Analysis

An “appropriate family member” for Nuclear DNA Analysis is someone that is biologically related to and only one generation removed from the deceased. The following are the family members who are appropriate donors to provide reference specimens, and in the order of preference (family members highlighted in bold print are the most desirable):

- Natural (biological) **Mother and Father**
- Spouse and Natural (Biological) **Children**
- Multiple Full Siblings of the Victim (i.e., children from the same Mother and Father)

VIP Personal Information Continued pg 9

Name: (Last) _____/(First) _____/(Middle) _____

Interview Location: _____ Date: _____ Time: _____

Interviewer Information:

Name: _____

Interviewing Organization: _____

Interviewer Home Information:

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Interview On-Site Information:

Address: _____

On-Site Phone: _____ On-Site Cell: _____

Reviewer Information:

Name: _____

Signature: _____

Reviewing Agency: _____

VIP/DMORT Program

Jewelry Recovered Description

Post Mortem Records: _____

Body #: _____

Location: _____

Description on Tracking Form

Inscription

Ankle Bracelet: _____

Belt Buckle: _____

Bracelet: _____

Cuff Links: _____

Necklace: _____

Religious Medal: _____

Misc Jewelry: _____

Tie Clip: _____

Earring Location: Both Ears Right Left More than one Right More than one Left

Earring Description: _____

VIP/DMORT Program

Pathology Report

Body Bag #: _____

Personal Effects

Rings: None 1 2 3 4 5

Size: _____

Stone Color: _____ Clear White Blue Lt Blue Gray Green
Lt Green Black Red Yellow Jade Garnet
Turquoise

Wedding Ring

Number of Stones: None 1 2 3 4 5

Description on Tracking Form

Inscription: _____

Additional Ring(s) Description: _____

Additional Ring(s) Inscription: _____

Misc Jewelry Description: _____

Misc Jewelry Inscription: _____

Watch: Yes No Brand: _____

Band Color: _____

Description on Tracking Form

Inscription: _____

Necklace: Yes No

Description on Tracking Form

Inscription: _____

Religious Medal: Yes No

Description on Tracking Form

Inscription: _____

Wallet: Yes No Description on Tracking Form

Contents: _____

Purse: Yes No Description: _____

Contents: _____

Currency: _____

Misc Items Found: _____

Currency Found: _____ Misc Personal Effects: _____

VIP/DMORT Program
Pathology Report
Recovered Clothing Description

Incident Name: _____

AK Body #	Coroner Case #	First Name		MI	Last Name		Location
Item	Color	Size	Style		Material	Manufacture	
Dress							
Blouse							
Hose							
Slip							
Girdle							
Bra							
Skirt							
Shirt							
Tie							
Undershirt							
Hat							
Jacket							
Gloves							
Sweatshirt							
Blazer							
Suit Jacket							
Vest							
Slacks							
Shorts							
Shoes							
Boots							
Socks							
Underpants							
Belt							
Belt Buckle Description							
Belt Buckle Inscription							

Other Clothing: (List significant descriptions)		
Dry Cleaning Marks Description		
Laundry Marks Description		
Tobacco Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No Tobacco Product:		Tobacco Brand: What Fingers are Stained:

VIP/DMORT Program

Pathology Examination of Partial or Complete Remains pg 1

Bag #: _____ Coroner Case #: _____ Sex: _____ Date of Exam: _____

Examining Pathologist: _____ Morgue #: _____

General Description:

Est. Race: Caucasoid Negroid Asian American Indian Hispanic Unknown Other

Est. Height (in): _____ Est. Weight (lbs): _____

Consists of: Specimen Wt.: _____ Dimensions: _____

Head:

Scalp Hair: Black Dk Brown Lt Brown Blonde Gray White Red/Auburn

Other: _____

Hair Length/Style: >24" 13-23" 9-12" 4-8" 1-3" <1"

Straight Wavy Curly Tightly Curled Other: _____

Facial Hair Color: Black Dk Brown Lt Brown Blonde Gray White Red/Auburn
 Other: _____

Facial Hair Type: Beard Mustache Clean Shaven Other: _____

Ears: Left: Pierced Yes No #_____ Right: Pierced Yes No #_____

Pierced Other: _____

Teeth Present: Yes No

Additional Head and Neck Exam Remarks: _____

Torso:

Viscera Identifiable

VIP/DMORT Program

Pathology Examination of Partial or Complete Remains Continued pg 2

Bag #: _____ Coroner Case #: _____ Sex: _____ Date of Exam: _____

Genitalia:

External: Male Female Indeterminate Penis Circumcised Penis Uncircumcised
 Penis Indeterminate

Internal: Testis Left Testis Right Uterus Tubes Left Tubes Right Ovaries Left
 Ovaries Right

Remarks: _____

Extremities:

