



G-386 Mass Fatality Incident Response

Student Manual

February 2012



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UNIT 1. INTRODUCTION AND COURSE OVERVIEW

Acknowledgements

The Federal Emergency Management Agency (FEMA) Emergency Management Institute (EMI) would like to thank the following people who were instrumental in the development of this course.

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DMORT
Columbus, OH

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Regional Emergency Coordinator
U.S. Public Health Service
Dallas, TX

Unit 1. Introduction and Course Overview

Unit Objectives

At the end of this unit, you should be able to:

Describe issues, concerns, and considerations surrounding mass fatalities incidents.
Relate the course objectives to your concerns and expectations.

Scope

The scope of this unit will include:

- Welcome and Instructor Introductions.
 - Student Introductions.
 - Course Overview.
 - The Mass Fatalities Incident.
 - Unit Summary.
-

Time Plan

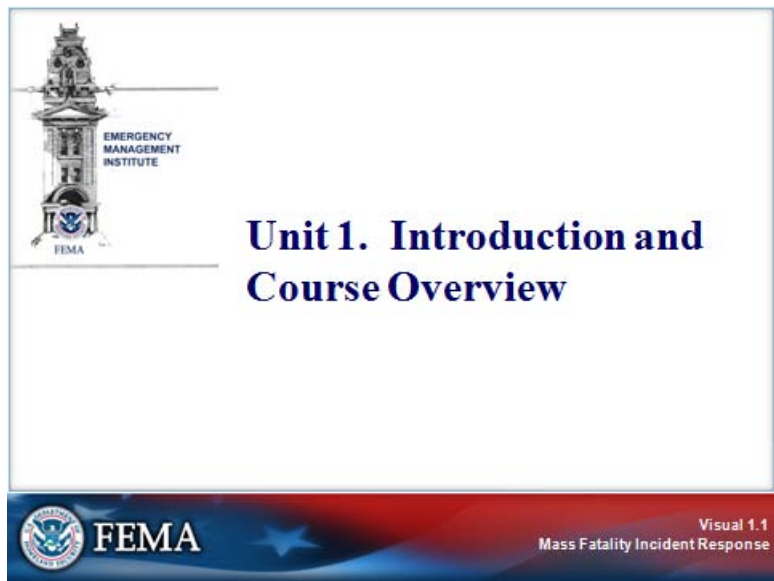
The suggested time plan for this unit is shown below.

Topic	Time
Welcome and Instructor Introductions	5 minutes
Student Introductions	20 minutes
Course Overview	25 minutes
The Mass Fatalities Incident	50 minutes
Unit Summary	5 minutes
Total Time	1 hours 45 minutes

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WELCOME AND INSTRUCTOR INTRODUCTIONS

Visual 1.1



Notes:

Welcome to the course.

STUDENT INTRODUCTIONS

Notes:

Introduce yourself by providing:


- Your name.
- Your organization.
- A brief statement of your experience with mass fatalities incident response, if any.
- A brief statement of your expectations—what you hope to gain from the course.


COURSE OVERVIEW

Visual 1.2

Course Objectives

- Describe the characteristics of a mass fatalities incident.
- Identify the roles and responsibilities of key players in a mass fatalities incident.
- Describe the steps required to respond to a mass fatalities incident, including catastrophic numbers of fatalities and contaminated remains.



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Visual 1.2
Mass Fatality Incident Response

Notes:

The course will provide an introduction to mass fatalities incidents. The course will cover the main tasks that need to be done to plan for, operate at the scene of, and recover from mass fatalities incidents.

The course will allow time to address your issues, concerns, and considerations.

At the end of this course, you should be able to:


- Describe the characteristics of a mass fatalities incident.
- Identify the roles and responsibilities of key players in a mass fatalities incident.
- Describe the steps required to respond to a mass fatalities incident, including catastrophic numbers of fatalities and contaminated remains.



COURSE OVERVIEW

Visual 1.3

Course Objectives

- Assess your local Mortuary Annex.
- Describe critical operational activities.
- Explain how the Family Assistance Center supports families and aids in identification.
- Identify the requirements to ensure that the psychological needs of morgue personnel are addressed.



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Visual 1.3
Mass Fatality Incident Response

Notes:


- Assess your local Mass Fatalities Annex to determine your jurisdiction's preparedness for a mass fatalities incident.
- Describe the critical operational activities:
 - Notification
 - Staging
 - Search and recovery
 - Morgue operations
 - Media relations
 - Family assistance
- Explain how the Family Assistance Center is used to support families and to aid identification of the deceased.
- Identify the requirements to ensure that the psychological needs of morgue personnel are addressed.


COURSE OVERVIEW

Visual 1.4

Course Objectives

- Recognize the importance of stress management debriefings for responders at a mass fatalities incident.
- Identify the resources that are available at the local, State, and Federal levels.
- Apply the principles of ICS to a simulated incident.



 **FEMA** Visual 1.4
Mass Fatality Incident Response

Notes:

- Recognize the importance of Critical Incident Stress Debriefings for responders at a mass fatalities incident.
- Identify the resources that are available during a mass fatalities incident and describe their roles and responsibilities.
- Apply the principles of ICS to a simulated incident.

Does anyone have any questions about what will be covered in this course?

COURSE OVERVIEW

Visual 1.5

Course Agenda

Day	AM	PM
1	Unit 1. Introduction and Course Overview Unit 2. Incident Management	Unit 3. Preincident Planning Unit 4. Managing Mass Fatalities Operations
2	Unit 4. Managing Mass Fatalities Operations Unit 5. Establishing the Morgue	Unit 6. Family Assistance Support Operations Unit 7. Federal Assistance for Mass Fatalities Incidents
3	Unit 8. Mass Fatalities Tabletop Exercise	



The table is part of a slide titled 'Course Agenda'. Below the table is a decorative banner with the FEMA logo on the left, the word 'FEMA' in large letters, and a stylized American flag background. On the right side of the banner, it says 'Visual 1.5 Mass Fatality Incident Response'.

Notes:


COURSE OVERVIEW


Unit Objectives

Visual 1.6

Unit Objectives

- Define a mass fatalities incident.
- Describe the characteristics of a mass fatalities incident.
- Discuss anticipated reactions to mass fatalities.
- Explain the need to show respect for the dead.
- Understand the needs of families and friends.



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Visual 1.6
Mass Fatality Incident Response

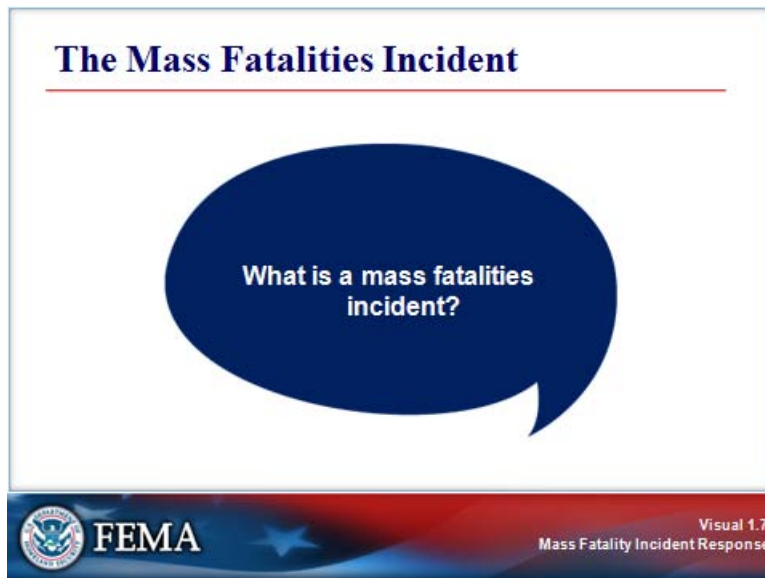
Notes:

At the end of this unit, you should be able to:

- Define a mass fatalities incident.
- Describe the characteristics of a mass fatalities incident that drive the response to that incident.
- Discuss anticipated reactions to mass fatalities from responders, survivors, relatives of the deceased, the media, and the general public.
- Explain the need to show respect for the dead—and for the different customs and cultures of the deceased and their families.
- Understand the importance of managing the needs of families and friends of the deceased.

THE MASS FATALITIES INCIDENT

Visual 1.7



Notes:


What is a mass fatalities incident?


THE MASS FATALITIES INCIDENT

Visual 1.8

The Mass Fatalities Incident

- Sights, sounds, and smells
- Characteristics that drive response
- Anticipated reactions
- The need to show respect
- The overriding need to save the living



 **FEMA** Visual 1.8
Mass Fatality Incident Response

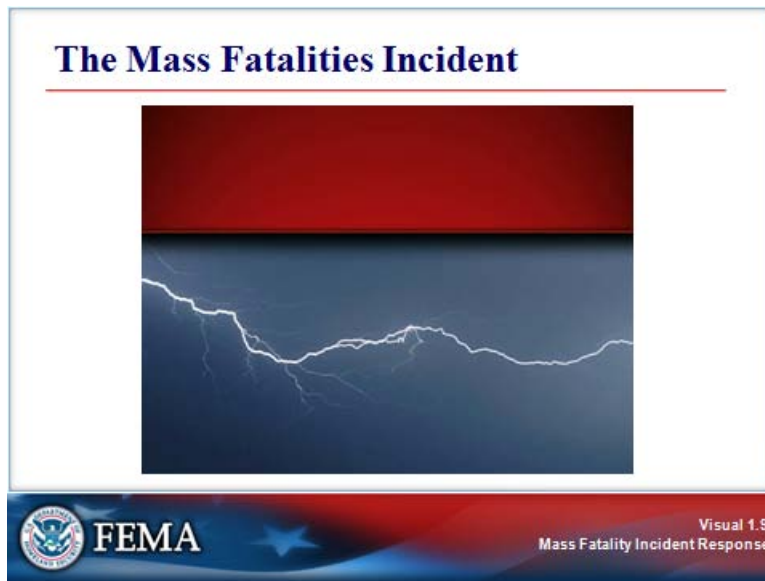
Notes:

The following presentation will focus on:

- What you can expect to see, hear, and smell at a mass fatalities incident.
- The characteristics of a mass fatalities incident that drive the response.
- Anticipated reactions to mass fatalities from the:
 - Responders.
 - Survivors.
 - Relatives of the deceased.
 - Media.
 - General public.
- The need to show respect for the dead—and for the different customs and cultures of the deceased and their families:
 - While identification of the dead is a critical issue, the dead must be treated with respect and dignity, both in thought and in action.
 - Activities that might be open to public view must be conducted respectfully at all times.
- The overriding need to save the living:
 - There may be situations in which the need to save a living person overrides the immediate considerations for human remains.
 - The need to manage the needs of the families and friends of the deceased.

THE MASS FATALITIES INCIDENT

Visual 1.9



Notes:

THE MASS FATALITIES INCIDENT


Activity: Analyzing A Mass Fatalities Incident



Visual 1.10

Activity: Analyzing a Mass Fatalities Incident

Follow the steps below to complete this activity:

1. Work in your table groups to complete this activity.
2. Analyze the incident described in the Student Manual.
3. Develop a list of special issues, concerns, and considerations that must be addressed.
4. Be prepared to present your list to the class.

 You will have 20 minutes to complete this activity.

 **FEMA**  Visual 1.10
Mass Fatality Incident Response

Notes:

Purpose: The purpose of this activity is to allow you an opportunity to analyze a mass fatalities incident and develop a list of special issues, concerns, and considerations that must be addressed through the response.

Instructions: Follow the steps below to complete this activity:

1. Work in your table groups to complete this activity.
2. Analyze the incident described in the Student Manual.
3. Work with your group to analyze the incident that is presented.
4. Develop a list of the special issues, concerns, and considerations that must be addressed.
5. Be prepared to present your list to the class.
6. You will have 20 minutes to complete this activity.

THE MASS FATALITIES INCIDENT

Activity: Analyzing A Mass Fatalities Incident

Case Study: EF-5 Tornado in Joplin, Missouri, May 22, 2011

In the early evening of May 22, 2011, an EF-5 tornado struck the city of Joplin, Missouri, causing widespread damage and more than 140 fatalities. The tornado was the strongest of many that crushed parts of the Midwest that evening, damaging more than 8,000 homes and destroying St. John's Regional Medical Center. Tornadoes were first reported in Kansas, just across the State line, shortly after 4:00, and by 5:35, there were reports of hail and funnel clouds in Joplin. Within a few minutes more, it was clear that Joplin had suffered a direct hit.

Although the National Weather Service had been tracking tornadoes across the Midwest for most of the afternoon, many in Joplin did not respond to the warnings—or responded too late to save themselves—because tornado warnings were common but few actually struck. This time, the population should have obeyed the warning.

Many survivors were unclear of how long the tornado was on the ground, but when it was over, it became clear that there would be multiple—possibly many—fatalities. The number, however, was unclear. Even the extent of damage was unclear. One Joplin police officer remarked to reporters at the scene, “Tell everyone if they don't have business south of 20th street, stay out!” According to one reporter, the officer's statement meant that “the southern third of the city [was] demolished”.

Rescue efforts were complicated by the extent of damage and the need to search through thousands of piles of debris, some of which were miles from Joplin. Communication was difficult because power lines and all but one cell tower had been severely damaged or destroyed. The remaining cell tower was overwhelmed, and only text messages seemed to get through.

Rescue personnel from several States deployed to Joplin, and hundreds of emergent volunteers began sifting through the rubble. Many of the searches were successful, but a list of more than 200 who were reported missing remained.

Response personnel were deployed from Kansas, as well as Missouri. More than 40 agencies provided personnel at the scene including:

- Camden Sheriff's Office.
- St. Louis Search and Rescue Task Force.
- Osage Beach, Search and Rescue Task Force.
- Missouri Department of Public Safety.
- Missouri State Highway Patrol.
- Missouri National Guard.
- Joplin Police Department.
- Joplin Fire Department.
- Joplin City Health Department.
- Jasper County Health Department.
- Newton County Health Department.

THE MASS FATALITIES INCIDENT

Activity: Analyzing A Mass Fatalities Incident

The Red Cross (Greater Ozarks Chapter) and Salvation Army activated their disaster services functions to provide food, water, and shelter to survivors.

Within a short time, it was clear that the Jasper and Newton County coroners' offices would be overwhelmed. A temporary morgue was established at the football field at Southern Missouri State University. These and other sets of remains were later moved to refrigerated trucks at a temporary morgue, in Atlas, Missouri, which was staffed by a Federal Disaster Mortuary Operational Response Team (DMORT). Mortuary personnel established the goal of identifying 19 sets of remains each day.

Early in the identification process, a child was released to a funeral home after identification by family members. During preparation of the remains, it became clear that the child had been misidentified. Because of this event, the coroners required confirmation of identity by means other than visual identification, unless the individual had been with the deceased at the time of death and had not been separated. That policy slowed the identification and release of remains, increasing relatives' frustration levels as they waited for release of their loved ones' remains.

Sources:

Information from this case study has been drawn from several sources. Special thanks are due to Cliff Judy, reporter for KMBC-TV 9 in Kansas City, MO.

UNIT SUMMARY

Visual 1.11

Unit Summary

This unit:

- Examined some of the important considerations surrounding mass fatalities incidents.

Unit 2 will:

- Cover incident management.

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Visual 1.11
Mass Fatality Incident Response

Notes:

This unit:

- Examined some of the important considerations surrounding mass fatalities incidents.

Unit 2 will:

- Cover incident management.

UNIT 2. INCIDENT MANAGEMENT

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Unit 2. Incident Management

Unit Objectives

At the end of this unit, you should be able to:

- Describe how ICS improves incident management.
 - Explain how ICS applies to mass fatalities incident management.
-

Scope

The scope of this unit will include:

- Introduction and Unit Overview.
 - Lessons Learned and ICS.
 - Mass Fatalities and ICS.
 - Incident Facilities for Mass Fatalities Operations.
 - Unit Summary.
-

Time Plan

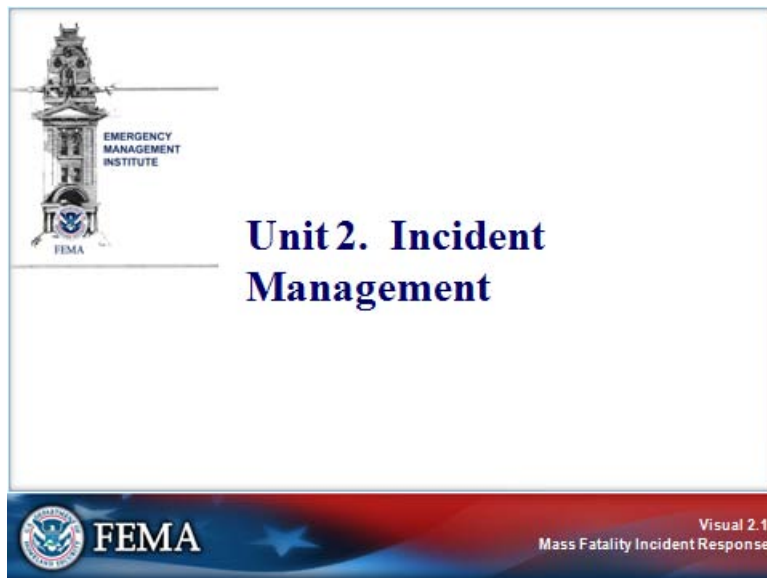
The suggested time plan for this unit is shown below.

Topic	Time
Introduction and Unit Overview	5 minutes
Lessons Learned and ICS	40 minutes
Mass Fatalities and ICS	15 minutes
Incident Facilities for Mass Fatalities Operations	25 minutes
Unit Summary	5 minutes
Total Time	1 hour 30 minutes

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INTRODUCTION AND UNIT OVERVIEW

Visual 2.1



Notes:

The topics for this unit will include:

- Lessons Learned and ICS.
- Federal Response Guidelines.
- Incident Facilities for Mass Fatalities Operations.

In day-to-day incidents, the issue of who is in charge can often be clear, and the response to these types of incidents usually is carried out with few problems.

During a mass fatalities incident, with its complex issues and large number of players, it is critical to know exactly who is in charge of what and when.


INTRODUCTION AND UNIT OVERVIEW


Unit Objectives

Visual 2.2

Unit Objectives

- Describe how ICS improves incident management.
- Describe how ICS provides organization to mass fatalities incident management.



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Visual 2.2
Mass Fatality Incident Response

Notes:

At the end of this unit, you should be able to:

- Describe how ICS improves incident management.
- Describe how ICS provides organization to mass fatalities incident management.

LESSONS LEARNED AND ICS


Visual 2.3

Lessons Learned From Mass Fatalities Incidents

Recovery and Inventory:

- **Who's job is it to do all those tasks?**
- **Which tasks take priority over the others?**
- **Where do I go to get the "stuff" I need to do those tasks?**
- **What about all the other "things" that are going on?**

Using ICS to manage recovery and processing will help answer all of these questions!

 **FEMA** Visual 2.3
Mass Fatality Incident Response

Notes:

Lessons learned from previous mass fatalities incidents have taught responders some valuable points.

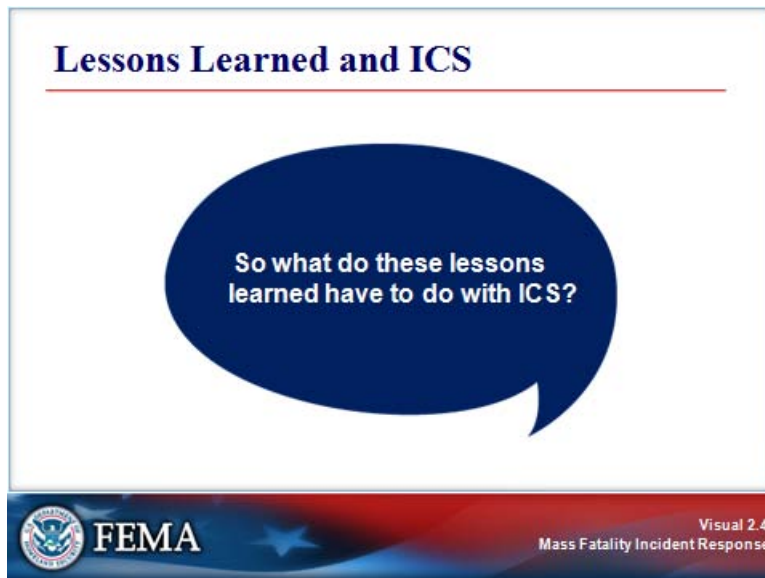
Lessons learned from these incidents include the questions that can arise during the process of recovery and remains processing. Note some of the questions that present themselves.