Rt Upper Arm Forearm Hand # Fingers: _____ Polish: _____
Left Upper Arm Forearm Hand # Fingers: _____ Polish: _____
Rt Lower Thigh Leg Foot # Toes: _____ Polish: _____
Lt Lower Thigh Leg Foot # Toes: _____ Polish: _____

Remarks: _____

Scars (other than surgical) Birthmarks Deformities (non peri-mortem)

Describe: _____

Tattoos Describe:

Objects in Body: Pacemaker Bullet(s) Prosthetic Devices Orthopedic Devices Other
Describe (Prosthetics list manufacture, serial numbers, and other identifying features):

Surgery: Thoracotomy Coronary Artery Bypass Cholecystectomy Appendectomy
 Other Laparotomy Mastectomy Laminectomy

Personal Effects: Yes No Brief Description: _____

Optical: Glasses Contacts

Clothing: See **Clothing Form**

Additional Information:

VIP/DMORT Program

Radiology Report

Incident Name: _____

Incident Location: _____

Bag #:_____ Coroner Case #:_____ Date of Exam:_____

Decedent (Last, First, Middle): _____

Radiology Team: _____

From: _____

Sex: _____ Age: _____

Healed Fractures: Cranium Mandible Torso R Upper Arm R Forearm R Hand

L Upper Arm L Forearm L Hand R Upper Leg R Lower Leg

R Foot L Upper Leg L Lower Leg L Foot

Radiology Parts X-Rayed:

Radiology per Effects:

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Page
Intentionally
Blank

VIP/DMORT Program

Pathology Report

Physical Characteristics pg 1

Bag #: _____

Incident Name: _____

Sex: M F Unk

First/MI/Last Name: _____ Grid Location: _____

Race: African American Caucasian Hispanic Native American Asian/Pacific Islander
 Other: _____

Build: Gracile Intermediate Robust Indeterminate

Height cm: _____ Inches: _____

Weight kg: _____ Pounds: _____

Complexion: Light Medium Dark Acne Tanned Olive Ruddy

Eyes: Blue Brown Green Hazel Gray Blind Missing R Missing L Glass R
 Glass L Cataract R Cataract L

Ear Lobes: Attached Unattached Unknown

Facial Hair: Beard Beard & Mustache Mustache Clean Shaven Goatee

Facial Hair Color: Blonde Brown Black Gray Red Salt & Pepper White

Facial Hair Style: Bushy Fu Manchu Full Upper Lip Handle Bar

Whiskers under Lower Lip Mutton Chops Pencil Thin upper Lip
 Very Long

Hair Color: Auburn Blonde Brown Black Gray Red Salt & Pepper White

Other: _____

Hair Length: Ex Short <1" Short 1-3" Medium 4-8" Long 9-12" Very Long 13-24"
 Ex Long more than 24" Shaven

Hair Colored: Yes No Unk

Hair Accessory: Wig Toupee Hair Piece Hair Transplant

Fingernail Type: Natural Artificial Unk Length: Ex Long Long Medium Short

Characteristics: Bites Deformed Dirty Misshapen Decorated Tobacco Stain

Polish Color: _____ Toenail Length: Ex Long Long Medium Short

Characteristics: Bites Deformed Dirty Misshapen Decorated Toenail Color: _____

Optical: Glasses Contacts

VIP/DMORT Program

Pathology Report

Physical Characteristics pg 2

Objects in Body: Pacemaker Bullet(s) Prosthetic Devices Orthopedic Devices

Other: _____

Prosthetics: _____

Circumcision: Yes No Unk N/A

Scars, Birthmarks, Deformities: _____

Surgery: Thoracotomy Coronary Artery Bypass Cholecystectomy Appendectomy
 Other Laparotomy Mastectomy Laminectomy Other: _____

Smoker: Yes No

Tattoos: _____

Other Personal Effects: _____

VIP/DMORT Program pg 1

Body Bag #: _____

Anthropology Examination Form

Date of Exam:

Coroner #: _____ Decedent (First, Middle, Last): _____

Sex: _____ Age: _____ Race: _____

Estimate Age: _____

Anthropology Estimate Information in this Area

Age narrow lower: _____ Age narrow upper: _____ 95% Lower limits: _____ 95% Upper limits: _____

Stature (Inches): _____ Anthro sex: Male Female Unk Male Possible Female PossibleAncestry Skeletal: Caucasoid Negroid Asian American Indian Hispanic Unk Other: _____Skeletal Robusticity: Gracile Intermediate Robust Indeterminate

Present Parts:

<input type="checkbox"/> Cranium	<input type="checkbox"/> Partial R Upper Arm	<input type="checkbox"/> L Forearm	<input type="checkbox"/> Partial R Lower Leg	<input type="checkbox"/> L Foot
<input type="checkbox"/> Partial Cranium	<input type="checkbox"/> R Forearm	<input type="checkbox"/> Partial L Forearm	<input type="checkbox"/> R Foot	<input type="checkbox"/> Partial L Foot
<input type="checkbox"/> Mandible	<input type="checkbox"/> Partial R Forearm	<input type="checkbox"/> L Hand	<input type="checkbox"/> Partial R Foot	
<input type="checkbox"/> Partial Mandible	<input type="checkbox"/> R Hand	<input type="checkbox"/> Partial L Hand	<input type="checkbox"/> L Upper Leg	
<input type="checkbox"/> Torso	<input type="checkbox"/> Partial R Hand	<input type="checkbox"/> R Upper Leg	<input type="checkbox"/> Partial L Upper Leg	
<input type="checkbox"/> Partial Torso	<input type="checkbox"/> L Upper Arm	<input type="checkbox"/> Partial R Upper Leg	<input type="checkbox"/> L Lower Leg	
<input type="checkbox"/> R Upper Arm	<input type="checkbox"/> Partial L Upper Arm	<input type="checkbox"/> R Lower Leg	<input type="checkbox"/> Partial L Lower Leg	

Unique Skeletal Features (Pathology, Healed Trauma, Non-metric Traits, Etc.)

<input type="checkbox"/> Cranium	<input type="checkbox"/> Partial R Upper Arm	<input type="checkbox"/> L Forearm	<input type="checkbox"/> Partial R Lower Leg	<input type="checkbox"/> L Foot
<input type="checkbox"/> Partial Cranium	<input type="checkbox"/> R Forearm	<input type="checkbox"/> Partial L Forearm	<input type="checkbox"/> R Foot	<input type="checkbox"/> Partial L Foot
<input type="checkbox"/> Mandible	<input type="checkbox"/> Partial R Forearm	<input type="checkbox"/> L Hand	<input type="checkbox"/> Partial R Foot	
<input type="checkbox"/> Partial Mandible	<input type="checkbox"/> R Hand	<input type="checkbox"/> Partial L Hand	<input type="checkbox"/> L Upper Leg	
<input type="checkbox"/> Torso	<input type="checkbox"/> Partial R Hand	<input type="checkbox"/> R Upper Leg	<input type="checkbox"/> Partial L Upper Leg	
<input type="checkbox"/> Partial Torso	<input type="checkbox"/> L Upper Arm	<input type="checkbox"/> Partial R Upper Leg	<input type="checkbox"/> L Lower Leg	
<input type="checkbox"/> R Upper Arm	<input type="checkbox"/> Partial L Upper Arm	<input type="checkbox"/> R Lower Leg	<input type="checkbox"/> Partial L Lower Leg	

VIP/DMORT Program pg 2

Body Bag #: _____

Anthropology Examination Form Date of Exam:

Anthro sex based on:

Anthro age based on:

Anthro Ancestry based on:

Anthro Stature based on:

Anthro Unique Skeletal:

Anthro Condition of Remains:

Examining Anthropologist:

VIP/DMORT Program

Morphology Examination Form

Bag #: _____ Location: _____ DNA Taken: _____ Date of Exam: _____

Case #: _____ Decedent (First, Middle, Last): _____
Sex: _____ Age: _____ Race: _____ Seat Assignment: _____

Conditions of Remains: Fresh Charred Decomposing Burned Distinct Marks
 Specific Trauma Floating (GPS) Submerged (Grid #)
 Scavenger Activity

Associated with Material: Aircraft Parts Non-Aircraft Parts Unknown Source

Sex: Not Determined Male Female

Size: Less than 1" (2.5cm) 1-2" (2.5-5cm) 2-6" (6-15cm) 6-12" (16-32cm)

1-2' (33-64cm) Larger than 2 Feet

Shape: Piece (Fairly symmetrical) Strand (Linear)

Recognizable: Tissue Organ Bone Teeth

Description of Fragmented Remains in Full Detail:

Pathology Additional Information Available: Yes No

Dental Additional Info Available: Yes No

Anthropology Additional Info Available: Yes No

Pathologist Signature: _____

Anthropologist Signature: _____

VIP/DMORT Program

Fingerprint Exam Form

Incident Name: _____ Incident Location: _____

Body #: _____ Date of Exam: _____

Examiner 1: _____

Examiner 2: _____

Condition of Body (Burned, Mutilated, Etc.): _____

Finger Printed (List Fingers Printed):

If not, Why?

Footprints available: Yes No _____

VIP/DMORT Program

AFIP/DNA Specimen Taken

Incident Name: _____ Incident Location: _____

Body Bag #: _____ Date of Specimen Procurement: _____

Examiner 1: _____

Examiner 2: _____

Not Suitable for Typing- No Specimen Taken

If not, why? _____

Entire Specimen Taken

Portion of Specimen Taken – Description of Specimen Taken (Include Size)

Hold (Notes on Hold)

Additional Information:

VIP/DMORT Program

To be attached to the front of each Disaster Victim Packet

Tracking Form

Incident Name: _____ Incident Location: _____

Body Bag #: _____ Coroner Case #: _____

First/Middle/Last Name: _____

Person performing station function must check and sign below when completed. "No" represents that this station function could not be performed.