- Whose job is it to do all those tasks? Which personnel should be assigned to perform each of the required tasks?
- Which tasks take priority over the others? What needs to be done immediately and what can wait until the priority tasks have been completed?
- Where do I go to get the "stuff" I need to do those tasks? Where are the resources located that are required to complete the tasks?
- What about all the other things that are going on? The recovery and processing of remains following a mass fatalities incident are complex tasks. Recovery and processing do not occur in a vacuum. What about the other activities, including the tasks and the resources that are associated with other aspects of the response to an incident of this type?

Using ICS to manage recovery and processing will help answer all of these questions.

LESSONS LEARNED AND ICS

Visual 2.4



Notes:


So what do these lessons learned have to do with ICS?



LESSONS LEARNED AND ICS

Visual 2.5

The Bottom Line

- It's not "Who's in charge."
- It's "Who's responsible for what"
and
"Who needs to talk to whom."



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Visual 2.5
Mass Fatality Incident Response

Notes:

Note the bottom line:


- It's not "who's in charge": It isn't a matter of one person claiming the post of Incident Commander (or several persons vying for the position) with "everybody else" working as an unorganized response.
- It's "who's responsible for what" and "who needs to talk to whom": The point is who, from the top of the organization to the bottom, will carry out what tasks related to what functions, and how they communicate with the right people in an organized structure.

LESSONS LEARNED AND ICS

Visual 2.6

That said...

- All mass fatalities incidents start and end at the local level, unless there is a State system.
- You need firm understanding of local/State laws regarding mass fatalities, including:
 - Who has “management” responsibility to determine the cause and manner of death under law.
 - Who has “management” responsibility for collection, processing, and release of remains.



The slide footer features the FEMA logo on the left, the text 'FEMA' in the center, and 'Visual 2.6 Mass Fatality Incident Response' on the right, all set against a red and blue background with a white star.

Notes:

In view of, and in conjunction with the Federal guidance, the students must be cognizant of the local and State roles and responsibilities.

- All mass fatalities incidents start and end at the local level unless there is a State system that supersedes local policy.
- All involved need a firm understanding of what the local/State laws are regarding mass fatalities, including:
 - Who has management responsibility to determine cause and manner of death under the law.
 - Who has management responsibility for collection, processing, and release of remains.


LESSONS LEARNED AND ICS

Visual 2.7

NYS County Law: Article 17 A

Coroner/Coroner Physician/Medical Examiner

- **Duties: “Jurisdiction and authority to investigate the death of every person dying within his county, or whose body is found within the county, which is or appears to be a:**
 - **Violent death: Criminal violence, suicide, or casualty**
 - **Death caused by unlawful act or criminal neglect**
 - **Death in a suspicious, unusual, unexplained manner**
 - **Death caused by suspected criminal abortion**
 - **Death unattended by a physician**



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Visual 2.7
Mass Fatality Incident Response

Notes:

- Duties—“jurisdiction and authority to investigate the death of every person dying within his county, or whose body is found within the county, which is or appears to be a:
 - Violent death: Criminal violence, suicide, or casualty.
 - Death caused by unlawful act or criminal neglect.
 - Death in a suspicious, unusual, unexplained manner.
 - Death caused by suspected criminal abortion.
 - Death unattended by a physician.

During a mass fatalities incident, however, the investigation will be conducted jointly with law enforcement authorities.

LESSONS LEARNED AND ICS

Visual 2.8

Concurrent Investigative Activities

Coroner/JP/ME:	Law Enforcement:
<ul style="list-style-type: none">▪ Scene documentation▪ Evidence identification▪ Personal effects & evidence recovery▪ Recovery of remains▪ Determination of cause and manner of death▪ Identification of remains▪ Sufficient documentation for court	<ul style="list-style-type: none">▪ Scene documentation▪ Evidence identification▪ Personal effects & evidence recovery▪ Recovery of remains▪ Criminal culpability▪ Identification of the suspects▪ Sufficient documentation for court

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Visual 2.8
Mass Fatality Incident Response

Notes:

Coroner/JP/ME activities include:

- Scene documentation.
- Evidence identification.
- Personal effects and evidence recovery.
- Recovery of remains.
- Determination of cause and manner of death.
- Identification of remains.
- Sufficient documentation for court.

LESSONS LEARNED AND ICS

Notes:

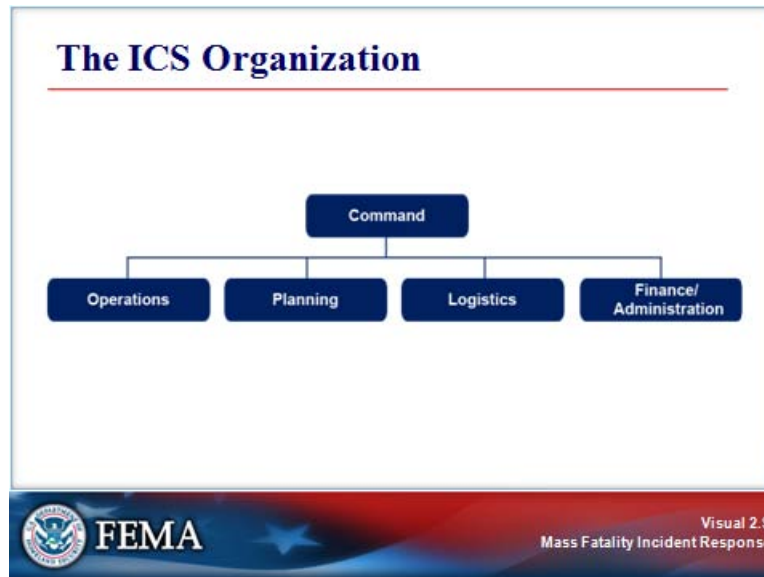
Law enforcement activities include:

- Scene documentation.
- Evidence identification.
- Personal effects and evidence recovery.
- Recovery of remains.
- Criminal culpability.
- Identification of the suspects.
- Sufficient documentation for court.

MASS FATALITIES AND THE INCIDENT COMMAND SYSTEM (ICS)

The ICS Organization

Visual 2.9



Notes:

The ICS Organization: Command and General Staff

The basic ICS organization consists of five management functions:

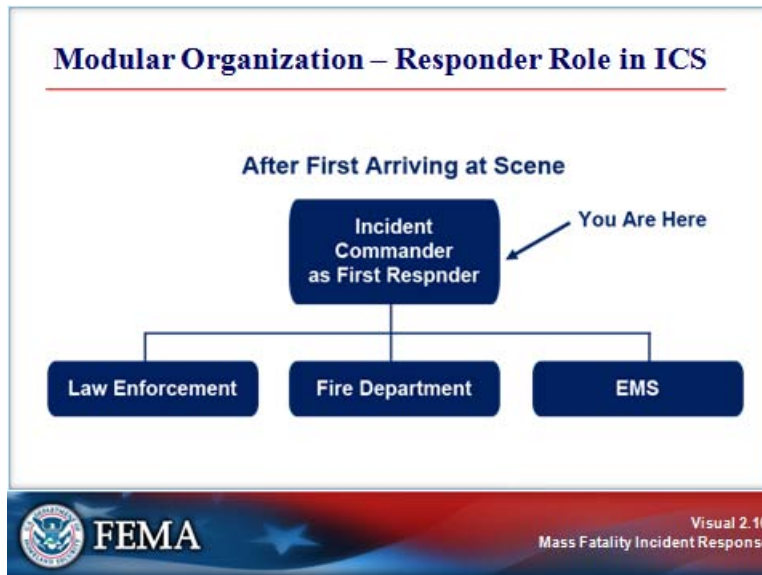
- Command Staff, which includes the Incident Commander, who is the person in charge of the scene, and the:
 - Public Information Officer, who handles all media inquiries and coordinates the release of information to the media from the Joint Information Center (JIC).
 - Safety Officer, who monitors safety conditions and develops measures for ensuring the safety of all assigned personnel.
 - Liaison Officer, who serves as the on-scene contact for other agencies assigned to the incident.
- General Staff, which includes the:
 - Operations Section Chief, who is responsible for carrying out the response activities described in the IAP.
 - Planning Section Chief, who is responsible for the collection, evaluation, dissemination, and use of information about the development of the incident and status of resources.
 - Logistics Section Chief, who is responsible for providing facilities, services, and materials for the incident, including essential personnel.
 - Finance/Administration Section Chief, who tracks incident costs and reimbursement accounting.

Each of these functions can be expanded or contracted to meet incident needs.

MASS FATALITIES AND THE INCIDENT COMMAND SYSTEM (ICS)

The ICS Organization

Visual 2.10



Notes:

ICS is a modular organization, in which the responder role develops as the incident progresses.

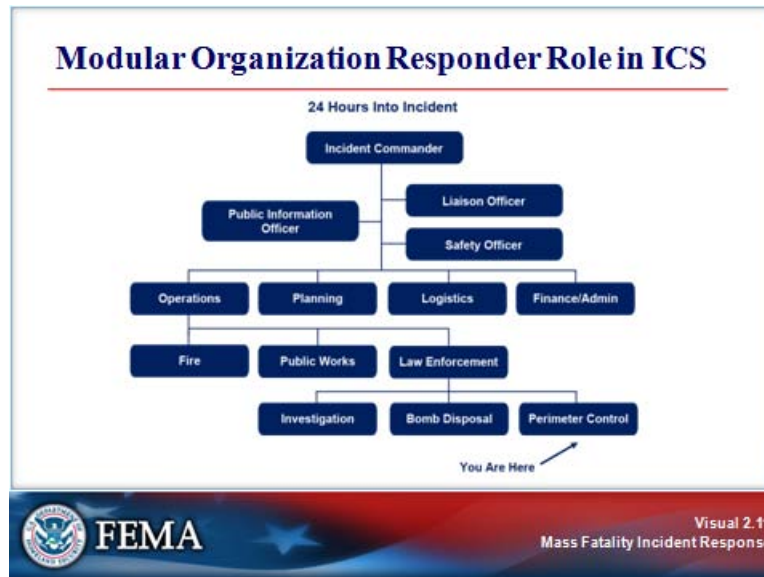
The first responder at the scene serves as the Incident Commander, who has the initial command over:

- Law enforcement personnel.
- Fire department personnel.
- Emergency medical services personnel.

MASS FATALITIES AND THE INCIDENT COMMAND SYSTEM (ICS)

The ICS Organization

Visual 2.11



Notes:

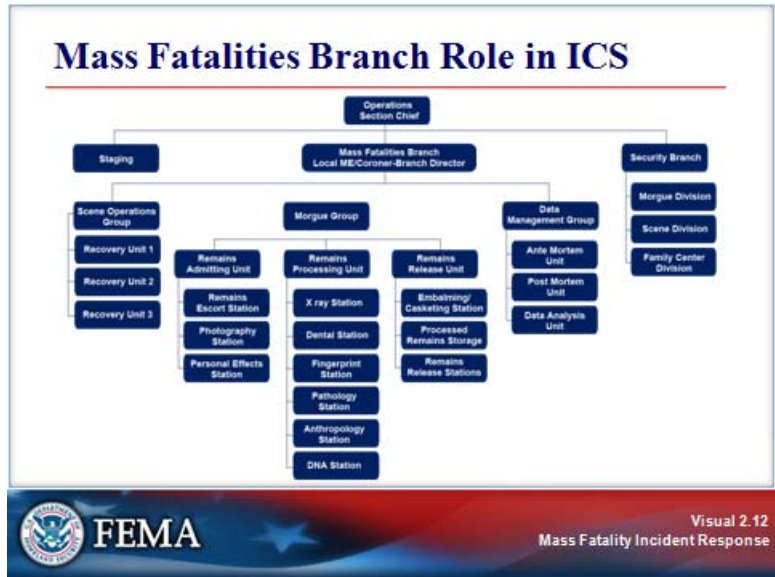
24 hours into the incident, the organization will have expanded and the individual who initially served as the Incident Commander will be assigned another role, as the situation warrants.

How does ICS apply to a mass fatalities incident?

MASS FATALITIES AND THE INCIDENT COMMAND SYSTEM (ICS)

Mass Fatalities in the ICS Structure

Visual 2.12



Notes:

The ICS structure that is shown in the visual is typical when mass fatalities operations are included under the Operations Section of the ICS organization.

This organization (without the Operations Section Chief at the top) may be appropriate when mass fatalities is operated as a standalone organization.

MASS FATALITIES AND THE INCIDENT COMMAND SYSTEM (ICS)

Visual 2.13



Notes:

Organizing mass fatalities operations using well-defined functions and responsibilities reduces the possibility of freelancing. Freelancing compromises accountability, safety, efficiency, effectiveness, and possibly even jeopardizes the potential criminal investigation.

Everyone assigned to mass fatalities operations must wait for an assignment before reporting to the scene or taking on an assignment. Anyone who does not have jurisdictional authority, should not “self dispatch.”

MASS FATALITIES AND THE INCIDENT COMMAND SYSTEM (ICS)

Visual 2.14



Notes:

Note the need to control access to mass fatality operations, whether at the morgue, at transportation or storage facilities, or at the incident scene. Unauthorized access can disrupt recovery and remains processing and must be minimized wherever and whenever possible.

Note the types of identification badges that are shown in the visual, and the critical requirement for a means of effective ID for accountability and security purposes. Note the backs of the badges in the visual. Different colored stickers are one way to identify access authorities.

Identification will be covered in more detail later in the course.

In the next topic, you will discuss briefly key facilities required for mass fatalities operations.

INCIDENT FACILITIES FOR MASS FATALITIES OPERATIONS

Visual 2.15

Facilities for Mass Fatalities Operations

- Morgue and related facilities
- Family Assistance Center (FAC)

More to come on these later in this course...

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Visual 2.15
Mass Fatality Incident Response

Notes:

In addition to the standard ICS facilities, mass fatalities incidents require two additional facilities.

The requirements for a mass fatalities incident are the:

- Morgue and related facilities.
- Family Assistance Center (FAC).

If your community Emergency Operations Plan (EOP) includes a Mass Fatalities Annex, morgue sites and related facilities will be listed in that annex.

In the case of a large mass fatalities incident, other sites may have to be considered that meet the requirements of the incident better. So alternate sites, including provisions for temporary morgue facilities (e.g., refrigerated trucks) should also be included in the community's EOP.


Who can suggest some potential sources for resources, such as temporary morgue facilities, refrigerated trucks, and medical personal protective equipment, related to a mass fatalities incident?

INCIDENT FACILITIES FOR MASS FATALITIES OPERATIONS


Visual 2.16

Resource Considerations

- Mutual aid (local-county-State)
- Funeral directors associations
- Law enforcement
- Fire/EMS
- Emergency management (county/State)
- State response teams
- Private-sector
- Emergency Management Assistance Compact (EMAC)



Visual 2.16
Mass Fatality Incident Response



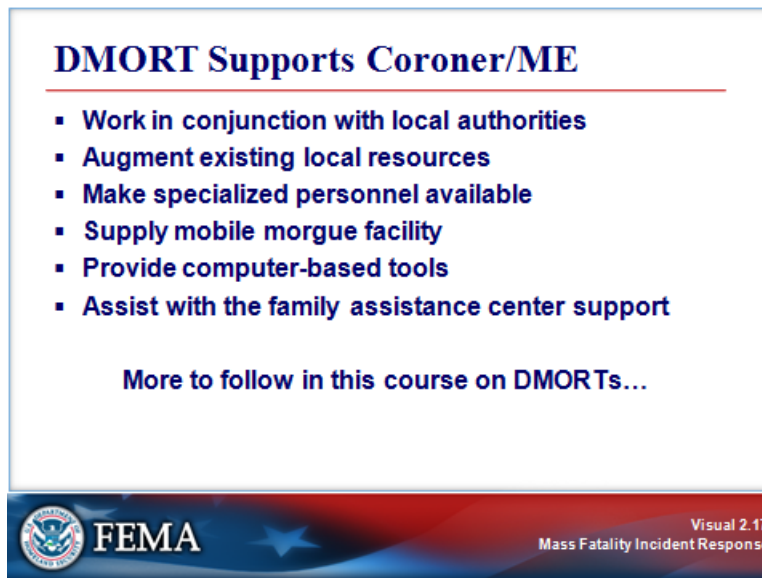
Notes:

Note the resources that, among others, will be using the incident facilities in one way or another during a mass fatalities response.

- Mutual aid responders (local, county, and State)
- Funeral directors associations
- Law enforcement agencies
- Fire/Emergency medical services
- Emergency management agencies (county and State)
- State response teams
- Private-sector organizations
- Emergency Management Assistance Compact (EMAC)

INCIDENT FACILITIES FOR MASS FATALITIES OPERATIONS



Visual 2.17



DMORT Supports Coroner/ME

- Work in conjunction with local authorities
- Augment existing local resources
- Make specialized personnel available
- Supply mobile morgue facility
- Provide computer-based tools
- Assist with the family assistance center support

More to follow in this course on DMORTs...

 **FEMA**  Visual 2.17
Mass Fatality Incident Response

Notes:

When available resources have been deployed and remains-processing needs remain unmet, it may be necessary to request assistance from Disaster Mortuary Operational Response Teams (DMORTs). In the event that this type of assistance is required, DMORT personnel are able to provide and staff a temporary morgue facility, with all of the necessary equipment and supplies.

The mission of the DMORT is to support the Coroner/Medical Examiner. DMORT personnel will:

- Work in conjunction with local authorities.
- Augment existing local resources.
- Make specialized personnel available.
- Supply mobile morgue facilities.
- Provide computer-based tools.
- Assist with Family Assistance Center support.

Note that the point at which a DMORT is requested varies depending on the resources available locally, from mutual aid, or from other sources. Large cities are more likely to handle mass fatality situations without DMORT assistance. Smaller cities and towns may need to depend more on DMORTs for processing remains.

INCIDENT FACILITIES FOR MASS FATALITIES OPERATIONS

The Family Assistance Center is one of the most important, but sensitive operations in a mass fatalities event. The purpose of the FAC is to provide relatives of victims with information and access to the services that they may need in the hours and days following the incident. So it is critical that the FAC be run carefully and effectively so as not to harm the credibility of the overall operation and ill serve family members at a time that they are experiencing the effects of their families' losses.


UNIT SUMMARY

Visual 2.18

Unit Summary

- ICS can be used effectively to manage a mass fatalities incident efficiently.
- All sources should be considered as potential suppliers for specialized resource needs.
- DMORTs can assist any size jurisdiction whenever requested. There is no incident size requirement for DMORT assistance.

Effective preincident planning can also enhance mass fatalities incident operations, which is what we will discuss in Unit 3.



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Visual 2.18
Mass Fatality Incident Response

Notes:

Note the key points from this unit:

- ICS can be used effectively to manage a mass fatalities incident efficiently.
- All sources should be considered as potential suppliers for specialized resource needs.
- DMORTs can assist any size jurisdiction whenever requested. There is no incident size requirement for DMORT assistance.

Unit 3 will cover preincident planning.

UNIT 3. PREINCIDENT PLANNING

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Unit 3. Preincident Planning

Unit Objectives

At the end of this unit, you should be able to:

- Plan for mass fatalities incidents.
- Describe the differences between planning for different types of mass fatalities incidents.
- Complete an activity in which you will determine special needs for a mass fatalities incident described in a scenario.

Scope

The scope of this unit will include:

- Introduction and Unit Overview.
- Planning for Mass Fatalities Incidents.
- Assessing the Mass Fatalities Annex.
- Resource Planning.
- Involving Community Stakeholders.
- Involving Stakeholders.
- Mass Fatalities Exercise Programs.
- Planning For Contaminated Remains.
- Coordinating Recovery With Remains Processing.
- Unit Summary.

Time Plan

The suggested time plan for this unit is shown below.

Topic	Time
Introduction and Unit Overview	5 minutes
Planning for Mass Fatalities Incidents	35 minutes
Assessing the Mass Fatalities Annex	5 minutes
Resource Planning	30 minutes
Involving Community Stakeholders	5 minutes
Involving Stakeholders	5 minutes
Mass Fatalities Exercise Programs	20 minutes
Planning For Contaminated Remains	35 minutes
Coordinating Recovery With Remains Processing	5 minutes
Unit Summary	5 minutes
Total Time	2 hours 30 minutes

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INTRODUCTION AND UNIT OVERVIEW

Visual 3.1



Notes:

This unit will include:

- Planning for mass fatalities incidents.
- The differences between planning for different types of mass fatalities incidents.
- An activity in which they will determine special needs for a mass fatalities incident described in a scenario.

What has been your role in the emergency planning process?

In your experience, how has planning for incidents helped to ensure an effective response (or, what has been the effect of insufficient planning)?