Processing Station:

Section Rep Signature: _____

Admitting:

Personal Effects: Yes No

Photography: Yes No

Body Radiography: Yes No

Fingerprint: Yes No

Anthropology: Yes No

Pathology: Yes No

Embalming: Yes No

DNA: Yes No

Dental Examination: Yes No

Digital Photography: Yes No

Trackers Name: _____

After Processing Location: _____

Identification Method:

Anthropology

Radiographic

Dental Records

Finger Prints

Pathology

Personal Effects

Photography

Comments: _____

This bag produces bag #'s: _____

Photos:

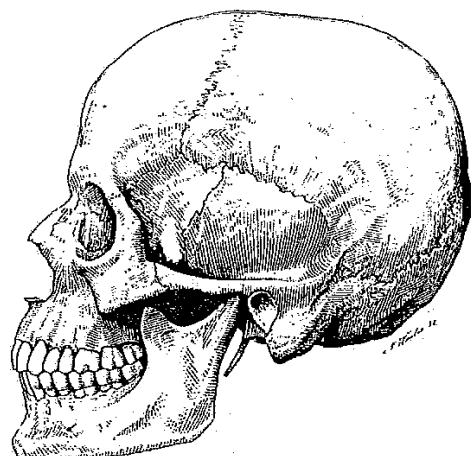
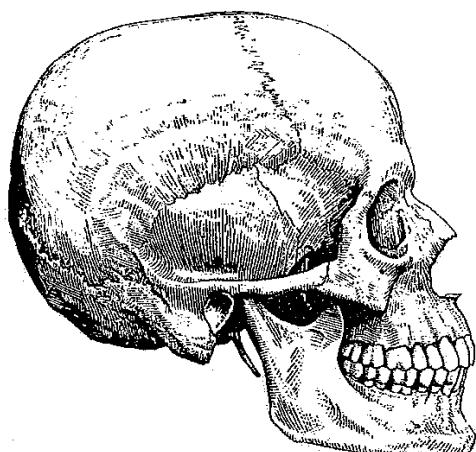
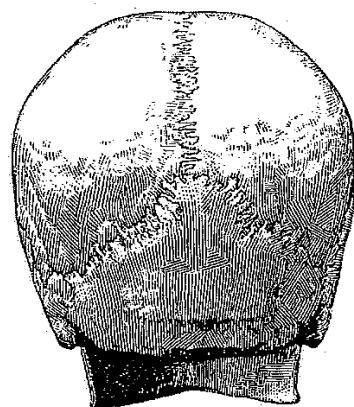
_____ Number of Dental Photos