INTRODUCTION AND UNIT OVERVIEW



Unit Objectives

Visual 3.2

Unit Objectives

- Describe how a Mass Fatalities Annex fits into the overall Emergency Operations Plan (EOP).
- Describe the differences between planning for different types of mass fatalities incidents.
- Analyze a scenario to determine special needs for a mass fatalities response.



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Visual 3.2
Mass Fatality Incident Response

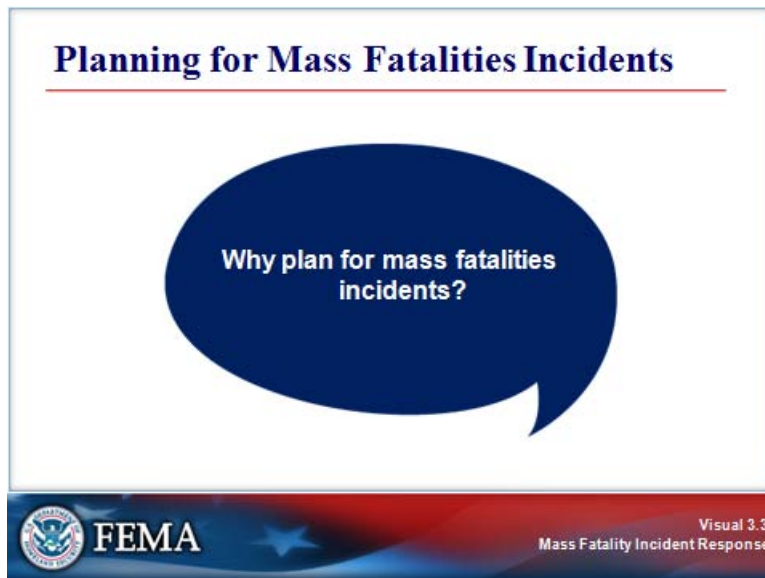
Notes:

At the end of this unit, you should be able to:

- Describe how a Mass Fatalities Annex fits into the overall Emergency Operations Plan (EOP).
- Describe the differences between planning for different types of mass fatalities incidents.
- Analyze a scenario to determine special needs for a mass fatalities response.

PLANNING FOR MASS FATALITIES INCIDENTS

Visual 3.3



Notes:


Why plan for mass fatalities incidents?


PLANNING FOR MASS FATALITIES INCIDENTS

Visual 3.4

Planning for Mass Fatalities Incidents

- Safer, more coordinated recovery
- Ready resource acquisition
- Faster identification and return
- Availability of contingency plans
- Comfort to surviving family members



 **FEMA**

Visual 3.4
Mass Fatality Incident Response

Notes:

Note the historical examples that illustrate the importance of planning for mass fatalities incidents.

- Asian earthquake and tsunami (December 2005). The media focused on the tsunami that struck Phuket, Thailand, which had approximately 5,300 fatalities. Other countries in the area suffered far more extensive damage and far more fatalities. The countries that suffered the highest number of fatalities were:
 - Indonesia: More than 115,000 fatalities.
 - Sri Lanka: Approximately 31,000 fatalities.
 - India: More than 10,000 fatalities.

Any country would have nearly an insurmountable task addressing those fatality numbers.

- Haitian earthquake (January 2010). Haiti, an extremely poor island country, experienced a 7.0 earthquake. More than 220,000 died as a result of the quake, and more than 300,000 were injured. Additionally, more than 4,000 people died from cholera following the quake.
- Fukushima (Japan) earthquake and tsunami (March 2011). A 9.0 earthquake struck off the coast of Japan, which in turn, caused a 28-foot tsunami. While many were killed as a result of the earthquake, many more died as a result of the tsunami. Additionally, although the Fukushima Daiichi Nuclear Power Plant survived the earthquake, it was severely damaged by the tsunami, which breached the island's 30-foot flood wall and washed over the facility's backup power generation system. As a result, three reactors experienced explosions and leaked radioactive matter into the water and air. By July, estimates of the dead and missing reached 22,000.

PLANNING FOR MASS FATALITIES INCIDENTS

Visual 3.5

As With Every Incident . . .

- All mass fatalities disasters and emergencies start and end at the local level.
- State and Federal response resources are driven from the bottom up.
- Local planning and available resources will set the tone for the rest of the operation.



 **FEMA**  Visual 3.5
Mass Fatality Incident Response

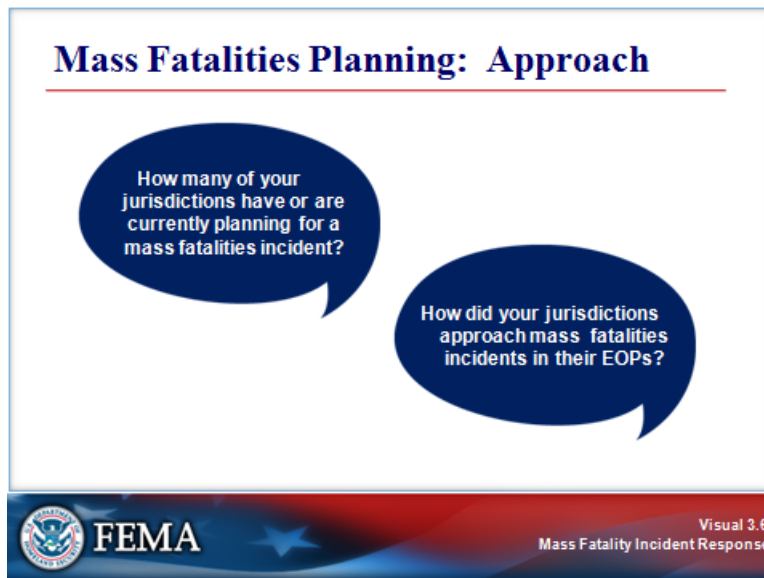
Notes:

As with every incident:

- All mass fatalities disasters and emergencies start and end at the local level.
- State and Federal response resources are driven from the bottom up.
- Local planning and available resources will set the tone for the rest of the operation.

PLANNING FOR MASS FATALITIES INCIDENTS

Visual 3.6



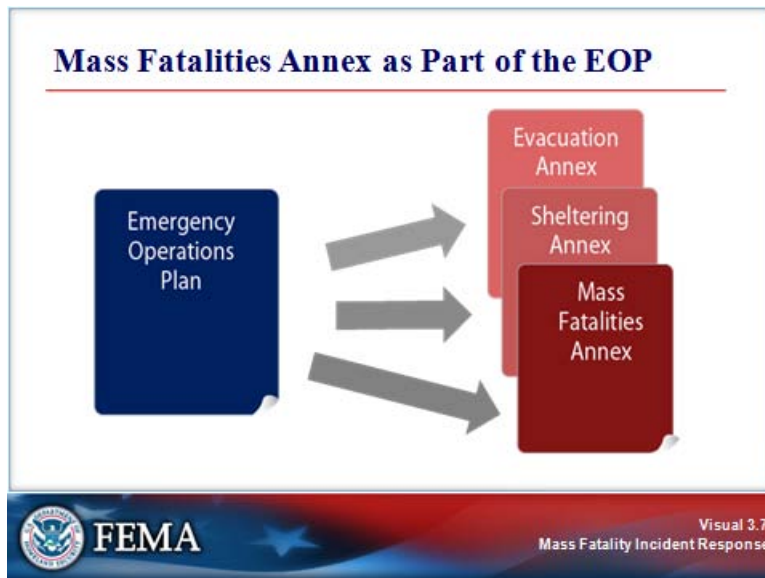
Notes:

How many of your jurisdictions have or are currently planning for a mass fatalities incident?

How did your jurisdiction address mass fatalities incidents in its Emergency Operations Plan (EOP)?

PLANNING FOR MASS FATALITIES INCIDENTS

Visual 3.7



Notes:

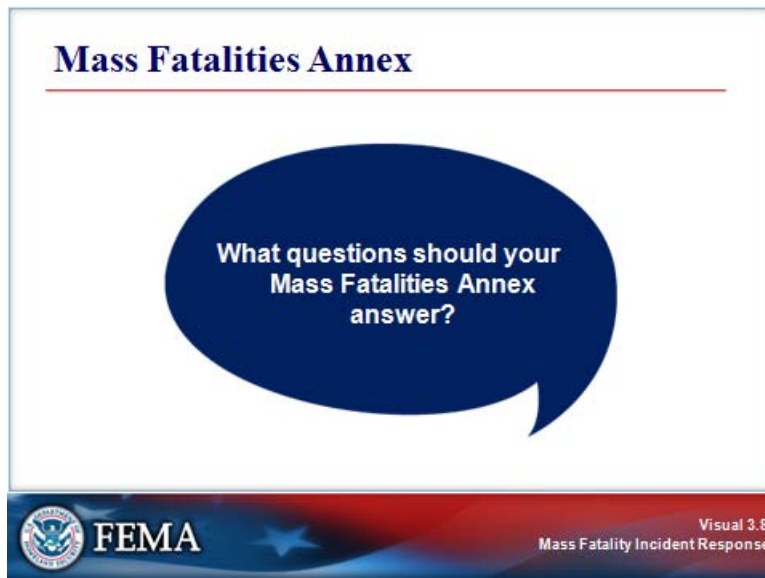
Mass fatalities incidents require specific planning to ensure that, if a mass fatalities incident occurs, the jurisdiction can address the situation—at least until help arrives.

Address mass fatalities incidents as an annex to the jurisdiction’s EOP, noting that developing a separate mass fatalities plan:

- Can be redundant with the EOP.
- Risks incompatibility with the EOP.

PLANNING FOR MASS FATALITIES INCIDENTS

Visual 3.8



Notes:

What questions should your Mass Fatalities Annex answer?


PLANNING FOR MASS FATALITIES INCIDENTS


Visual 3.9

Mass Fatalities Annex

The Mass Fatalities Annex should include any information that is specific to a mass fatalities incident.

- Assumptions
- Concept of operations
- Additional resource requirements, including personnel



 **FEMA** Visual 3.9
Mass Fatality Incident Response

Notes:

The Mass Fatalities Annex should include any information that is specific to a mass fatalities incident.

- Assumptions
- Concept of operations
- Additional resource requirements, including personnel and sites that could be used as temporary morgues following a mass fatalities incident

Note the types of information that would be specific to a Mass Fatalities Annex. For example:

- Assumptions.
 - The number of deaths that would constitute a mass-fatalities incident.
 - A temporary morgue would be required.
 - Some remains may require special treatment because they are contaminated, infected, etc.
 - Family members will expect remains to be released immediately.

PLANNING FOR MASS FATALITIES INCIDENTS

- Concept of operations:
 - Victim location and field processing (e.g., ensuring that personal effects are linked to the victim)
 - Morgue floor plan
 - Victim processing through the morgue
 - Family notification process
 - Victim release procedures

- Special resource requirements:
 - Personnel
 - Equipment
 - Supplies

These points are examples only. It may be easier to ensure that the Mass Fatalities Annex is complete and accurate by using a worksheet as a guide.

PLANNING FOR MASS FATALITIES INCIDENTS

Instructions: Use this or a revised checklist as a guide to ensuring that your jurisdiction's Mass Fatalities Annex addresses all critical areas.

Mass Fatalities Planning Worksheet		
Item	Covered?	
	Yes	No
1. What types of incidents are likely to result in mass fatalities?		
<ul style="list-style-type: none"> • Are all types of incidents included in the Mass Fatalities Annex? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Are incidents requiring special treatment (e.g., contaminated remains) noted as such? 	<input type="checkbox"/>	<input type="checkbox"/>
2. What special equipment and supplies are needed for noncontaminated, noninfected remains.		
<ul style="list-style-type: none"> • Are the equipment and supplies available in the jurisdiction? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • If not, have arrangements been made to acquire these resources? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Does the annex include 24/7 contact information of suppliers? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Have arrangements been made for disposal of large amounts of medical waste? 	<input type="checkbox"/>	<input type="checkbox"/>

PLANNING FOR MASS FATALITIES INCIDENTS

Mass Fatalities Planning Worksheet		
Item	Covered?	
	Yes	No
3. What additional equipment and supplies would be needed for contaminated or infected remains?		
<ul style="list-style-type: none"> • Are the equipment and supplies available in the jurisdiction? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Has a mutual aid or other agreement been executed with surrounding jurisdictions to supply equipment and/or supplies? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • If not, does the jurisdiction have a way of obtaining the equipment and supplies with _____ hours? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Does the annex include 24/7 contact information of suppliers? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Have arrangements been made for disposal of large amounts of contaminated or infected medical waste? 	<input type="checkbox"/>	<input type="checkbox"/>
4. Have options been explored for a temporary morgue?		
<ul style="list-style-type: none"> • In large-scale disasters with many fatalities, is temporary interment an option? 	<input type="checkbox"/>	<input type="checkbox"/>

PLANNING FOR MASS FATALITIES INCIDENTS

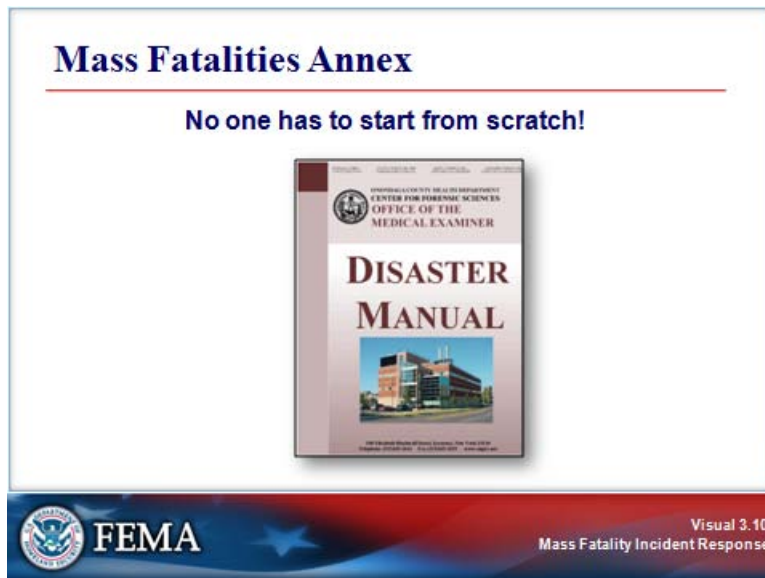
Mass Fatalities Planning Worksheet		
Item	Covered?	
	Yes	No
5. What and how many additional personnel (by profession) would be needed to process remains?		
<ul style="list-style-type: none"> Where will the personnel come from? In what timeframe? 		
<ul style="list-style-type: none"> Have mutual aid or other agreements been developed to acquire the additional personnel? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Does your jurisdiction have 24/7 contact information for each person? 	<input type="checkbox"/>	<input type="checkbox"/>
6. Have options been explored for temporary storage of remains?		
<ul style="list-style-type: none"> What are the options? If outside sources are planned, what are those sources? 		
7. At what point will you know that State and/or Federal assistance, such as DMORT, are required?		
Who will make that decision?		

PLANNING FOR MASS FATALITIES INCIDENTS

Mass Fatalities Planning Worksheet		
Item	Covered?	
	Yes	No
8. How will families of the victims be notified? By whom?		
<ul style="list-style-type: none"> Will counseling be available for family members? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Who or what organization will be responsible for counseling services? 		
<ul style="list-style-type: none"> What steps will be taken to ensure that personal belongings will be linked to the remains for release to the family? 		
<ul style="list-style-type: none"> How/when will remains be released? 		
<ul style="list-style-type: none"> In situations in which remains are highly fragmented, has a plan been developed to determine when remains will be released to relatives (i.e., once or multiple times)? 	<input type="checkbox"/>	<input type="checkbox"/>

ASSESSING THE MASS FATALITIES ANNEX

Visual 3.10



Notes:

It is critical for every community to review its Mass Fatalities Annex and update it, as needed, to fit the community's particular circumstances.

In planning for mass fatalities incidents, no one has to "start from scratch." Just as resources exist in the community for response, resources exist for conducting planning steps, such as assessing the community's annex.

Assessment of the annex can be aided by the use of planning checklists. The following activity will focus on using checklists to assess your Mass Fatalities Annex.

ASSESSING THE MASS FATALITIES ANNEX

Activity: Assessing the Mass Fatalities Annex


Mass Fatalities Annex Review Checklist				
Does your community's Mass Fatalities Annex. . .	Yes	No	Don't Know	Notes
• Specify who is legally in charge of the remains at a mass fatalities incident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Consider the types of natural and/or technological hazards that could cause a mass fatalities incident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Include mutual aid agreements with Medical Examiners/Coroners/forensic scientists, and others in surrounding jurisdictions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Specify how to contact specialists for assistance in a mass fatalities incident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Include a list of all of the resources that may be needed for a mass fatalities incident along with the:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o Location of each resource?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o Method of delivery to the scene?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o Point of contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o 24-hour telephone number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Specify the use of ICS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Include a process for notifying additional personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Include forms for documenting expenses for equipment and supplies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Address who will set up and run the Family Assistance Center?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Outline who will be considered next-of-kin for official notification and release of remains?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Include policies on sensitive items such as cremation of remains, procedures for fragmented remains, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Include a policy for contaminated remains?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Include a strategy for catastrophic numbers of fatalities, incorporating temporary storage of remains pending identification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



RESOURCE PLANNING

Visual 3.11

Resource List

- All resources that may be needed in this type of emergency
- Where to get the resource
- How it will be delivered to the scene
- How long it will take to get there
- Who's going to pay for it



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Visual 3.11
Mass Fatality Incident Response

Notes:

When a mass fatalities incident occurs, one of the key elements in a community's EOP is the resource list.

The resource list should contain information about:

- All resources that may be needed in this type of emergency.
- Where to get the resource.
- How it will be delivered to the scene.
- How long it will take to get there.
- Who's going to pay for it.

The following activity will provide you with an opportunity to brainstorm the types of facilities and resources that you will need to respond to a mass fatalities incident.

RESOURCE PLANNING


Activity: Determining Resource Requirements


Visual 3.12

Activity: Determining Resource Requirements

Follow the steps below to complete this activity:

- 1. Work in groups as assigned by the instructor.**
- 2. Review the mass fatalities incident in the Student Manual.**
- 3. List the facilities and resources that you will need and how you will acquire them.**
- 4. Be prepared to present your list to the class.**

 **You will have 15 minutes to complete this activity.**

**FEMA**Visual 3.12
Mass Fatality Incident Response

Notes:

Purpose: The purpose of this activity is for you to brainstorm needed resources for a mass fatalities incident. You will determine what resources you will need and how to access them.

Instructions: Follow the steps below to complete this activity:

1. Work in groups as assigned by the instructor.
2. Review the mass fatalities incident in the Student Manual.
3. List the facilities and resources that you will need and how you will acquire them.
4. Be prepared to present your list to the class.
5. You will have 15 minutes to complete this activity.

RESOURCE PLANNING

Activity: Determining Resource Requirements

Incident Scenario: Motorcoach Accident

On May 19, 1999, at about 9:00 a.m., a 55-passenger motorcoach was traveling eastbound on an interstate highway in a major city. Visibility was good and the pavement was dry. The bus, carrying 43 passengers, was enroute to a casino approximately 80 miles away. The bus departed the right side of the highway, crossed the shoulder, and traveled onto the grassy side slope along the shoulder. It continued on the side slope, struck the end of a guiderail, traveled through a chain-link fence, vaulted over a paved golf cart path, collided with the far side of a dirt embankment, and then bounced and slid forward upright to its final resting position.

Twenty-two passengers were killed; the driver and 15 passengers received serious injuries, and 6 passengers received minor injuries.

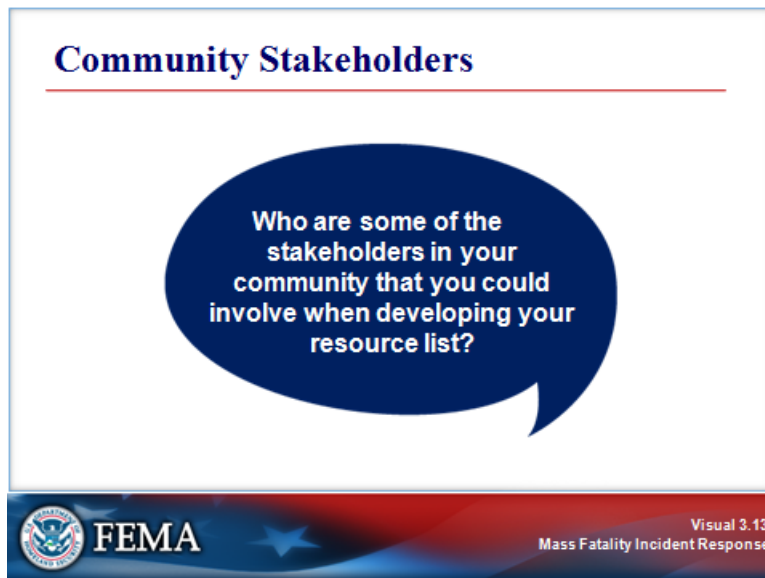
At the time of the accident, a city police officer was on routine patrol traveling westbound on the interstate highway. The officer noticed the bus leaning against the chain-link fence. Noticing that the front end of the bus was heavily damaged, the officer pulled over onto the median and notified the dispatcher of the accident. Notification was made at 9:02 a.m.