_____ Number of Specimens Photos

_____ Number of Person Effects Photos

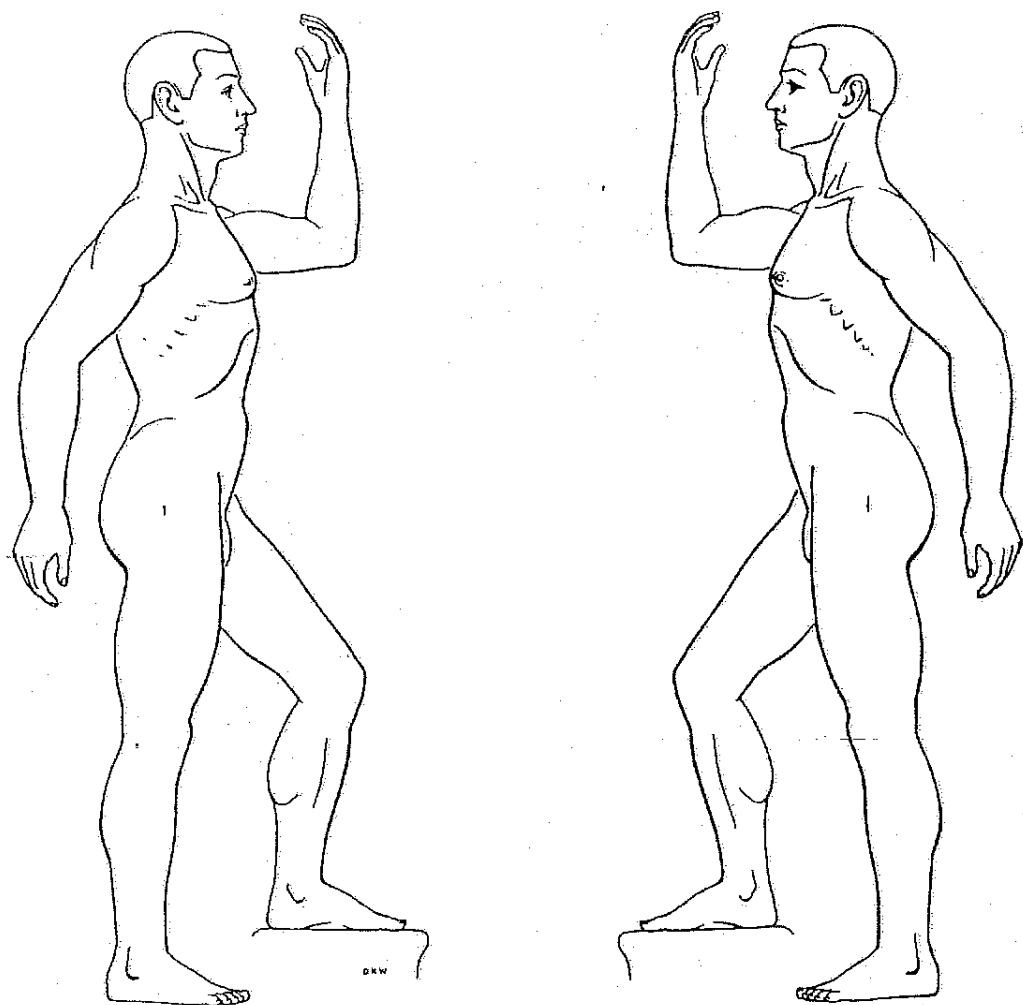
Also included in this file: _____

Case Number: _____ Name: _____



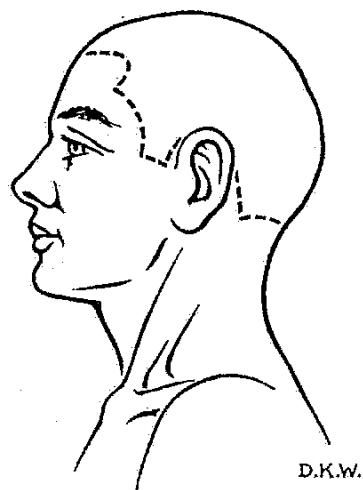
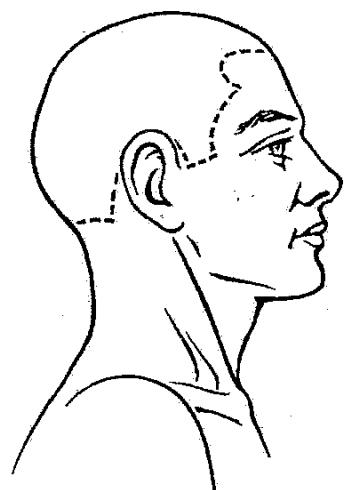
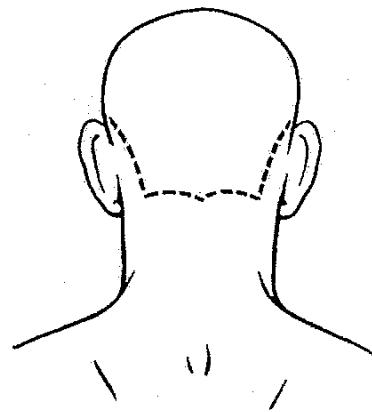
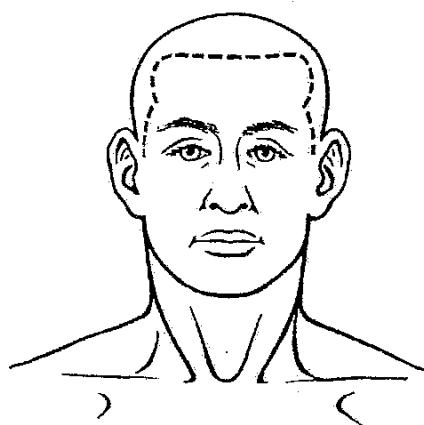
FORM C