The officer and a witness, who had previously pulled over in his van, attempted to enter the bus through the left side. The witness stated that they tried first to break the side windows but when they could not, they attempted unsuccessfully to enter the bus through other openings. The witness stated that he then moved toward the third or fourth window on the right side of the bus and saw an elderly woman hanging out of a side window with one of her feet trapped inside the vehicle. When the witness could not remove the woman through the window, he tried to alleviate the pressure on her trapped foot by supporting her weight. He said that while supporting this passenger, he realized that he was standing on top of a body, which was underneath a large piece of shattered glass. After another rescuer arrived and pulled the body away from the side of the bus, the witness returned to supporting the woman.

By 9:10 a.m., fire and emergency medical service (EMS) personnel began arriving. The emergency medical technicians (EMTs) who arrived first at the accident scene reported that they found 10 people on the ground outside of the bus. Because there were fatalities, the Medical Examiner was called to the scene. Other victims were still in the bus, so the EMTs entered the bus by breaking the left-side windows and removed the passengers.

INVOLVING COMMUNITY STAKEHOLDERS

Visual 3.13



Notes:

Who are some of the stakeholders in your community that you could involve when developing your resource list?

INVOLVING STAKEHOLDERS

Visual 3.14

Your Community Stakeholders

- Public Health Department
- Public officials
- Metropolitan Medical Response System (MMRS)
- Public Works
- Insurance carriers & other private-sector organizations
- Military installations
- Bureau of vital statistics
- Hospitals
- Others?



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Visual 3.14
Mass Fatality Incident Response

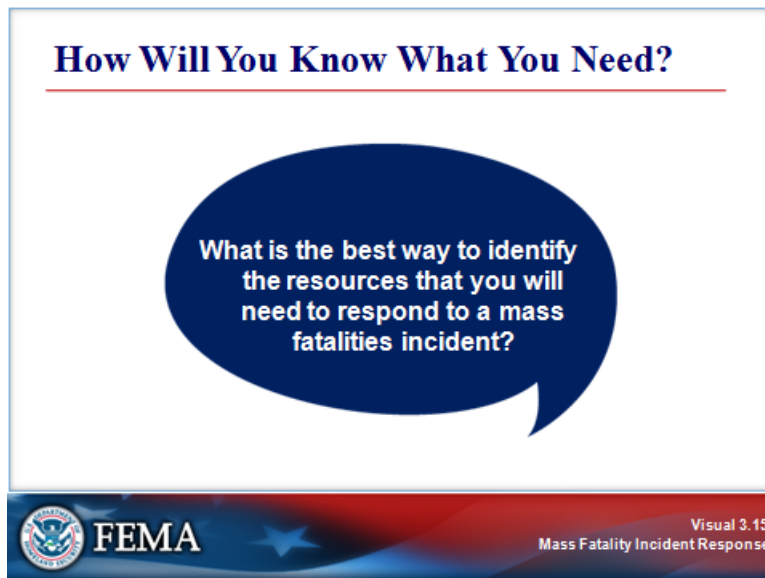
Notes:

Stakeholders within the community can include:

- Public Works Department.
- Public Health Department.
- Public Officials.
- Metropolitan Medical Response System.
- Insurance carriers and other private-sector entities.
- Military installations.
- Bureau of Vital Statistics.
- Hospital.
- Others.

MASS FATALITIES EXERCISE PROGRAMS

Visual 3.15



Notes:

What is the best way to determine the resources you will need to respond to a mass fatalities incident?

MASS FATALITIES EXERCISE PROGRAMS

Visual 3.16

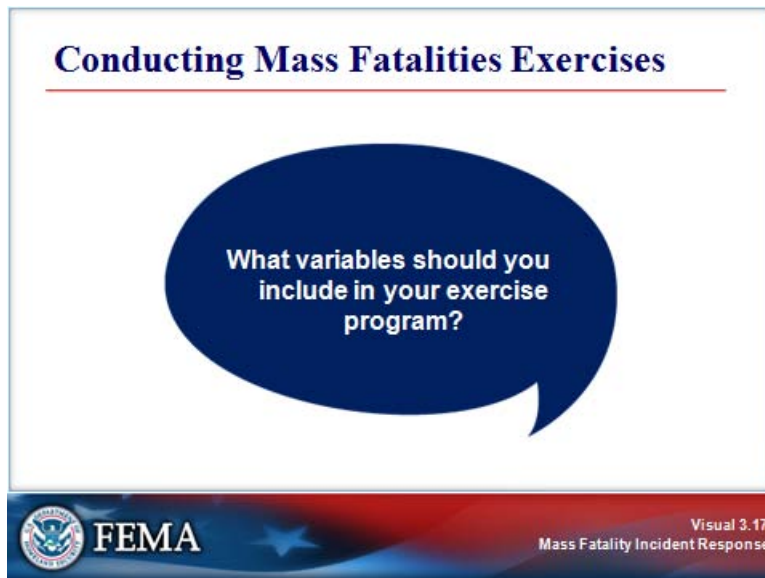


Notes:

The best way to know which resources will be necessary and how to acquire them is through planning and exercises. Exercises should be progressive, progressing from orientations, through tabletops, functional, and full-scale exercises.

MASS FATALITIES EXERCISE PROGRAMS

Visual 3.17



Notes:


What variables should you include in your exercise program?


MASS FATALITIES EXERCISE PROGRAMS

Visual 3.18

Exercise Variables

- Small- and large-scale incidents
- Incidents that present the highest risk or the greatest challenge
- Incidents where needed resources aren't available
- Incidents that focus on the first 48 hours, which are most chaotic.



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Visual 3.18
Mass Fatality Incident Response

Notes:

Note the variables shown in the visual as options for mass fatalities exercise programs.

Resources, such as flags for marking remains or personnel property when completing grid searches, can be forgotten easily. A progressive exercise program that addresses the many variables that could be involved in mass fatalities responses can help identify those types of resources.

MASS FATALITIES EXERCISE PROGRAMS


Activity: Assessing the Mass Fatalities Annex


Visual 3.19

Activity: Assessing the Mass Fatalities Annex

Follow the steps below to complete this activity:

1. Work in table groups as assigned by the instructor.
2. Refer to the planning checklist in the Student Manual.
3. Review your jurisdiction's Mass Fatalities Annex and answer the questions.

 You will have 15 minutes to complete this activity.

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Visual 3.19
Mass Fatality Incident Response

Notes:

Purpose: The purpose of this activity is to allow you an opportunity to assess your knowledge of your jurisdiction's Mass Fatalities Annex. You will use the checklist provided to answer questions about your jurisdiction's annex.

Instructions: Follow the steps below to complete this activity:

1. Work in table groups as assigned by the instructor.
2. Refer to the planning checklist in the Student Manual.
3. Review your jurisdiction's Mass Fatalities Annexes and answer the questions.
4. You will have 15 minutes to complete the activity.

PLANNING FOR CONTAMINATED REMAINS

Visual 3.20



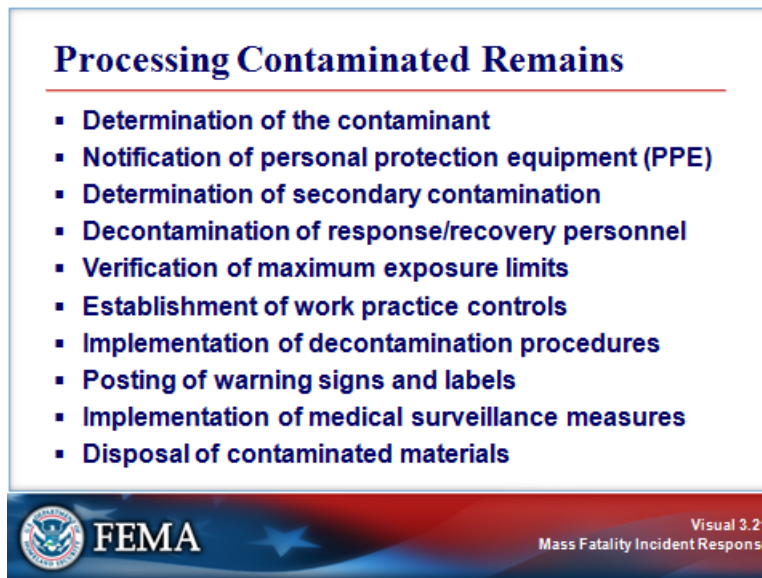
Notes:

How many of you have worked at incidents where the remains were contaminated?

How did you detect that the remains were contaminated?

PLANNING FOR CONTAMINATED REMAINS

Visual 3.21



Notes:

The determination that remains are contaminated triggers a whole range of additional processing steps.

Note the criticality of planning for mass fatalities incidents that involve contaminated remains. For example:

- Determination of the contaminant must be completed before anything else because the type of contamination will dictate how other steps must be completed. Procedures (e.g., use of buddy system, use of proper level of PPE) must be implemented to determine the contaminant safely but quickly.
- Posting of warning signs and labels is not only required by Federal law, it is a major protection measure for those handling remains and, potentially, personal property.
- Disposal measures for contaminated materials are also controlled by Federal law and must be completed in a way that eliminates the potential for later recontamination.

Discussion of how these measures affect remains processing will be covered later in this course.

PLANNING FOR CONTAMINATED REMAINS

Visual 3.22

Identifying Potential Contaminants

- Centers for Disease Control and Prevention (CDC) has developed a list of critical chemical and biological agents that may be used by terrorists.
- Many of these agents have industrial or military uses.
- The agents are factored into agent categories.



 **FEMA**  Visual 3.22
Mass Fatality Incident Response

Notes:

The Centers for Disease Control and Prevention (CDC) has developed a list of critical chemical and biological agents that may be used by terrorists. Many of these agents are “dual use”—having industrial and/or military uses.

Chemical agents are more likely than biological agents to require decontamination. Some biological agents, however, may require decontamination. Biological agents, such as anthrax, that are transmitted by spores, those that cause external lesions, such as smallpox, and those that produce contaminated secretions, such as the AIDS or Ebola viruses, require decontamination and the use of personal protective equipment (PPE) for all who could come in contact with the agent.

The agents are factored into agent categories. The categories, as developed by the Centers for Disease Control and Prevention (CDC), are shown in the tables on the next pages.

PLANNING FOR CONTAMINATED REMAINS

CDC Bioterror Categories Agents	
Category A: Presents the Highest Risk to the Population	<p>Category A agents include pathogens that are rarely seen in the United States but present an extreme risk to the population if introduced. High-priority agents include organisms that pose a risk to national security because they:</p> <ul style="list-style-type: none"> • Can be disseminated or transmitted from person to person easily. • Have the potential for major public health impact, resulting in high mortality rates. • Might cause public panic and social disruption. • Require special action for public health preparedness. <p>Examples of Category A agents include:</p> <ul style="list-style-type: none"> • Anthrax (<i>Bacillus anthracis</i>). • Botulism (<i>Clostridium botulinum</i> toxin). • Plague (<i>Yersinia pestis</i>). • Smallpox (<i>Variola major</i>). • Tularemia (<i>Francisella tularensis</i>). • Viral hemorrhagic fevers (filoviruses [e.g., Ebola, Marburg, and arenaviruses [e.g., Lassa, Machupo]).
Category B: Presents the Second Highest Risk to the Population	<p>Category B agents include those that:</p> <ul style="list-style-type: none"> • Are moderately easy to disseminate. • Result in moderate morbidity rates and low mortality rates. • Require specific enhancements of CDC's diagnostic capacity and enhanced disease surveillance. <p>Examples of Category B agents include:</p> <ul style="list-style-type: none"> • Brucellosis (<i>Brucella</i> species). • Epsilon toxin of <i>Clostridium perfringens</i>. • Food safety threats (e.g., <i>Salmonella</i> species, <i>Escherichia coli</i> O157:H7, <i>Shigella</i>). • Glanders (<i>Burkholderia mallei</i>). • Melioidosis (<i>Burkholderia pseudomallei</i>). • Psittacosis (<i>Chlamydia psittaci</i>). • Q fever (<i>Coxiella burnetii</i>). • Ricin toxin from <i>Ricinus communis</i> (castor beans). • Staphylococcal enterotoxin B. • Typhus fever (<i>Rickettsia prowazekii</i>). • Viral encephalitis (alphaviruses [e.g., Venezuelan equine encephalitis, eastern equine encephalitis, western equine encephalitis]). • Water safety threats (e.g., <i>Vibrio cholerae</i>, <i>Cryptosporidium parvum</i>).

PLANNING FOR CONTAMINATED REMAINS

CDC Bioterror Categories Agents	
Category C: Presents a Relatively Low Risk to the Population at the Current Time	<p>Category C agents are the third highest-priority agents that include emerging pathogens that <u>could be engineered for mass dissemination in the future</u> because of</p> <ul style="list-style-type: none">• Availability.• Ease of production and dissemination.• Potential for high morbidity and mortality rates and major health impact. <p>Examples of Category C agents include emerging infectious diseases, such as Nipah virus and hantavirus</p>

PLANNING FOR CONTAMINATED REMAINS

Categorization of Potential Chemical Agents		
CHEMICAL AGENTS		
Agent Type	Examples	CAS Registry Number+
Nerve Agents	<ul style="list-style-type: none"> • Tabun • Sarin • Soman • GF • VX 	<ul style="list-style-type: none"> • 77-81-6 • 107-44-8 • 96-64-0 • 329-99-7 • 50782-69-9
Blood Agents	<ul style="list-style-type: none"> • Hydrogen cyanide • Cyanogens chloride 	<ul style="list-style-type: none"> • 74-90-8 • 74-90-8
Blister Agents	<ul style="list-style-type: none"> • Lewisite • Nitrogen and sulfur mustards • Phosgene oxime 	<ul style="list-style-type: none"> • 541-25-3 • 63918-89-8 • 75-44-5
Heavy Metals	<ul style="list-style-type: none"> • Arsenic • Lead • Mercury 	<ul style="list-style-type: none"> • 7440-38-2 • 7439-92-1 • 7439-97-6
Volatile Toxins	<ul style="list-style-type: none"> • Benzene • Chloroform • Trihalomethanes 	<ul style="list-style-type: none"> • 71-43-2 • 71-43-2 • 71-43-2
Pulmonary Agents	<ul style="list-style-type: none"> • Phosgene • Chlorine • Vinyl chloride 	<ul style="list-style-type: none"> • 75-44-5 • 7782-50-5 • 75-01-4
Incapacitating Agents	<ul style="list-style-type: none"> • BZ (3-quinuclidinyl benzilate) • Pesticides • Dioxins • Furans • PCBs 	<ul style="list-style-type: none"> • 136-23-2 • Multiple • 1746-01-6 • 110-00-9 • 1336-36-3*
Explosives	<ul style="list-style-type: none"> • Ammonium nitrate combined with fuel oil (ANFO) 	<ul style="list-style-type: none"> • 6484-52-2
Flammable Gases and Liquids	<ul style="list-style-type: none"> • Gasoline • Propane • Jet fuel (JP-5/JP-8) 	<ul style="list-style-type: none"> • 8006-61-9 • 74-98-6. • 8008-20-6
Poisonous Industrial Gases, Liquids, and Solids	<ul style="list-style-type: none"> • Cyanides • Nitrites 	<ul style="list-style-type: none"> • 57-12-5 • 14797-65-0**
Corrosive Industrial Acids and Bases	<ul style="list-style-type: none"> • Nitric Acid • Sulfuric Acid 	<ul style="list-style-type: none"> • 7732-18-5. 35 • 7664-93-9

+CAS Registry Number is a unique identifier assigned by the Chemical Abstracts Service to every chemical described in the open scientific literature. CAS is a collection of disclosed chemical substance information. CAS numbers offer a reliable, common and international link to every specific substance across the various nomenclatures and disciplines used by branches of science, industry, and regulatory bodies.

*Note that there is a chemical PCBS, which is different from PCBs. The CAS No. for PCBS is 80-38-6.

**There are several CAS numbers for nitrites. Check the specific nitrite (e.g., sodium nitrite, isobutyl nitrite) when searching for a CAS number.

PLANNING FOR CONTAMINATED REMAINS

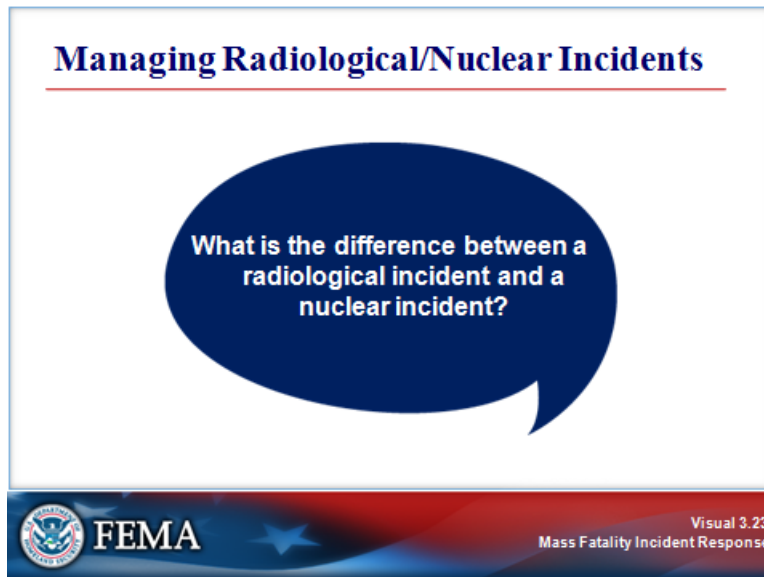
Contamination Categories and Example CBRN Chemicals of Concern			
Non-Persistent Chemicals		Persistent Chemicals	
Toxic Industrial Chemicals (TICs)		Chemical Warfare Agents (CWA)	CWA
<ul style="list-style-type: none"> • Arsine • Ammonia • Chlorine • Fluorine 	<ul style="list-style-type: none"> • Hydrogen Sulfide • Phosgene • Sulfur Dioxide 	<ul style="list-style-type: none"> • GB • GA 	<ul style="list-style-type: none"> • VX • HD
<p><i>Non-persistent chemicals</i>—For TICs and vapor-released CWA, human remains require no decontamination as residual will have degraded in minutes. If liquid/droplet CWA was present, may require decontamination decon (soapy water preferred, dilute bleach solution alternative) and/or monitoring to non-detect with available field equipment.</p> <p><i>Persistent chemicals</i>—hazard from vapor-only release should be mitigated by removal of external clothing/PPE. Aerosol/liquid contamination will require decon (soapy water preferred, dilute bleach solution alternative) followed by monitoring to non-detect with field equipment (i.e., ICAM). VX requires use of specialized instrumentation to “clear safe levels (criteria available from USACHPPM).</p>			

Medical Management Precautions for Select Diseases				
Standard Precautions		Contact Precautions	Droplet Precautions	Airborne & Contact Precautions
<ul style="list-style-type: none"> • Anthrax • Cholera • Q Fever • Shigellosis • Tularemia 	<ul style="list-style-type: none"> • Typhoid fever • Typhus • Toxins 	<ul style="list-style-type: none"> • Brucellosis (if draining lesions) • Melloidosis 	<ul style="list-style-type: none"> • Glanders • Influenza • Viral encephalitides • Plague (Pneumonic) (until patient treated for 3 days) 	<ul style="list-style-type: none"> • Smallpox • Viral hemorrhagic fevers (VHFs) (e.g., Ebola, Marburg)*
<p>Standard = Gloves, frequent hand washing, splash protection (gown, mask, eye) Contact = Standard + Isolation/cohorting of patients; dedicated equipment Droplet = Standard + Isolation/cohorting, surgical/HEPA filter/N-95 mask Airborne = Standard + isolation, monitoring and negative pressure room, HEPA filter/N-95 mask Management of Biological Casualties Handbook, “The Bluebook,” and the Control of Communicable Disease Manual (2004) (formerly FM 4-02.33).</p> <p><i>*It is recommended that human remains be sealed and buried in a leak-proof container. Embalming is not recommended.</i></p>				

PLANNING FOR CONTAMINATED REMAINS

Planning for incidents involving radiological or nuclear materials

Visual 3.23



Notes:

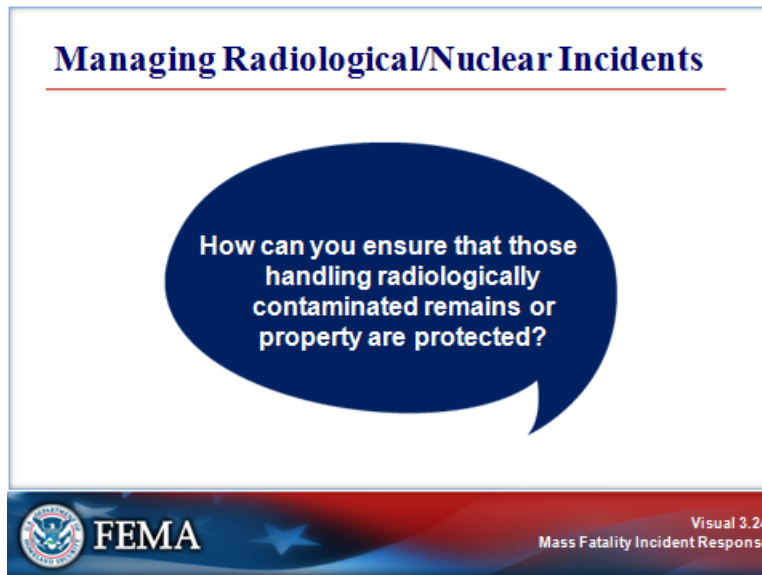
Incidents involving radiological or nuclear materials have characteristics that are similar and characteristics that are much different from each other.

What is the difference between a radiological incident and a nuclear incident?

PLANNING FOR CONTAMINATED REMAINS

Planning for incidents involving radiological or nuclear materials

Visual 3.24



Notes:

How can you ensure that those handling radiologically contaminated remains or property are protected?

PLANNING FOR CONTAMINATED REMAINS

Planning for Incidents Involving Radiological or Nuclear Materials

Protecting Responding Personnel

Use the steps below to protect responding personnel during recovery of radiologically contaminated remains.

1. Use appropriate Personal Protective Equipment (PPE) when evaluating and treating victims known or suspected to be contaminated with radioactive material.
2. Require all responders to wear a personal radiation dosimeter to monitor radiation doses. (Consult a Radiation Safety Officer (RSO) at a local hospital or the State health department about the types and proper wearing of personal radiation dosimeters.) Ensure that all personal radiation dosimeters are collected by trained personnel.
3. Require workers who remove radioactive shrapnel from victims to wear a finger ring dosimeter on their dominant hand in addition to the one worn on the torso. Note that:
 - Finger dosimeters often are not read locally, so the actual radiation dose to fingers and hands will not be available in real time.
 - The Radiation Safety Officer may be able to estimate the dose to fingers and hands based on the body dosimeter reading if a finger ring is not used.
 - Personal dosimeters providing real-time readings may be taped to the forearm.

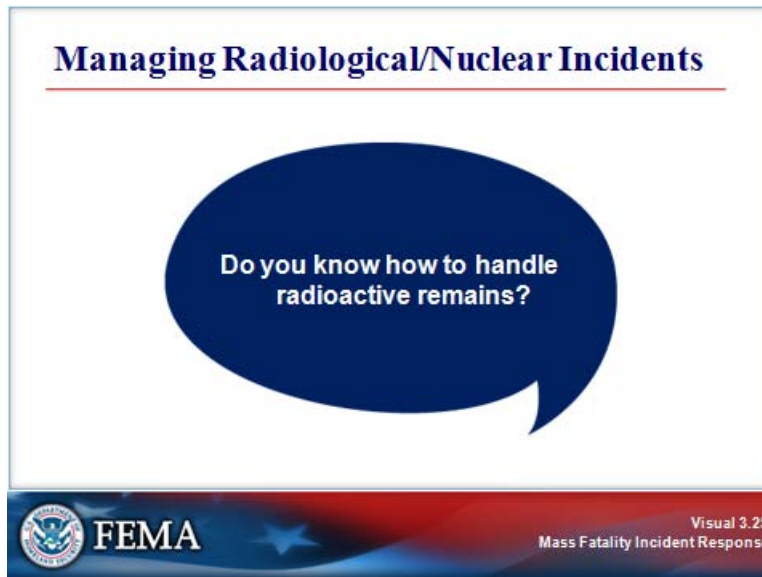
ATTENTION! Pregnant healthcare workers should not be permitted to work in:

- **Pre-decontamination areas.**
- **Decontamination areas.**
- **Areas where internally contaminated patients are cared for or domiciled.**
- **Areas where there are elevated levels of environmental radiation.**
- **Storage areas where contaminated remains are stored, handled, or transported.**

PLANNING FOR CONTAMINATED REMAINS

Planning for incidents involving radiological or nuclear materials

Visual 3.25



Notes:

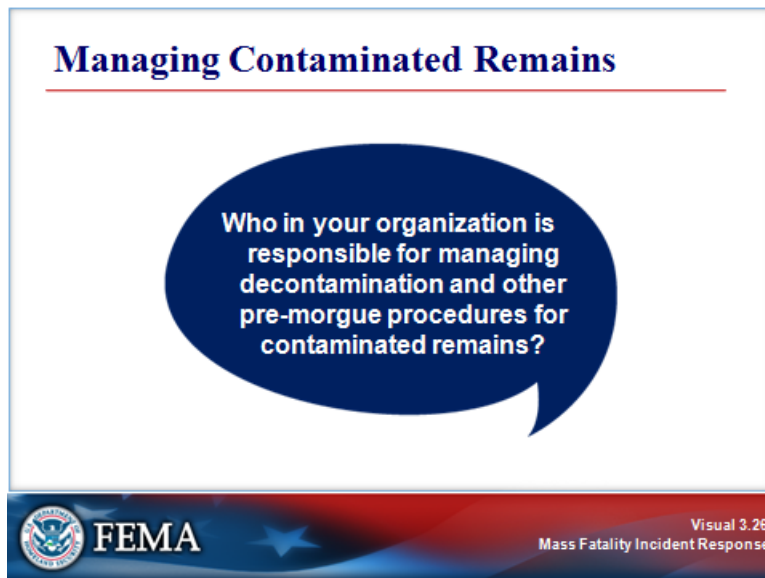
Do you know how to handle radioactive remains?

Note that:

- Additional information about gross decontamination of remains is located at: www.remm.nlm.gov/ext_contamination.htm.
- A model for handling potentially contaminated remains is contained in: Transportation Emergency Preparedness Program (TEPP) Planning Products Model Procedures for Medical Examiner/Coroner on the Handling of a Body/Human Remains that are Potentially Radiologically Contaminated, which is located at: www.em.doe.gov/PDFs/transPDFs/Medical_Examiner_Coroner.pdf.

PLANNING FOR CONTAMINATED REMAINS

Visual 3.26



Notes:


Who in your organization would be responsible for managing decontamination and other pre-morgue procedures for contaminated remains?

COORDINATING RECOVERY WITH REMAINS PROCESSING

Visual 3.27

Coordinating Recovery With Remains Processing

- Persons overseeing any facet of remains processing should not also oversee recovery operations.
- Coordination between persons overseeing recovery and those overseeing remains processing must be planned for in advance of an incident.



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Visual 3.27
Mass Fatality Incident Response

Notes:

Recovery must be coordinated and separated from remains processing.

- Persons overseeing any facet of remains processing should not also oversee recovery operations. Recovery operations in a mass fatalities incident can be very complicated, especially if the remains are fragmented. Morgue operations will be equally complex. Recovery and morgue operations, therefore, should be kept separate but coordinated.
- To ensure efficient recovery and morgue operations, job responsibilities and coordination procedures must be developed before an incident occurs. Specific procedures, such as traffic flow into and out of a temporary morgue, may be determined on site, but preincident coordination, wherever possible, will facilitate the identification and release of remains to family members.

UNIT SUMMARY

Visual 3.28



Notes:

Note that:

- Planning before the incident is important.
- Training and exercising will validate the planning so that you will know whether your Mass Fatalities Annex will actually work in an incident.
- Planners need to involve all of the stakeholders in the process.

Unit 4 will cover managing mass fatalities operations.

UNIT 4. MANAGING MASS FATALITIES OPERATIONS

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Unit 4. Managing Mass Fatalities Operations

Unit Objectives

At the end of this unit, you should be able to:

- Describe the operations that are critical to mass fatalities operations.
 - Describe the general rules of on-scene operations.
 - Using lessons learned from past mass fatalities incidents, analyze and critique your Mass Fatalities Annex.
 - Establish procedures for working with the media at a mass fatalities incident.
 - Identify measures required to take care of incident workers.
-

Scope

The scope of this unit will include:

- Introduction and Unit Overview.
 - Protocols for On-Scene Operations.
 - On-Scene Operations: Resource Staging.
 - On-Scene Operations: Search and Recovery.
 - Search and Recovery Issues: Search Methods.
 - Search and Recovery Issues: Documentation.
 - Extrication and Transport.
 - Collection and Storage.
 - Managing Catastrophic Incidents.
 - Taking Care of Workers.
 - Working With the Media.
 - Unit Summary.
-

Unit 4. Managing Mass Fatalities Operations

Time Plan

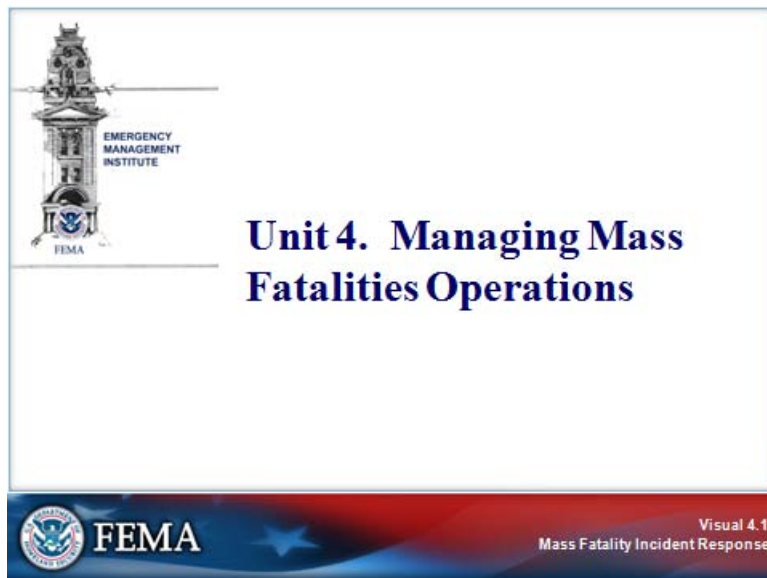
The suggested time plan for this unit is shown below.

Topic	Time
Introduction and Unit Overview	5 minutes
Protocols for On-Scene Operations	20 minutes
On-Scene Operations: Resource Staging	10 minutes
On-Scene Operations: Search and Recovery	5 minutes
Search and Recovery Issues: Search Methods	55 minutes
Search and Recovery Issues: Documentation	30 minutes
Extrication and Transport	10 minutes
Collection and Storage	20 minutes
Managing Catastrophic Incidents	30 minutes
Taking Care of Workers	35 minutes
Working With the Media	15 minutes
Unit Summary	5 minutes
Total Time	4 hours

Unit 4. Managing Mass Fatalities Operations

INTRODUCTION AND UNIT OVERVIEW

Visual 4.1



Notes:


Incident operations can be factored into three areas.

INTRODUCTION AND UNIT OVERVIEW


Visual 4.2

Incident Operations

- On-scene operations:
 - Staging
 - Search and recovery
 - Notification of response personnel
- Morgue operations
- Family Assistance Center operations



Visual 4.2
Mass Fatality Incident Response



Notes:

Incident operations encompass:

- On-scene operations, including:
 - Staging.
 - Search and recovery.
 - Notification of response personnel.
- Morgue operations.
- Family Assistance Center operations.

Each of these areas involves special, and therefore, separate, considerations during planning for a mass fatalities incident.

This unit will cover the special issues that are related to on-scene operations. Morgue operations will be covered in Unit 5. Family assistance support operations will be covered in Unit 6.

INTRODUCTION AND UNIT OVERVIEW

Unit Objectives

Visual 4.3

Unit Objectives

- Describe critical operations for mass fatalities incidents.
- Describe the protocols for on-scene operations.
- Establish procedures for working with the media.
- Identify measures required to take care of incident workers.

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Visual 4.3
Mass Fatality Incident Response

Notes:

At the end of this unit, you should be able to:

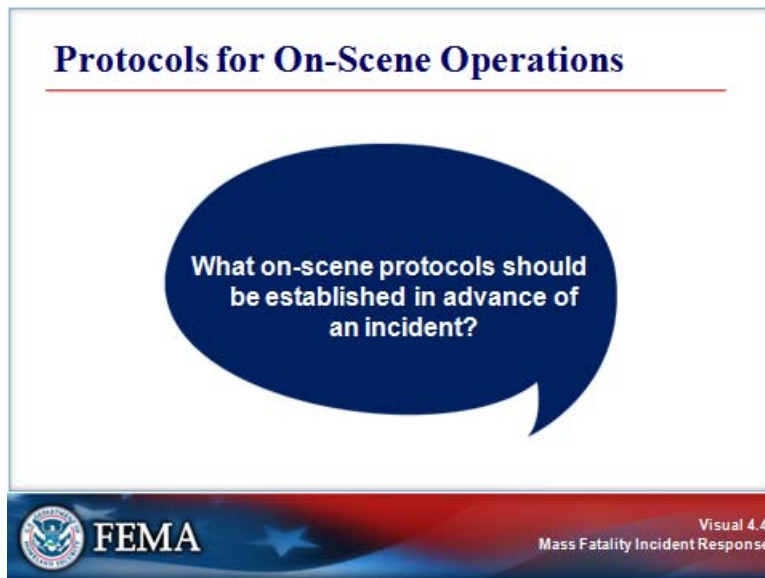
- Describe the operations that are critical to mass fatalities incidents.
- Describe the general rules of on-scene operations.
- Identify measures required to take care of incident workers.
- Establish procedures for working with the media at a mass fatalities incident.

Search and recovery is the biggest task in a mass fatalities incident. Protocols for recovery in incidents with more than 5,000 fatalities, which could occur in a number of settings, really do not exist but must be planned for nonetheless. Because recovery operations are so difficult, protocols for on-scene operations should be developed and exercised well before an incident occurs.

Protocols will evolve as the recovery and identification operations evolve, but having established protocols will provide a firm starting point, especially in the initial stages of incident response.

PROTOCOLS FOR ON-SCENE OPERATIONS

Visual 4.4



Notes:


What on-scene protocols should be established in advance of an incident?

PROTOCOLS FOR ON-SCENE OPERATIONS

Visual 4.5

Protocols for On-Scene Operations

- Establish a perimeter to keep emergent volunteers, curious onlookers, and others away from the incident scene.
- Ensure that search operations methodology is established and followed.
- Ensure that all search and recovery personnel wear PPE.



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Visual 4.5
Mass Fatality Incident Response

Notes:

Protocols should include those shown below.

- Establishing a perimeter to keep spontaneous volunteers, curious onlookers, and others away from the incident scene. A good example is media representatives who, in trying to get a story, enter an incident scene. In some cases, reporters have even “borrowed” bunker gear to gain access. Unauthorized entry presents another hazard at the scene. Suggest that identification badges be issued to anyone who must gain entry to the site. (More information about badging will be presented later in this course.)

Additionally, if there is concern that the incident scene is contaminated, the area within the perimeter should be designated as hot, warm, and cold.

- A hot zone is the area contaminated as a result of the incident. The hot zone should extend far enough to prevent contamination outside the zone.
- A warm zone surrounds the hot zone. The warm zone may include a decontamination area, located to ensure that the contaminant is contained. Entry to both the hot and warm zones must be controlled.
- A cold zone is any area beyond the hot and warm zones. The threat of decontamination to responders and others is significantly reduced or eliminated.

In the case of a contaminated site, HazMat consultants and specialized equipment may be needed. If contamination is the result of radiation, a military Civil Support Team (CST) may be needed.

PROTOCOLS FOR ON-SCENE OPERATIONS

- Ensuring that search operations methodology is established and followed. Some operations methodologies involve personnel safety, such as using a buddy system or following a specified search pattern. Other operations methodologies relate more directly to recovery. Examples include:
 - Methods for completing a grid search.
 - Flag colors for grid searches (i.e., one color for remains, other color for personal property). Flag colors should contrast with the background so they are easily visible.
 - The numbering system used to relate remains with identified personal property.
 - Procedures to follow when recovering fragmented remains.
 - Procedures for documenting what has been recovered, where.


- Ensuring the safety of all search and recovery personnel. Examples include:
 - Appointing a Safety Officer to identify and mitigate on-scene safety issues.
 - Requiring all personnel use appropriate personal protection equipment (PPE) during recovery operations. Note that PPE is more than protective suits. PPE also includes hand and foot protection, eye and face protection, safety lines and other gear required when working with debris and in confined spaces.
 - Establishing the requirement for a “buddy system” in all recovery operations.
 - Ensuring that recovery personnel maintain proper hygiene, including requiring hand washing with soap and water immediately after removing gloves.
 - Ensuring adequate hydration and enforcing rest periods for all personnel.


PROTOCOLS FOR ON-SCENE OPERATIONS

Visual 4.6

Protocols for On-Scene Operations

- **Protect the incident scene, even if it is not a suspected crime scene.**
- **Preserve evidence and personal effects.**
- **Manage expectations about how quickly operations can be completed.**



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Visual 4.6
Mass Fatality Incident Response

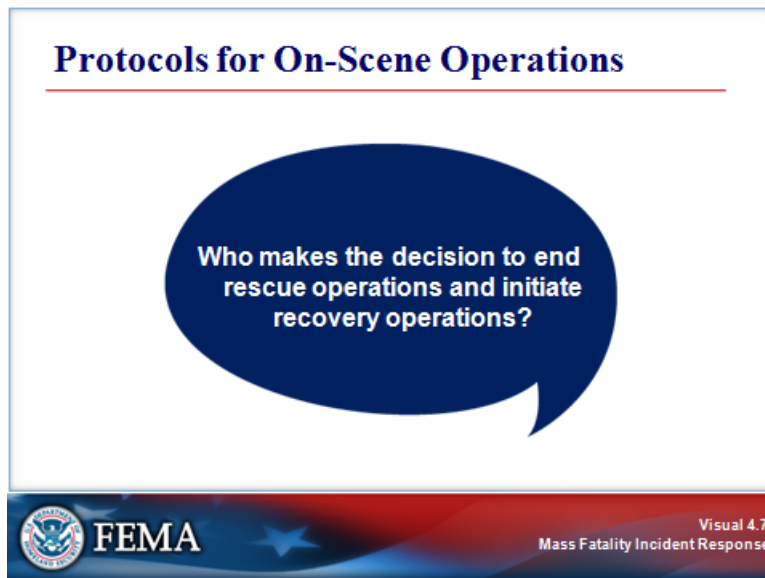
Notes:

Note the recovery protocols that should be developed.

- Procedures for protecting the incident scene, even if it is not a suspected crime scene. Assume that the incident is a crime scene until notified otherwise. (If an incident is a transportation incident, take measures to maintain the incident site (including remains) until National Transportation Safety Board (NTSB) personnel arrive.)
- Procedures for preserving evidence and personal effects. **Don't touch anything** other than what is necessary to assist survivors. Remember that personal effects near the body do not necessarily belong to the victim. Procedures should be developed for definitively matching personal effects to remains.
- Manage expectations about how quickly operations can be completed. Family members are understandably anxious to obtain their loved one's remains and gain closure. They will not understand the time it takes to verify the identity of each victim. Measures must be taken to manage family members' expectations while morgue personnel complete their work.

PROTOCOLS FOR ON-SCENE OPERATIONS

Visual 4.7



Notes:

Who makes the decision to end rescue operations and initiate recovery operations?


ON-SCENE OPERATIONS: RESOURCE STAGING


Visual 4.8

On-Scene Operations: Resource Staging

Staging areas:

- Are the location where resources, including equipment and crews, report until they are assigned.
- Are not intended as a holding place for:
 - Spontaneous volunteers.
 - Response/recovery resources that have been demobilized.



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Visual 4.8
Mass Fatality Incident Response

Notes:

Staging areas are located near the incident scene. Staging areas:

- Are the location where resources, including equipment and crews, report until they are assigned.
- Are not intended as a holding place for:
 - Spontaneous volunteers.
 - Response or recovery resources that have been demobilized.


There may be multiple staging areas for the incident (if the incident area is large or if specific resources are needed at one or more specific areas at the incident site. Additionally, morgue resources should be staged at a separate area close to the morgue.