Case Number: _____ Name: _____



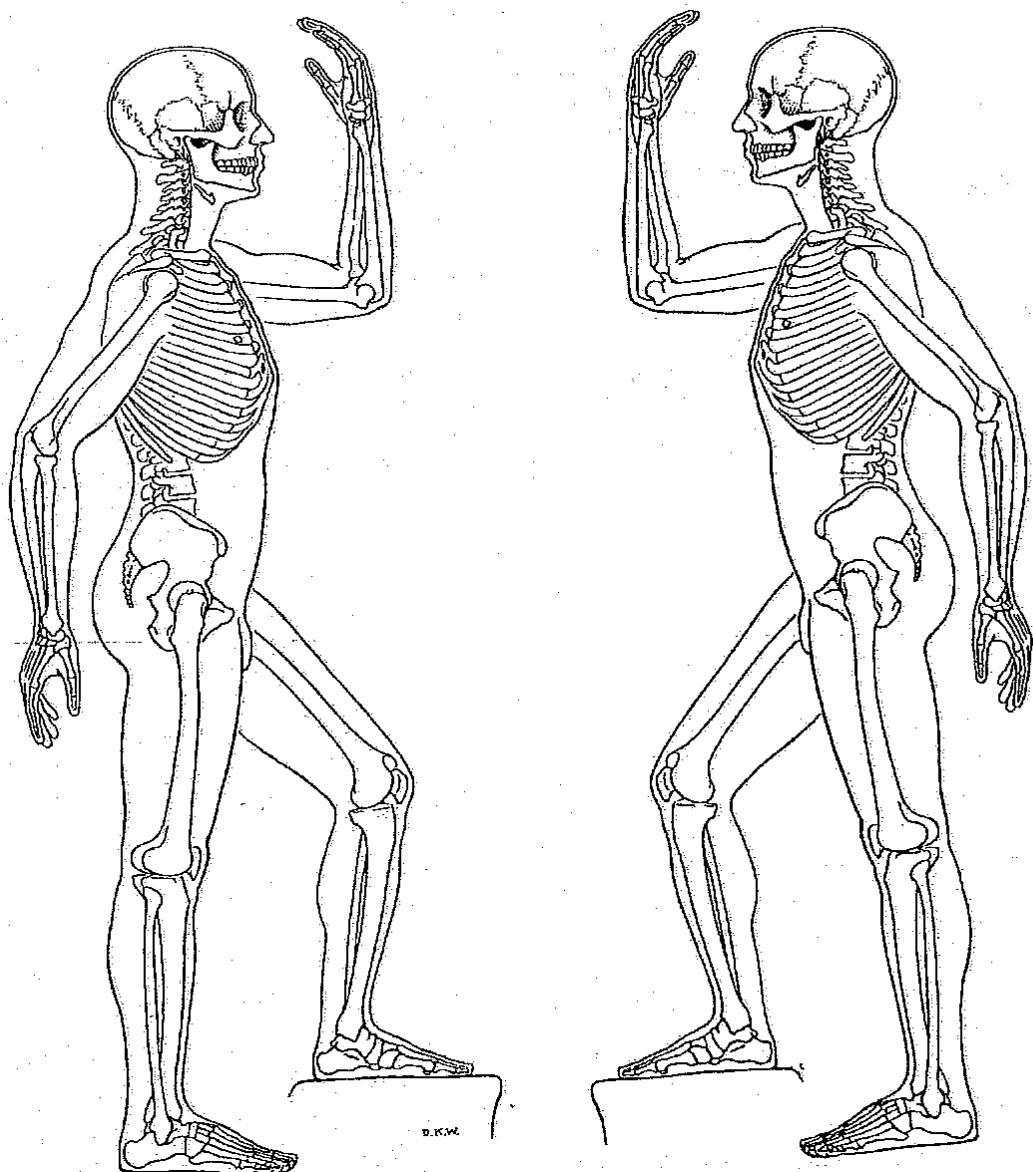
FORM B

Case Number: _____ Name: _____



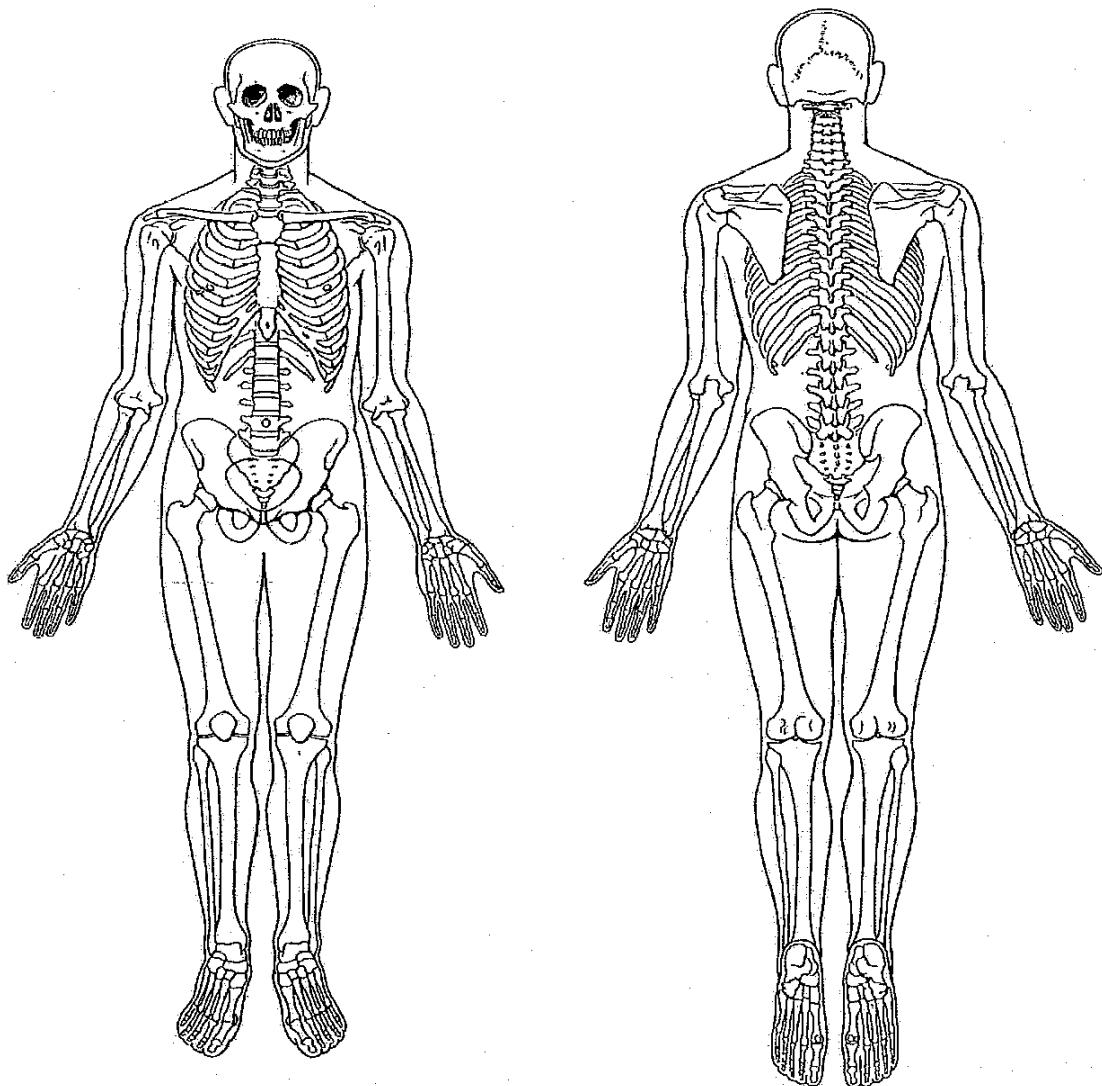
FORM E

Case Number: _____ Name: _____



FORM D

Case Number: _____ Name: _____



FORM C

Photography Copyright Release

Name of Photographer_____

Address _____

Phone: _____ Email: _____

Copyright Release Form

I grant permission to Bannock County Coroner to reproduce the copyrighted images specified here. The images will be reproduced as part of a mass fatality incident investigation.

Photographer, please check one:

The copyright is being released on all photos taken for the Bannock County Coroner on the specified date _____.

The copyright is being released on these selected images:

Date of Mass Fatality Incident

Bannock County Coroner

Photographer's Signature

All professionally taken photos must be accompanied by a signed copyright release from the photographer that the photo(s) originated from. Federal and state copyright laws provide that the author of a work is the owner of it. Copying a work without the author's permission is a violation of the law. This is true whether or not the image

Date

SUBMIT SIGNED FORM TO PROCESSING FACILITY:

Facility Name: _____

Facility Fax: _____

Facility Email: _____

Facility Mail: _____

Demobilization Checklist

General Guidelines that should be considered:

- # clients seen/day
- # victims still to identify/locate
- Ability for other organization to handle current operation needs off site
- Need for daily briefings

Criteria to consider for demobilization:

- Daily briefings are no longer needed
- Rescue, recovery investigations and identification have decreased to be able to handle by another ongoing operation
- Less than 5 clients per day register at the FAC three days in a row
- Memorial services have been arranged for family and friends
- Provision for the return of personal effects have been arranged
- Ongoing case management and/or hotline number has been established if needed