ON-SCENE OPERATIONS: RESOURCE STAGING

Visual 4.9

Staging Area Issues

- Coordinating incoming personnel and equipment
- Limiting access
- Tracking assigned resources versus those awaiting assignment



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Visual 4.9
Mass Fatality Incident Response

Notes:

Issues may occur with staging areas in any incident, so issues should be expected with mass fatalities incidents. Three common issues around staging areas include:

- Coordinating incoming personnel and equipment.
- Limiting access only to those who should be in the staging area.
- Tracking assigned resources versus those awaiting assignment.

Note how to resolve the issues. Some examples may include the following:

- Incoming personnel and equipment can be managed more easily by:
 - Activating resources only as the need for them is determined. There are certain resources that will be required early in an incident. Others will be identified as a result of the initial size up. Yet others will be required later as additional issues are identified or when initial resources require rest and equipment replenishment.
 - Opening clear lines of communication between those managing resource activation and those managing the staging area.
 - Establishing a formal check-in for all resources reporting to the staging area. ICS Form 211 has been developed for that purpose.
 - Enforcing deployment and tracking procedures from the Incident Command to the staging area.

ON-SCENE OPERATIONS: RESOURCE STAGING

- Limiting access only to those who are authorized. Access can be limited by:
 - Establishing and monitoring a limited number of entrances to and exits from staging areas.
 - Requiring identification from all personnel (or in the case of task forces or other resources with multiple persons or pieces of equipment, from the team or task force leader) as they check in.
 - Verifying that the arriving resources have actually been requested.

Note that limiting access applies not only to spontaneous civilian volunteers. Access to the staging area must be limited to those who have been activated and assigned to the staging area. Access also should be limited for response personnel, such as those from adjacent jurisdictions, who have not been activated. The morgue staging area will be especially attractive to media representatives looking for a story.

- Tracking assigned resources versus those awaiting assignment. There are several ways to track resources, the most simple of which involves using cards to track resource assignments and locations. Resources can also be tracked by computer. Whatever method is used, the information must be coordinated among the Operations Section, the staging area, and the Emergency Operations Center (EOC).


ON-SCENE OPERATIONS: SEARCH AND RECOVERY



Visual 4.10

Search and Recovery

All procedures required to:

- Analyze the site to determine:
 - Whether hazardous materials are present
 - Whether the site presents a biological hazard
 - The condition of remains
- Locate, document, and remove remains and personal property
- Remove debris



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Visual 4.10
Mass Fatality Incident Response

Notes:

Search and recovery involves all procedures required to:

- Analyze the site to determine:
 - Whether hazardous materials are present.
 - The condition of the remains (e.g., remains (more than 50 percent of the bodies are available) or partial (less than 50 percent) remains).
- Locate, document, and remove remains and personal property.
- Remove debris.

SEARCH AND RECOVERY ISSUES: SEARCH METHODS

Visual 4.11

Search Methods

- Global positioning system (GPS)
- Total station technology
- Grid searching



Visual 4.11
Mass Fatality Incident Response



Notes:

Various methods exist for conducting search operations. The requirements of the scene and availability of equipment and personnel will determine which system is best to use.

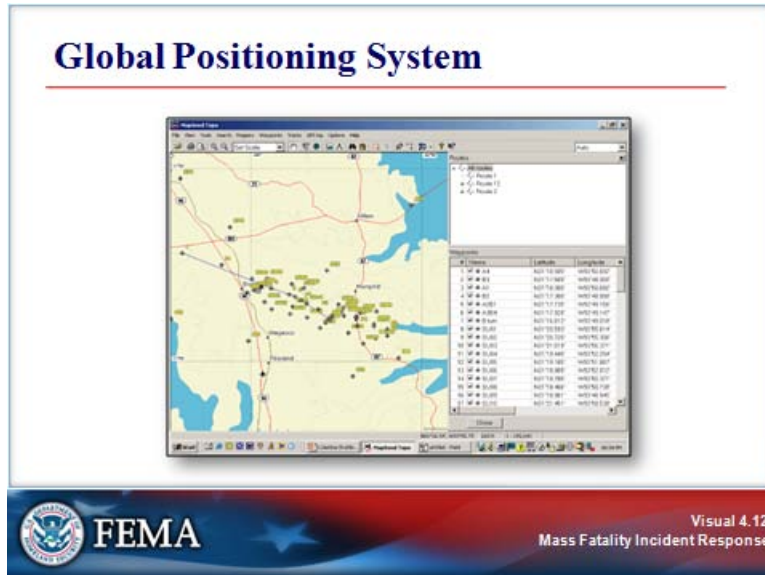
Three of the methods for conducting search operations include:

- Global positioning system (GPS).
- Total station technology.
- Grid searching.

SEARCH AND RECOVERY ISSUES: SEARCH METHODS

GPS

Visual 4.12



Notes:

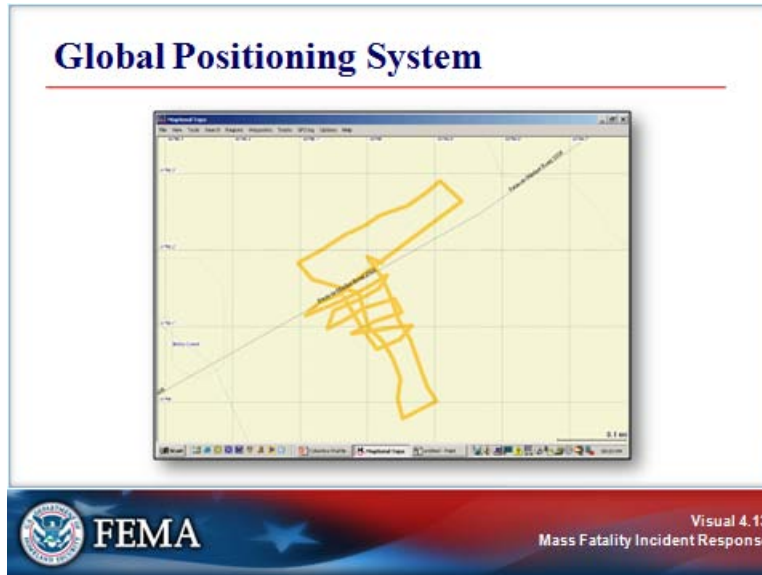
Note that global positioning systems (GPS) have become commonplace in the last several years. GPS was developed and controlled by the Department of Defense (DoD), but is now available through commercial sources and has proven itself extremely useful in search and recovery applications.

The visual depicts an actual slide from the Hemphill, Texas, recovery in February, 2003, in relation to the Shuttle Columbia disaster. The waypoints on the map are GPS hits.

SEARCH AND RECOVERY ISSUES: SEARCH METHODS

GPS

Visual 4.13



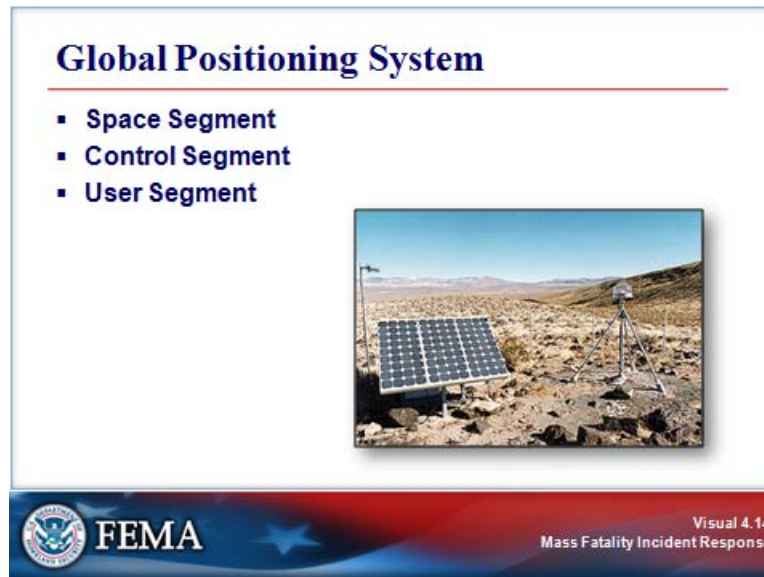
Notes:

The visual depicts some of the results of a GPS grid search during the Shuttle Columbia recovery in Hemphill, Texas.

SEARCH AND RECOVERY ISSUES: SEARCH METHODS

GPS

Visual 4.14



Notes:

Note that the:

- Space Segment consists of 24 operational satellites in six circular orbits above the Earth. The satellites are spaced in orbit so that, at any time, a minimum of 6 satellites will provide a view to users anywhere in the world. The satellites continuously broadcast data to users throughout the world.
- Control Segment consists of a master control station, monitor stations, and ground antennas that track all GPS satellites in view.
- User Segment consists of the receivers, processors, and antennas that allow land, sea, or airborne operators to receive the GPS satellite broadcasts and compute their precise position, velocity, and time.

GPS provides two levels of service:

- Precise Positioning Service (PPS), an encoded service primarily intended for use by the Department of Defense
- Standard Positioning Service (SPS) for general civil and commercial service


SEARCH AND RECOVERY ISSUES: SEARCH METHODS

Grid Searching

Visual 4.15

Identifying Remains: Grid Searching

- Location of remains may reveal placement of the victim before the incident.
- Injuries may reveal the cause of the incident.
- Evidence is critical to ensuing investigation.
- Fragmented remains may be reassociated after the incident.



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Visual 4.15
Mass Fatality Incident Response

Notes:

In incidents where remains are highly fragmented or are spread over a large geographic area, the only way to find remains is by using a grid search.

This method involves dividing an incident area into equally sized units that are identified by X and Y axes using letters or numbers, or both. Evidence is then documented by plotting its location on the grid.

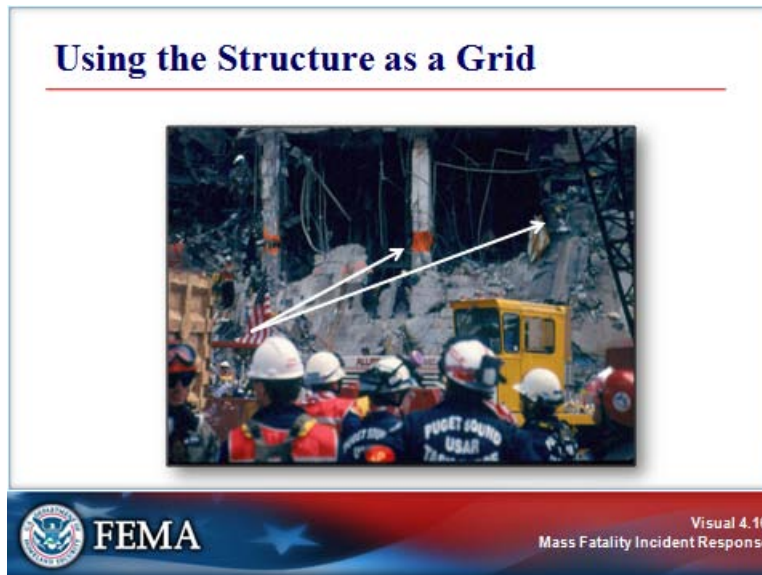
Grid searching not only helps in locating remains, but that it is useful in other areas as well.

- The proper documentation of the location of human remains may reveal the placement of the victim before the incident. Moving human remains before their locations are documented creates major problems in this regard.
- Apparent injuries may reveal the cause of death and may help in determining the cause of the incident. For example, head injuries to a flight attendant may reveal a device in an overhead luggage carrier. Injuries to a passenger's feet may lead to a device hidden under a seat.
- Evidence is critical to any ensuing investigation. In any incident involving the loss of human life, there will be an investigation by an agency that is charged with determining the cause and manner of death.
- Fragmented remains often can be reassociated in the morgue after the incident using DNA and anthropological means.

SEARCH AND RECOVERY ISSUES: SEARCH METHODS

Grid Searching

Visual 4.16



Notes:

Grid searching is another method of recording and documenting different areas when searching for remains, wreckage, and personal effects.

The photo in the visual shows teams conducting search operations at the Murrah Building. Because the search personnel were unable to actually grid, they used the existing structure as a reference point. The columns were #24 and #26. The documentation was such as "Recovery on front one-third of building between Columns 24 and 26," etc.

Does anyone have any questions about any of these search methods?


SEARCH AND RECOVERY ISSUES: SEARCH METHODS


Personnel Safety

Visual 4.17

Search and Recovery Issues

- Worker safety, including removal of hazards
- Debris removal
- Locating, marking, and removing remains
- Doing all of the above without disturbing potential evidence (if the site is or could be a crime scene)



 **FEMA** Visual 4.17
Mass Fatality Incident Response

Notes:

Nearly all incidents will present search and rescue issues, many will present search and recovery issues, but virtually all mass fatality incidents will present issues, many of them unique to mass fatalities.

Common issues around search and recovery include:

- Worker safety, including the removal of hazards.
- Debris removal.
- Locating, marking, and removing remains, especially when the remains are fragmented or buried in rubble.
- Completing all of the above without disturbing potential evidence (if the site is or could be a crime scene).

SEARCH AND RECOVERY ISSUES: SEARCH METHODS

Personnel Safety

The following is how the issues might be mitigated or resolved.

- Ensuring worker safety, including the removal of hazards. While there are no “absolutes” for worker safety, workers can be protected better by:
 - Appointing a Safety Officer who is responsible for identifying and mitigating hazards and enforcing safety measures.
 - Prohibiting access to any workers until the site has been investigated for hazardous materials and biohazards by personnel who have been trained and equipped properly.
 - Requiring the use of PPE.
 - Forbidding any worker to perform any task for which he or she has not been trained.
 - Requiring regular rest and replenishment for all workers.
 - Assigning a psychologist or critical incident stress manager to the site to observe workers and intervene, if necessary.
- Removing debris to provide access to recovery workers, enable the identification of remains, or facilitate removal of remains. Debris removal must be completed by trained personnel, using appropriate PPE and debris removal techniques.
- Locating, marking, and removing remains. Remains can be located by recovery personnel, cadaver dogs, or a combination. After locating remains, they should be marked with flags or biohazard bags. Remains should only be removed when they can be moved safely. Note that rain and many oil-based materials, such as jet fuel, gasoline, or kerosene can remove markings on flags or remains pouches. Be sure to use markers that cannot wash off or be removed by materials that may be present at the incident scene. Additional information about marking remains will be presented later in this course.
- Completing all steps without disturbing potential evidence. Several basic evidence preservation rules apply to any potential crime scene. The main rule for preserving evidence is: Don't touch anything that isn't absolutely necessary to touch! The “don't touch” rule includes moving debris, moving remains and/or personal property, or disturbing the scene by moving through it in a way that rubble will be moved.

Scene preservation is critical. A scene cannot be recreated after it has been disturbed.


SEARCH AND RECOVERY ISSUES: SEARCH METHODS


Activity: Search and Recovery Issues

Visual 4.18

Activity: Search and Recovery

1. Work in table groups as assigned by the instructor.
2. Consider your jurisdiction's ability to respond to a mass fatalities incident and answer the questions included in the activity.
3. Select a spokesperson to present your responses to the class. Be ready to explain your group's responses.

 You have 15 minutes to complete this activity.

 **FEMA** Visual 4.18
Mass Fatality Incident Response

Notes:

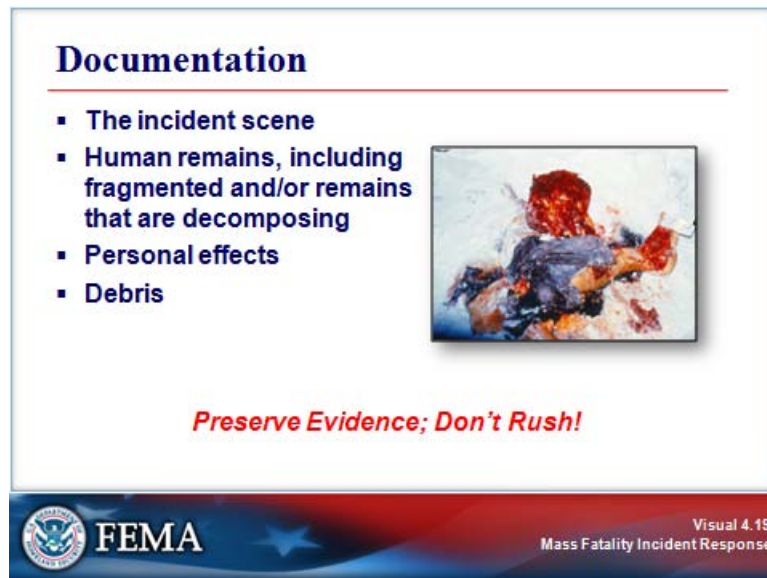
Purpose: The purpose of this activity is to enable you to brainstorm ways to resolve search and recovery issues in the context of your own jurisdiction.

Instructions: Follow the steps below to complete this activity:

1. Work in table groups as assigned by the instructor.
2. Consider your jurisdiction's ability to respond to a mass fatalities incident and answer the questions included in the activity.
3. Select a spokesperson to present your responses to the class. Be ready to explain your group's responses.
4. You will have 15 minutes to complete this activity.

SEARCH AND RECOVERY ISSUES: DOCUMENTATION

Visual 4.19



Notes:

Documentation is a critical aspect of the search and recovery processes.

Search and recovery normally involves locating and recovering at least:

- The incident scene. Documentation of the incident scene is required for transportation incidents and for incidents that are suspected crime scenes. Documentation of the incident scene for other types of incidents will help with response, rescue, and recovery operations. Photographing is one good method of documentation. Relating everything in the scene to everything else is a critical task.
- Human remains. Depending on the type of incident, human remains may be intact, extremely fragmented, or decomposing.
- Wreckage. If the disaster is a transportation incident, as much of the wreckage must be accounted for as possible.
- Personal effects. As much personal property as possible must be accounted for.

Thorough documentation of the efforts to recover this evidence is critical.


SEARCH AND RECOVERY ISSUES: DOCUMENTATION



Document the Scene

Visual 4.20

Document the Scene

- Both still photographs and videotape
- Aerial photographs
- Ground-level photographs with proper orientation or location noted in the photo
- Photograph body in relationship to wreckage and personal effects



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Visual 4.20
Mass Fatality Incident Response

Notes:

The teams should photograph the area before any search or recovery activities begin, using:

- Both still photographs and videotape.
- Aerial photographs.
- Ground-level shots with proper orientation or location noted in the photo.

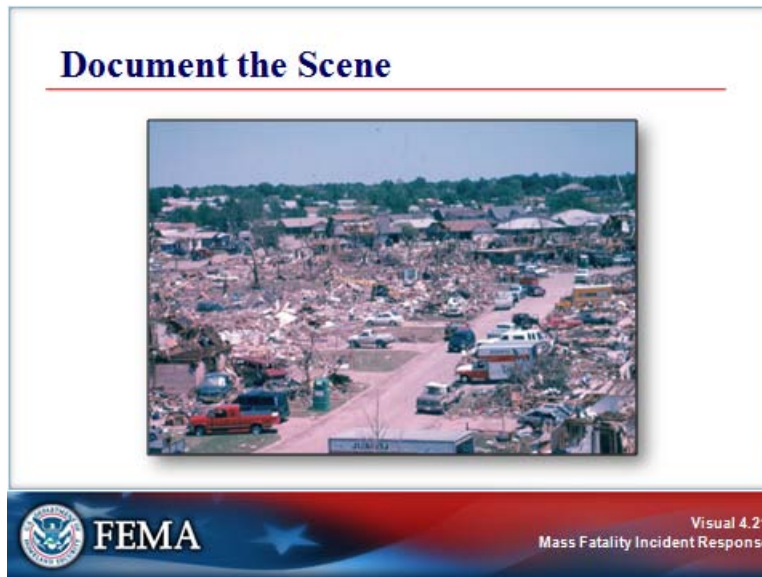
Photographs must include the relationship of bodies, wreckage, and personal effects. Personal effects may be a clue toward identification. If possible, personal effects should never be used as a form of identification, but documenting the victim/personal effects relationship may speed the process.

Items may be moved as long as the scene is documented before they are moved.

SEARCH AND RECOVERY ISSUES: DOCUMENTATION

Documenting the Scene

Visual 4.21



Notes:

Aerial photographs do not need to be taken from a helicopter or fixed-wing aircraft. The photograph shown in the visual was taken in Oklahoma City in May of 1999. It was taken from the bucket of a utility truck. A fire truck with a ladder can also be used.


SEARCH AND RECOVERY ISSUES: DOCUMENTATION


Documenting the Scene

Visual 4.22

Document the Scene

- Detailed written documentation at the scene is a must.
- Consider a detailed scene sketch.
- Assign a scribe, if necessary.
- Make certain that this documentation is put into the record of the event.



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Visual 4.22
Mass Fatality Incident Response

Notes:

Note the need for solid documentation.

- Detailed written documentation at the scene is a must.
- Consider a detailed scene sketch.
- Assign a scribe, if necessary.
- Make certain that this documentation is put into the record of the event.

The documentation is useless unless it is turned over to proper authorities to be included in the record.

SEARCH AND RECOVERY ISSUES: DOCUMENTATION

Debris Removal

Visual 4.23



Notes:

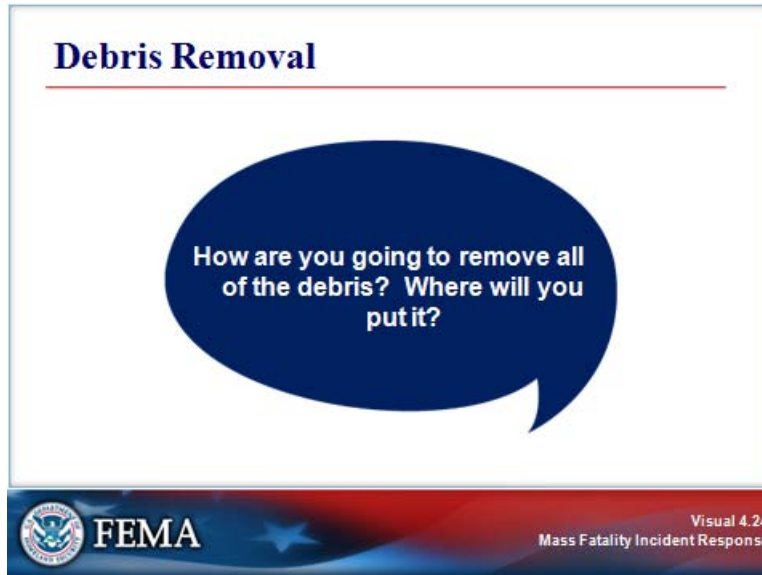
There are several special issues common to all search and recovery operations.

The photo shown in the visual depicts a biohazard issue from Oklahoma City. It shows a victim under debris. It took 7 days to remove the victim, and he had to be marked with a red biohazard bag to ensure that the remains could be seen and would not be disturbed during debris removal.

SEARCH AND RECOVERY ISSUES: DOCUMENTATION

Debris Removal

Visual 4.24



Notes:

Note the amount of debris that can be left in the wake of a mass fatalities incident.

How are you going to remove all of the debris? Where will you put it?

SEARCH AND RECOVERY ISSUES: DOCUMENTATION

Documenting Wreckage

Visual 4.25

Documenting Wreckage

- Debris patterns may provide clues about how incidents, especially transportation incidents occurred.
- Workers should be briefed on:
 - What to look for.
 - What to avoid moving.
 - Known safety issues within the wreckage.



 **FEMA** 

Visual 4.25
Mass Fatality Incident Response

Notes:

Debris patterns frequently offer important clues about how an incident, especially a transportation accident, occurred.

While most of the documentation and recovery team will not be collecting wreckage, they should be briefed on what important items to look for or avoid moving. Workers should also be made aware of known safety hazards within the wreckage and be required to wear appropriate safety gear.

For transportation accidents, National Transportation Safety Board (NTSB) officials will approve moving wreckage, if necessary, to reclaim human remains. For terrorism incidents, the FBI will make the decision on when the wreckage can be moved.

All incident scenes should be completely and effectively documented before moving remains. Effective documentation makes use of:

- Photos.
- Video.
- Sketches and/or descriptions of the removal process.
- GPS and total station data.



SEARCH AND RECOVERY ISSUES: DOCUMENTATION



Documenting Personal Effects

Visual 4.26

Documenting Personal Effects

- In a major event, there may be thousands of pieces of personal property scattered throughout the site.
- All of the personal property must be collected and accounted for.



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Visual 4.26
Mass Fatality Incident Response

Notes:

Note that:

- In a major event, there may be thousands of pieces of personal property scattered throughout the site.
- All of the personal property must be collected and accounted for.
- The location of personal possessions can help in the:
 - Identification of victims.
 - Reconstruction of the event.


SEARCH AND RECOVERY ISSUES: DOCUMENTATION


Documenting Personal Effects

Visual 4.27

Personal Effects Management

- In transportation incidents, the Family Assistance Act recommends how personal effects are managed.
- In non-transportation incidents, decisions on personal effects are made jointly with the family.
- Aside from monetary value, families gain greatly from return of personal effects.



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Visual 4.27
Mass Fatality Incident Response

Notes:

Note that:

- In transportation incidents, the Family Assistance Act of 1996 recommends the methods used to manage personal effects. In non-transportation incidents, decisions on personal effects are made jointly with the family.
- Aside from monetary value, families gain greatly from the return of personal effects. Return of personal effects, however, should be at the discretion of the family.

SEARCH AND RECOVERY ISSUES: DOCUMENTATION

Documenting Identification

Visual 4.28

Numbering System Considerations

- The system should be simple and use whole numbers.
- Use the same number on the toe tag, the tag on the outside of the remains pouch, and on personal effects that are definitely associated with the remains.
- Assign a range of non-duplicative, consecutive numbers to each search and recovery team.
- After morgue triage, the remains should be assigned a sequential morgue reference number.
- Do not use leading zeros.

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Visual 4.28
Mass Fatality Incident Response

Notes:

Teams will have to implement strategies to ensure the accurate documentation of remains and personal effects,

Effective strategies include procedures for accurate identification.

The numbering system for identification should follow the guidelines below:

- The system should be simple and use whole numbers.
- Use the same number on the toe tag, the tag on the outside of the remains pouch, and on any personal effects that can definitely be associated with the remains. Also, paint the numbers on the outside of the remains pouch.
- Do not use leading zeros in your numbering system. It may lead to confusion if the tag is turned upside down (e.g., 008 versus 800, 001 versus 100).
- Assign a range of nonduplicative, consecutive numbers to each search and recovery team.
- After morgue triage, the remains should be assigned a sequential morgue reference number.

SEARCH AND RECOVERY ISSUES: DOCUMENTATION

Documenting Identification

An effective strategy is to place a flag with the corresponding number at the site.

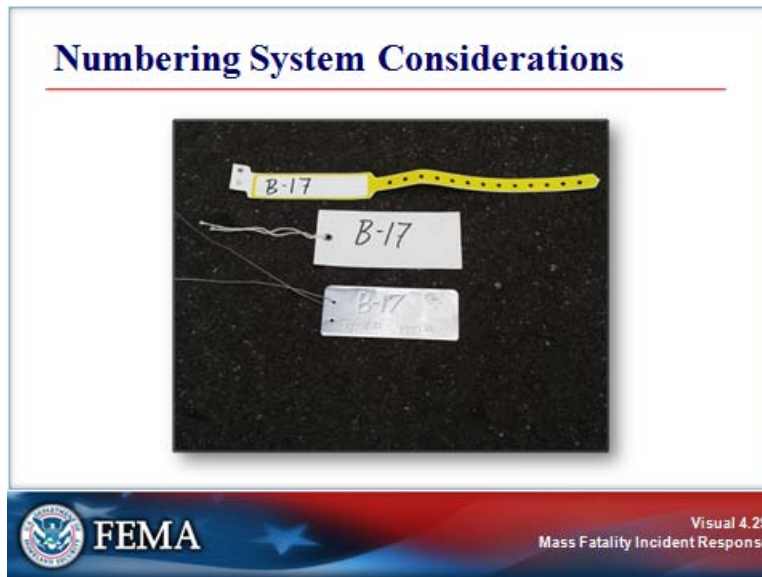
- Take another photograph (and/or use videotape) after placing the tags but before removing the evidence.
- The flag remains at the site after the evidence is removed.

If the evidence is on a hard surface, paint may be used instead of flags.

SEARCH AND RECOVERY ISSUES: DOCUMENTATION

Documenting Identification

Visual 4.29



Notes:

Note the three different types of tags, as shown in the visual:

1. The tag at the top of the visual with the perforated band may be used when there is a whole body.
2. The middle tag is made of paper. Paper tags should be avoided because when they are closed in a remains pouch, they will deteriorate.
3. The bottom tag is known as an “embossing tag.” This type of tag may be marked with any hard object. It will survive wet conditions.

EXTRICATION AND TRANSPORT

Extrication Issues

Visual 4.30



Notes:

Extrication and transportation of remains often presents a different set of issues.

- Extrication should be completed without causing additional trauma to the remains whenever possible. Dismemberment or other trauma during extrication may make positive identification more difficult and delay return of remains to family members.
- Respect for the remains may present two issues:
 - Handling the remains respectfully simply because they are due respect
 - Allowing time for responders to show respect for “one of their own” when the incident causes loss of life among response personnel

Although allowing time to handle remains respectfully will cost time in the overall recovery, it is an important factor in the healing process and should be permitted whenever possible.

- Transport of remains in mass fatalities incidents must be done in a way that will preserve them and not cause additional damage. Because normal transportation methods will be overwhelmed following a mass fatalities incident, transportation must be thought through and carried out carefully.

EXTRICATION AND TRANSPORT

Extrication Issues

- Temporary storage is always a difficult decision. When determining temporary storage methods, the points below should be considered.
 - How many sets of remains are there?
 - What condition are they in? (Have they been fragmented? Have they been in water for some time?)
 - How long will they need to be stored? (How many sets of remains can be processed through the morgue each day?)
 - What storage resources are available?
 - In very large incidents, is temporary interment an option?
 - Are there religious or cultural issues that must be taken into account?

EXTRICATION AND TRANSPORT

Extrication Myths

Visual 4.31

Extrication Myths

According to OSHA:

- There is no direct risk of contagion or infectious disease from being near human remains for those who are not directly involved in recovery.
- Pathogens associated with human remains:
 - Do not pose a risk to those who are not directly involved in recovery.
 - Do not pose an environmental risk.
- The smell of human decay does not create a public health hazard.

--www.osha.gov/oshdoc/data_hurricane_facts/mortuary.pdf

FEMA
Visual 4.31
Mass Fatality Incident Response

Notes:

Following Hurricane Katrina, the Occupational Safety and Health Administration (OSHA) released a fact sheet, titled “Health and Safety Recommendations for Workers Who Handle Human Remains.” Among the information included in the Fact Sheet is a section covering the myths involved when working with human remains.

- There is no direct risk of contagion or infectious disease from being near human remains for anyone other than those directly involved in handling the remains.
- Airborne or fluid-borne pathogens, such as hepatitis B or HIV, do not pose a risk to anyone other than those directly involved in handling the remains and do not pose an environmental risk.
- The smell of human decay, while awful, does not create a public health hazard.

This Fact Sheet is available at: www.osha.gov/oshdoc/data_hurricane-facts/mortuary.pdf.


EXTRICATION AND TRANSPORT


Incident Site Collection and Storage

Visual 4.32

Incident Site Collection and Storage

- An area may be set to collect remains prior to transport to morgue.
- Refrigerated trucks may be necessary at this site.
- Remains may be transported by refrigerated truck or individually.
- This is simply an on-site storage facility.



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Visual 4.32
Mass Fatality Incident Response

Notes:

A facility may be set up at the site of the incident for collection and storage of remains, which will then be transported to the morgue.

Storage facilities should be set up at locations close to the morgue, if possible. The remains stored there can be transported to the morgue for processing. This method has been proven successful in many mass fatalities incidents for controlling the flow of remains to the morgue.

Note that the incident site collection and storage facility:

- An area may be set up to collect remains prior to transport to the morgue.
- Refrigerated trucks may be necessary at this site.
- Remains may be transported by refrigerated truck or individually.
- This is simply an onsite storage facility, but it aids in the preservation of remains for ultimate identification.

COLLECTION AND STORAGE

Transporting Remains

Visual 4.33

Removing Remains From The Scene

Log sheet should include the:

- Field recovery number.
- Number of remains being transported.
- License number of transport vehicle.
- Name of vehicle driver.
- Signature of driver.
- Date and time of departure from site.



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Visual 4.33
Mass Fatality Incident Response

Notes:

Note the importance of documentation when transporting remains from the scene.

A log sheet should be used to note the:

- Field recovery number.
- Number of remains being transported.
- License number of the transport vehicle.
- Name of the vehicle driver.
- Signature of the driver.
- Date and time of departure from the site.

COLLECTION AND STORAGE

Transporting Remains

Visual 4.34

Removing Remains From Scene

- Store body bags in refrigerated/cooler truck until transported at 38 to 42 degrees Fahrenheit.
- Use trucks with metal construction.
- No company names should be visible.



The image shows four refrigerated trucks parked in a row. From left to right, they are white, red, purple, and light blue. The trucks are parked on a paved surface with trees in the background.

 **FEMA** 

Visual 4.34
Mass Fatality Incident Response

Notes:

Pre-incident planning should identify a vendor who can provide vehicles when an incident occurs.

Follow these guidelines for removing remains from the scene:

- Store remains pouches in refrigerated/cooler truck until transported at 38 to 42 degrees Fahrenheit.
- Use trucks with metal construction (you cannot decontaminate wood) and no visible company names.

Ramps should be built so that remains can be easily placed in or removed from the trucks.

COLLECTION AND STORAGE

Transporting Remains

Visual 4.35

Temporary Storage

- Arrange with vendor in advance
- Figure 20-25 bodies per truck
- No wooden floors
- Cover truck names completely
- Be prepared for mechanical problems
- Sanitize thoroughly after Mission
- Maintain an aisle down the center of the trailer



FEMA Visual 4.35
Mass Fatality Incident Response

Notes:

Pre-incident planning should include the need for refrigerated trucks when an incident occurs.

- Pre-arrange with a vendor who can provide a sufficient number of trucks.
- Plan for 20 to 25 remains per truck.
- Be prepared for mechanical problems.

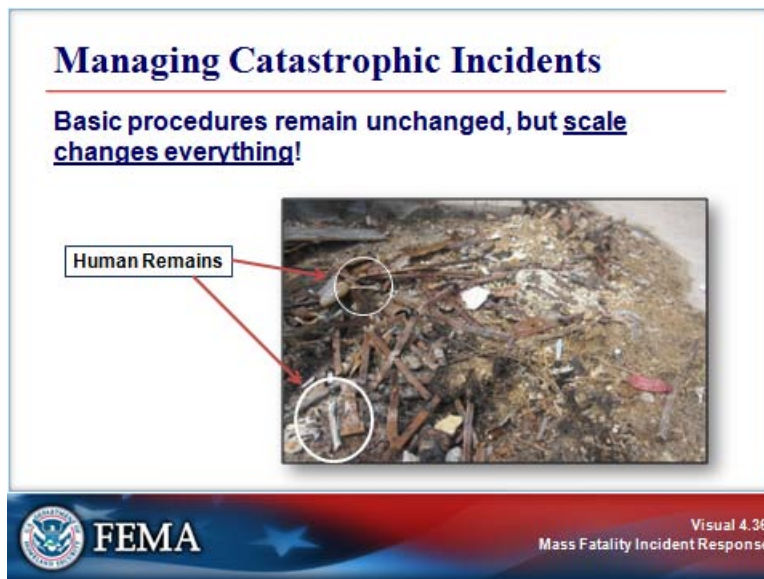
In New York City in 2001, a full-time mechanic was on hand to tend to the mechanical issues with trucks.

Remember:

- Remains should be arranged so that an aisle can be maintained through the middle of the trailer.
- Ramps should be built so that remains can be easily placed in or removed from the trucks.

MANAGING CATASTROPHIC INCIDENTS

Visual 4.36



Notes:

Basic procedures remain the same during a catastrophic incident.

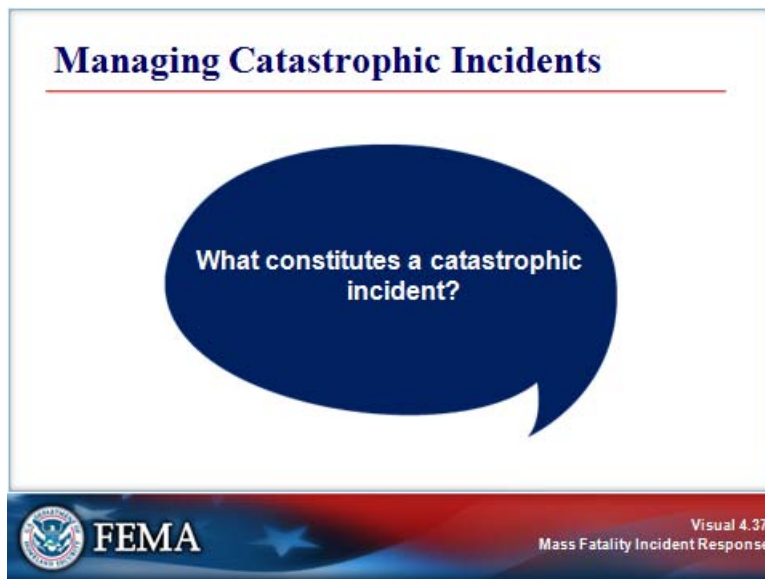
- Remains and personal effects must be recovered.
- Remains and personal effects must be associated with appropriate remains and stored, pending release.
- Morgues must be established.
- Remains and personal effects must be identified.
- Disposition must take place.

The scale of a catastrophic disaster changes everything! Every aspect of a catastrophic incident is multiplied exponentially.

The photo in the visual is from the aftermath of the Haiti earthquake. Because there were so many fatalities and, in many cases, entire families were killed, the Haitian government had little choice but to do mass interments.

MANAGING CATASTROPHIC INCIDENTS

Visual 4.37

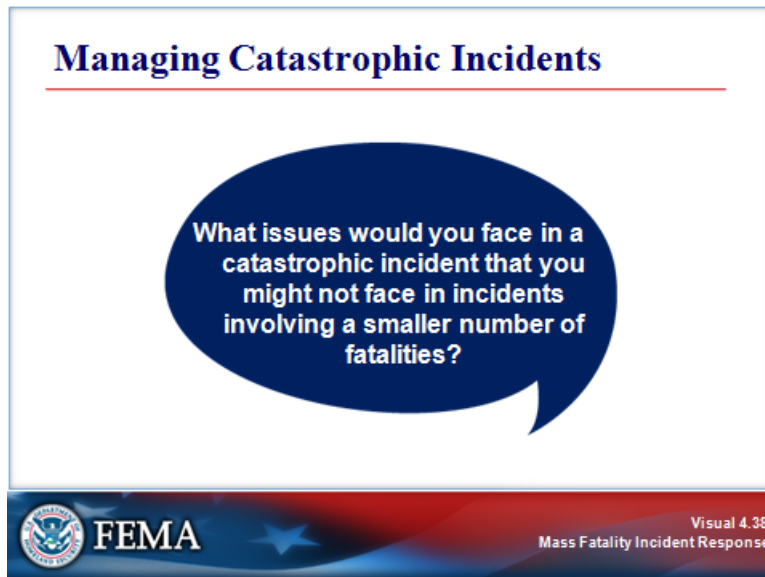


Notes:

What constitutes a catastrophic incident?

MANAGING CATASTROPHIC INCIDENTS

Visual 4.38



Notes:

What issues would you face in a catastrophic incident that you might not face in incidents involving a smaller number of fatalities?


MANAGING CATASTROPHIC INCIDENTS

Legal and Financial Constraints

Visual 4.39

Legal and Financial Constraints

- Does your State have laws to protect MEs/Cs during a severe incident?
- Does your State have a “good Samaritan” law?
- Do purchasing requirements change?
- Is the ME/C responsible for on-scene recovery personnel?
- How do the ME/C responsibilities change if assistance is requested from the State and/or Federal government?

 **FEMA** Visual 4.39
Mass Fatality Incident Response

Notes:


This visual shows only a few of the legal and financial constraints that might apply during a catastrophic incident.

Familiarize themselves with legal and financial requirements and constraints that will affect how catastrophic incidents proceed.

MANAGING CATASTROPHIC INCIDENTS

Managing Resources at Catastrophic Incidents

Visual 4.40



Managing Resources at Catastrophic Incidents

- How many fatalities can your current resource system handle accurately, efficiently, and safely?
- Has your jurisdiction determined how many additional resources, including personnel and facilities, will be required for “X” fatalities?
- Who has the authority to approve resource orders?
- Has your jurisdiction identified sources for additional resources?
 - How long will it take to receive them?
 - How will they be received? Stored? Distributed? Paid for?
 - What if they don't arrive?

Visual 4.40
Mass Fatality Incident Response

Notes:

Resource management has considerable overlap with legal and financial issues. However, the questions on the visual include many of the largest resource management issues.