Reason for demobilization: _____

Location/Name of FAC: _____ **Date/Time of Demobilization:** _____

- Create a demobilization plan for the FAC and get approval
- Set a date and time for closure and communicate this with all partners and client's families
- Address outstanding case management needs and long-term follow-up with families
- Coordinate final meeting with partners and government agencies
- Coordinate messaging for public about demobilization
- Update call line or recorded message
- Break down the FAC center
 - Assign partners to demobilization tasks
- Follow-up report of FAC operations
- Debrief staff and volunteers

Family/Friend Daily Sign-in Sheet

Use this form if a digital credentialing/badging system is not available

Victim Name

Last Name: _____ First Name: _____ MI: _____

Checklist for Recommended FAC Functional Area at Prospective Site

Check the box for each functional area that can be accommodated by prospective site

- Reception and Screening at the entrance
- Check in Station
- Security Station
- Victim Identification Services
 - Reception desk
 - Private interview areas
- Quiet rooms for family notification and meeting
- Behavioral Health Services
 - Private counseling areas
 - Team Lead office
 - Behavioral Health Service Team office
 - Behavioral Health Service Team meeting room
- Operations Unit Area
- Command Staff Area
- Call Center
- Secondary Services area (social services area)
- Family briefing area (for families and responders to gather and brief)
- Television room (located away from the waiting room)
- Media Station (secured location far enough away from the FAC but sufficient for briefings)
- Memorial area (wall, room, table)
- Incident site map/diagram area
- General areas:
 - Waiting area
 - Child care area
 - Staff break room
 - Food preparations
 - Food consumption areas
 - Staff conference room
 - Client phone/computer bank area
 - Family meeting/gathering area (for families to meet one another)