You will have resource shortages, and you should identify multiple sources for each type of supply. In a catastrophic disaster, you can expect that transportation routes may be inaccessible.

MANAGING CATASTROPHIC INCIDENTS


Activity: Managing Resources at Catastrophic Incidents


Visual 4.41

Activity: Managing Resources

Instructions:

1. Work in groups assigned by the instructor. The instructor will assign a type of resource.
2. Answer the question about the resource assigned:
What will you do if the resources you need don't arrive?
3. Try to develop at least 2 strategies for either obtaining or working around the needed resource.

 You have 15 minutes to complete this activity.

 **FEMA**

Visual 4.41
Mass Fatality Incident Response

Notes:

Purpose: The purpose of this activity is to get you to think creatively about a key resource issue you might encounter following a catastrophic incident.

Instructions: Follow the steps below to complete this activity.

1. Work in groups assigned by the instructor. The instructor will assign a type of resource.
2. Answer the question about the source assigned: What will you do if the resources you need don't arrive?
3. Try to develop at least 2 strategies for either obtaining or working around the needed resource.
4. You will have 15 minutes to complete this activity.


MANAGING CATASTROPHIC INCIDENTS



Protecting Workers

Visual 4.42

Protecting Workers

- How will you protect:
 - Recovery personnel?
 - Transport personnel?
 - Morgue Personnel?
- How will you ensure that personnel will eat and take breaks?
- How will you enforce the requirements?



 **FEMA** 

Visual 4.42
Mass Fatality Incident Response

Notes:

You should think about the answers to the questions on the visual.

Focus on the last question. Many workers at the World Trade Center site had PPE, but did not use it.

There may be no “correct” answer to this question. Rather, enforcement of PPE requirements may depend on several factors, including:

- The type of incident. Workers are more likely to wear PPE if the area they’re working in is contaminated.
- Whether the remains are fragmented. Workers are more likely to wear PPE if there is a possibility that they may come in contact with body fluids. PPE is protective and needed as various pathogens can remain viable after death.

PPE for workers should be an extremely high priority. There are definite legal ramifications if workers do not have PPE to wear.

MANAGING CATASTROPHIC INCIDENTS

Transportation and Storage Areas

Visual 4.43

Transportation and Storage

- What facilities are available?
- What are your options?
- What actions are taboo?



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Visual 4.43
Mass Fatality Incident Response

Notes:

Transportation and storage may be at a premium following a catastrophic disaster. Note what facilities are available in your jurisdiction. Also note what your options are following a mass fatalities incident and what options are considered “taboo.”

- Facilities:
 - No schools, churches, or structures with wooden floors
 - Armories are usually a good choice
- Options:
 - Temporary interment
 - Cremation
 - Mass graves
- Taboos vary according to culture. Options that may be taboo under usual circumstances may be necessary following catastrophic incidents.

MANAGING CATASTROPHIC INCIDENTS

Temporary Interment Areas

Visual 4.44

Temporary Interment

- May be necessary in a catastrophic situation
- Try to complete identification process before interment
- Must document where various sets of remains are buried



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Visual 4.44
Mass Fatality Incident Response

Notes:

Temporary interment is never the first choice for remains storage but it may be necessary in a catastrophic situation. Every attempt should be made to identify the remains before interment, but that may not be possible in all cases, especially if the remains are very fragmented.

Note the need to document where each set of remains is buried so that they can be retrieved more easily.

MANAGING CATASTROPHIC INCIDENTS

Security

Visual 4.45

Security

- All areas must be secured. There may be legal repercussions for any security breach.
- Media and other onlookers must be kept out of all facilities.
- Personnel must be safe when they are working.



 **FEMA** 

Visual 4.45
Mass Fatality Incident Response

Notes:

There will be many onlookers, media representatives, and others with more nefarious intentions who try to access the morgue or other facilities.

Note the ways to ensure security.

- Security cameras
- Security guards
- Limited ingress and egress
- Physical barriers (e.g., fences, walls)


The security measures employed will depend on the incident area, the facilities being used, etc.



TAKING CARE OF WORKERS

Visual 4.46

Taking Care of Workers

- Provide appropriate Personal Protective Equipment (PPE).
- Provide appropriate safety briefings.
- Enforce the use of PPE and safety rules.
- Establish a stress management program.
- Ensure adequate rest and rehab.
- Provide and enforce breaks.
- Provide a consistent work schedule.



 **FEMA** 

Visual 4.46
Mass Fatality Incident Response

Notes:

Employer's responsibilities include:


- Providing appropriate PPE. Arrange for resupply of PPE, as necessary.
- Providing appropriate safety briefings.
- Enforcing the use of PPE and following safety rules.
- Establishing a stress management program.
- Providing for rest and rehabilitation.
- Providing and enforcing breaks.
- Ensuring a consistent work schedule.


TAKING CARE OF WORKERS

Visual 4.47

Worker Responsibilities

- Wear the PPE that is issued.
- Use universal precautions.
- Decontaminate when necessary.
- Follow all safety information and guidelines provided.
- Report any and all injuries immediately.
- Keep an eye on fellow workers.



 **FEMA**

Visual 4.47
Mass Fatality Incident Response

Notes:

Workers must take steps to ensure their own safety, including:

- Wearing the PPE that is issued.
- Using universal precautions.
- Decontaminating when necessary.
- Following all safety information and guidelines provided.
- Reporting any and all injuries immediately.
- Keeping an eye on fellow workers.

Lives have been lost by the failure to follow these rules.

TAKING CARE OF WORKERS


Dealing With Stress

Visual 4.48

Mass Fatalities Incidents and Stress

- Mass Fatalities incidents are stressful
- Initial discomfort & distress common
- Most people adapt well psychologically
- Most people function well
- Stress is incident-specific & cumulative
- Affected by other stressors (“real-world” issues)



 **FEMA** Visual 4.48
Mass Fatality Incident Response

Notes:

Mass fatalities events include experiences that are far removed from their daily lives.

- Mass fatalities incidents are stressful.
- Initial discomfort and stress is common.
- Most people will be able to adapt psychologically.
- Most people will be able to function well.
- Stress is incident-specific and cumulative.
- People may be affected by other stressors and “real-world” issues.

The stress related to mass fatalities incidents is normal, but must be managed to avoid long-term psychological issues for incident workers.

TAKING CARE OF WORKERS

Dealing With Stress

Visual 4.49

Preparedness for Mass Fatalities

- Practice promotes resiliency to stress
- Use realistic training & exercises
- Learn your chain-of-command
- Develop family support plans
- Establish workplace agreements
- Maintain physical fitness & good health practices



 **FEMA**

Visual 4.49
Mass Fatality Incident Response

Notes:

As part of preparedness for mass fatalities incidents, you should:

- Practice in high-stress situations. Practice promotes resiliency to stress.
- Use realistic training and exercises. Training that simulates mass fatalities situations—and exercises using cadavers, media pressure, and other stressors—can help personnel who will work at mass fatalities incidents with a more accurate image of what they will encounter during an actual incident.
- Learn their chain of command. Following the chain of command during incidents can help to provide the psychological support necessary to function effectively in the high stress of actual incidents.
- Develop family support plans. Understand that workers' families are affected too. Whenever possible, involve family members before an incident so they understand what to expect—and what to watch for.
- Establish workplace agreements. Coworkers often recognize the signs of stress in other individuals before they recognize their own stress. Establishing workplace agreements helps to “short-circuit” stressors through early recognition.
- Maintain physical fitness and good health practices. Maintaining good physical fitness, getting enough rest, and eating a healthy diet improves overall conditioning and enables the body to handle stress better.


TAKING CARE OF WORKERS



Dealing With Stress

Visual 4.50

Traumatic Stressors in Mass Death

- Emotional involvement—that which reminds us that the remains were people
- Personal effects—makes a life real
- Bodies of children—affect everyone emotionally



 **FEMA** 

Visual 4.50
Mass Fatality Incident Response

Notes:

Traumatic stressors in mass fatalities situations may include:

- Emotional involvement—that which reminds us that remains were people.
- The collection of personal effects, which makes us realize that the situation is very real, that the victims also had loved ones, and that they had as much reason to live as those recovering the remains.
- Bodies of children affect everyone emotionally. Even those who deal with adult death effectively may have a strong reaction to the deaths of children.

These stressors should be expected, and plans should be made to address them as part of the planning process.

What might be some of the factors that can lead to increased stress?

TAKING CARE OF WORKERS

Dealing With Stress

Visual 4.51

Traumatic Stressors in Mass Death

- Surprise and novelty—shock at the unexpected
- Sensory stimuli—be prepared for overload
- Condition of remains—natural or gruesome
- Hands and faces of the remains



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Visual 4.51
Mass Fatality Incident Response

Notes:

Some of the factors that increase stress are:

- Surprise and novelty—shock at the unexpected.
- Sensory stimuli—be prepared for overload.
- Condition of remains—natural or gruesome.
- Hands and faces of remains.

What are some of the common reactions to mass fatalities incidents?

TAKING CARE OF WORKERS

Dealing With Stress

Visual 4.52

Common Emotional Reactions to Human Remains

- Sadness
- Pity
- Horror
- Repulsion
- Anger
- Fear
- Numbness
- Disgust



 **FEMA** Visual 4.52
Mass Fatality Incident Response

Notes:

Some of the common emotional reactions to human remains in mass death are:

- Sadness.
- Pity.
- Horror.
- Repulsion.
- Anger.
- Fear.
- Numbness.
- Disgust.


TAKING CARE OF WORKERS

Dealing With Stress



Visual 4.53

Physical Reactions to Stress

- Sense of being “wired” or “keyed up”
- Headaches
- Nausea
- Difficulty sleeping
- Diarrhea
- Appetite changes
- Fatigue



The image shows a firefighter in full yellow and black gear, including a helmet and boots, sitting on the ground. He appears to be resting or exhausted, with his hands on his knees. The background is a dark, possibly outdoor setting.

 **FEMA** 

Visual 4.53
Mass Fatality Incident Response

Notes:

Some of the physical reactions to stress include:

- Sense of being “wired” or “keyed up.”
- Headaches.
- Nausea.
- Difficulty sleeping
- Diarrhea.
- Appetite changes.
- Fatigue.


TAKING CARE OF WORKERS


Dealing With Stress

Visual 4.54

Managing Incident Stress: Self and Buddy Care

- Pair off with a co-worker and look out for each other
- Remember the larger purpose of your work
- Talk with others
- Switch tasks as needed
- Be a good listener
- Use appropriate humor



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Visual 4.54
Mass Fatality Incident Response

Notes:

Some of steps that you can take to manage incident stress are:

- Pairing off with a coworker and look out for each other.
- Remembering the larger purpose of their work.
- Talking with others.
- Switching tasks as needed.
- Being a good listener.
- Using appropriate humor.


TAKING CARE OF WORKERS

Dealing With Stress

Visual 4.55

Managing Incident Stress: Self and Buddy Care

- Consider avoiding TV news during incident
- Take time to decompress at end of shift
- Limit exposure to stressors
- Avoid focusing on remains' hands and faces
- Use operational discipline:
 - Avoid overwork & fatigue—take breaks and leave at shift's end
 - Use proper PPE



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Visual 4.55
Mass Fatality Incident Response

Notes:

Note the steps that should be taken to reduce stress:

- Consider avoiding TV news during incident.
- Take time to decompress at the end of each shift.
- Limit exposure to stressors.
- Avoid focusing on remains' hands and faces.
- Use operational discipline:
 - Avoid overwork and fatigue—take breaks and leave at shift's end.
 - Use proper personal protective equipment.


TAKING CARE OF WORKERS



Dealing With Stress

Visual 4.56

Leadership Actions to Diminish Incident Stress

- Lead by example
- Maximize worker safety
- Communicate regularly
- Limit traumatic exposure
- Visit work areas and talk with workers
- Praise and reward people's work
- Ensure adherence to work/rest cycles



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Visual 4.56
Mass Fatality Incident Response

Notes:

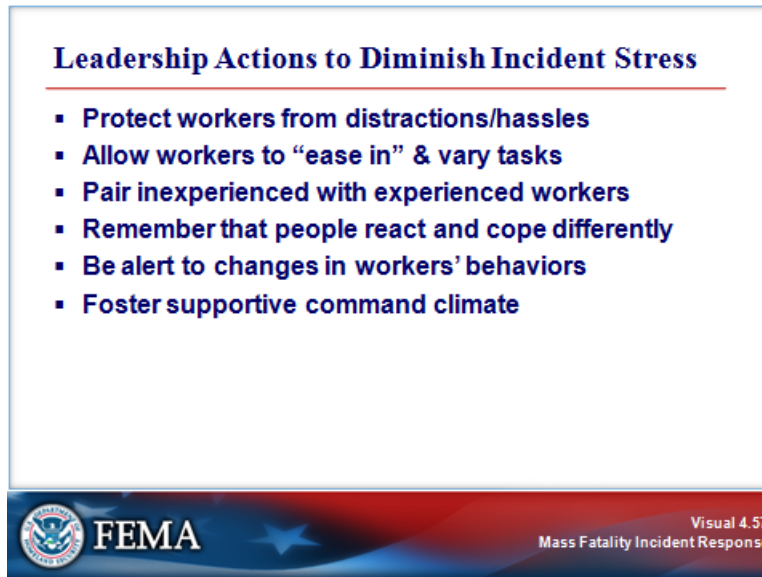
The leadership actions that can be taken to diminish incident stress include:

- Leading by example.
- Maximizing worker safety.
- Communicating regularly.
- Limiting traumatic exposure.
- Visiting work areas and talking with others.
- Praising and rewarding people's work.
- Ensuring adherence to work and rest cycles.

TAKING CARE OF WORKERS

Dealing With Stress

Visual 4.57



Notes:

Note the leadership action that can be taken to diminish incident stress.

- Protect workers from distractions/hassles.
- Allow workers to “ease in” to an assignment and vary the tasks that they perform.
- Pair experienced workers with inexperienced workers.
- Remember that different people react and cope differently.
- Be alert to changes in workers’ behaviors.
- Foster a supportive command climate for all workers.


TAKING CARE OF WORKERS


Dealing With Stress

Visual 4.58

Leadership Issues as Teams Rotate Out

- Perform After-Action Review (AAR)
 - Information sharing
 - Lessons learned
- Establish safe climate for candor
- Information on assistance resources
 - Personal
 - Financial
 - Family



 **FEMA** Visual 4.58
Mass Fatality Incident Response

Notes:

Leadership issues will arise as teams rotate out. To deal with these issues, you should:

- Perform an After-Action Review.
- Establish a safe climate for candor.
- Provide information on assistance resources.


WORKING WITH THE MEDIA



Public Information Officer

Visual 4.59

Working With the Media

- Helps manage the public's expectations
- NIMS requirements:
 - Assign a PIO
 - Develop a Joint Information System
 - Establish a Joint Information Center



 **FEMA** 

Visual 4.59
Mass Fatality Incident Response

Notes:

NIMS establishes several requirements for handling public information at domestic incidents, including:

- Assigning a Public Information Officer (PIO), who acts as a single point of contact for the incident.
- Developing a Joint Information System (JIS), which establishes the parameters of how the public information function will operate at an incident.
- Establishing a Joint Information Center (JIC), as a single point of dissemination for incident-related information.


WORKING WITH THE MEDIA

The Public Information Officer (PIO)


Visual 4.60

Public Information Officer

- **Must be assigned as early as possible. The PIO must also be familiar with:**
 - The overall incident.
 - Procedures for recovering and identifying remains.
 - Procedures for release of remains.
 - Family notification procedures.



Visual 4.60
Mass Fatality Incident Response



Notes:

The PIO will be the main point of contact from command to the media. The PIO will only release information that has been cleared by the Incident Commander, Unified Command, the Medical Examiner, or other persons with jurisdictional authority over the remains. The PIO is part of the Command Staff.

The PIO at the JIC must be assigned as early as possible. The PIO must also be familiar with:

- The incident.
- The procedures that are being followed to recover and identify remains.
- The procedures that are being followed for the release of remains.
- Family notification procedures.
- Why time is needed to process remains before notifying family members.

If necessary, the PIO should ensure that personnel with the knowledge and expertise required to address these topics are available at all news conferences.

WORKING WITH THE MEDIA

The Public Information Officer (PIO)

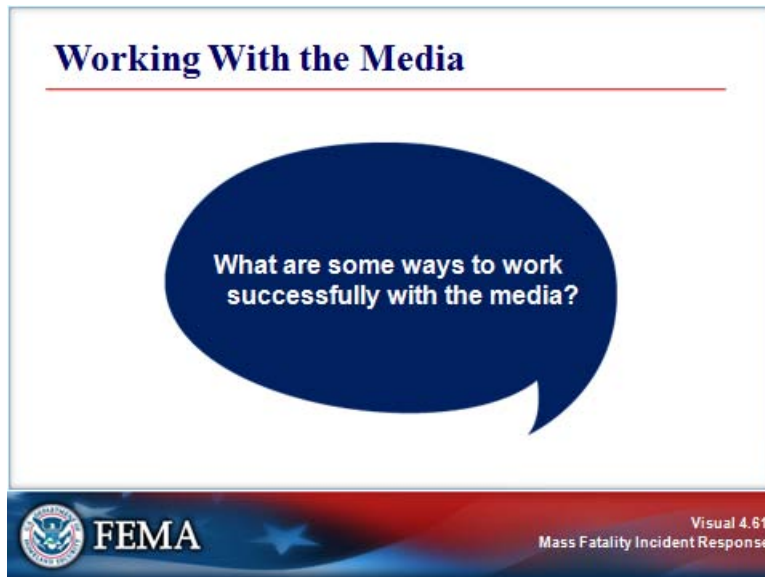
The PIO also must be able to address personal issues related to the incident in a sensitive way.

While all information must be routed through the PIO, it is important to involve multiple people, as necessary, to ensure that information is disseminated accurately and with sensitivity toward family members.

WORKING WITH THE MEDIA

The Public Information Officer (PIO)

Visual 4.61



Notes:

What are some ways to work successfully with the media?

It is the job of the media representatives to gather information, and they have the right to report on mass fatalities incidents. The media can be a valuable resource, so it is advisable to work with them as effectively as possible.

WORKING WITH THE MEDIA

The Public Information Officer (PIO)

Visual 4.62



Notes:

Has anyone developed templates for media releases for mass fatalities incidents?

UNIT SUMMARY

Visual 4.63



Notes:

Note the importance of effectiveness in all on-scene operations, including:

- Establishing and operating staging areas.
- Conducting search and recovery operations.
- Working with the media.
- Taking care of workers.

Unit 5 will cover establishing the morgue.

UNIT 5. ESTABLISHING THE MORGUE

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Unit 5. Establishing the Morgue

Unit Objectives

At the end of this unit, you should be able to:

- Identify sites within your jurisdiction that are suitable for use as a morgue.
 - Describe the work station requirements for a morgue.
 - Describe special morgue requirements.
 - Describe the methods used to identify remains.
-

Scope

The scope of this unit will include:

- Introduction and Unit Overview.
 - Establishing the Morgue.
 - Unit Summary.
-

Time Plan

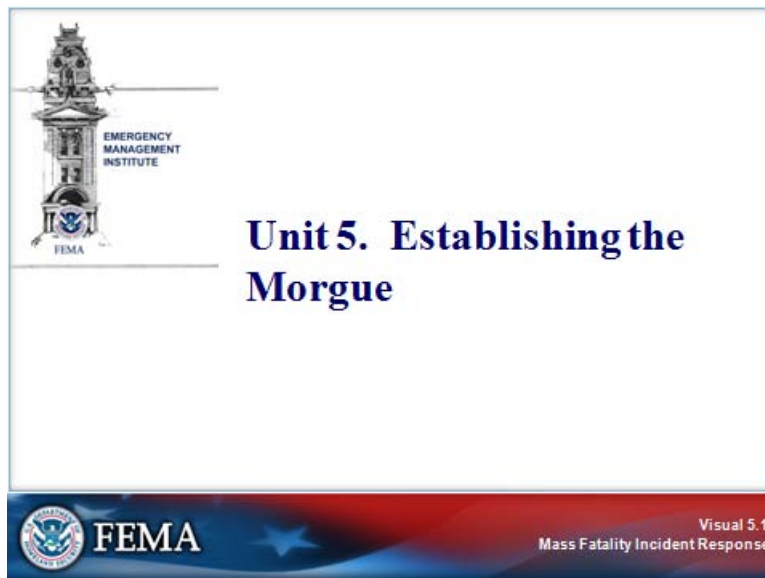
The suggested time plan for this unit is shown below.

Topic	Time
Introduction and Unit Overview	