Family/Friend Registration Form

Use this form if a digital credentialing/badging system is not available

Disaster Victim Information

Last Name: _____ First Name: _____ MI: _____

For multiple disaster victims of the same family, use additional forms and cross reference with victims' name at bottom of this page

1. Presenting Family Member/Friend Name

Last Name: _____ First Name: _____ MI: _____

SS# (optional): _____ Relationship to Victim: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Photo Identification Verification (type/#/State/County): _____

Medications/Medical Needs? Yes No

If Yes, Indicate Medications Needs: _____

Physician's Name: _____ Physician's Phone #: _____

Next of Kin to Disaster Victim? Yes No

If No, Name of Next of Kin: _____

Notes: _____

2. Presenting Family Member/Friend Name

Last Name: _____ First Name: _____ MI: _____

SS# (optional): _____ Relationship to Victim: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Photo Identification Verification (type/#/State/County): _____

Medications/Medical Needs? Yes No

If Yes, Indicate Medications Needs: _____

Physician's Name: _____ Physician's Phone #: _____

Next of Kin to Disaster Victim? Yes No

If No, Name of Next of Kin: _____

Notes: _____

3. Presenting Family Member/Friend Name

Last Name: _____ First Name: _____ MI: _____

SS# (optional): _____ Relationship to Victim: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Photo Identification Verification (type/#/State/County): _____

Medications/Medical Needs? Yes No

If Yes, Indicate Medications Needs: _____

Physician's Name: _____ Physician's Phone #: _____

Next of Kin to Disaster Victim? Yes No

If No, Name of Next of Kin: _____

Notes: _____

4. Presenting Family Member/Friend Name

Last Name: _____ First Name: _____ MI: _____

SS# (optional): _____ Relationship to Victim: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Photo Identification Verification (type/#/State/County): _____

Medications/Medical Needs? Yes No

If Yes, Indicate Medications Needs: _____

Physician's Name: _____ Physician's Phone #: _____

Next of Kin to Disaster Victim? Yes No

If No, Name of Next of Kin: _____

Notes: _____

5. Presenting Family Member/Friend Name

Last Name: _____ First Name: _____ MI: _____

SS# (optional): _____ Relationship to Victim: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Photo Identification Verification (type/#/State/County): _____

Medications/Medical Needs? Yes No

If Yes, Indicate Medications Needs: _____

Physician's Name: _____ Physician's Phone #: _____

Next of Kin to Disaster Victim? Yes No

If No, Name of Next of Kin: _____

Notes: _____

Next of Kin Information

Has Next of Kin arrived at the Family Assistance Center? Yes No

NOK Last Name: _____ First Name: _____ MI: _____

SS# (optional): _____ Relationship to Victim: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Photo Identification Verification (type/#/State/County): _____

Medications/Medical Needs? Yes No

If Yes, Indicate Medications Needs: _____

Physician's Name: _____ Physician's Phone #: _____

Next of Kin to Disaster Victim? Yes No

If No, Name of Next of Kin: _____

Notes: _____

Source

Information regarding Next of Kin provided by: _____

Relationship to Next of Kin: _____

Secondary Services Referral Form

Date: _____

Person completing form: _____

Referral #1: Indicate category of referral

- Spiritual/Pastoral support
- Professional mental health services
- Substance abuse treatment
- Medical care
- Housing
- Financial

- Other disaster service:

- Other:

Referral contact information:

Name: _____

Phone (Business): _____ Phone (Cell): _____

Phone (Other): _____ Email: _____

Website: _____

Address: _____

Referral #2: Indicate category of referral

- Spiritual/Pastoral support
- Professional mental health services
- Substance abuse treatment
- Medical care
- Housing
- Financial

- Other disaster service:

- Other:

Referral contact information:

Name: _____

Phone (Business): _____ Phone (Cell): _____

Phone (Other): _____ Email: _____

Website: _____

Address: _____

Referral #3: Indicate category of referral

- Spiritual/Pastoral support
- Professional mental health services
- Substance abuse treatment
- Medical care
- Housing
- Financial

Referral contact information:

Name: _____

Phone (Business): _____ Phone (Cell): _____

Phone (Other): _____ Email: _____

Website: _____

Address: _____

Referral #4: Indicate category of referral

- Spiritual/Pastoral support
- Professional mental health services
- Substance abuse treatment
- Medical care
- Housing
- Financial

Referral contact information:

Name: _____

Phone (Business): _____ Phone (Cell): _____

Phone (Other): _____ Email: _____

Website: _____

Address: _____

Other disaster service:

Other:
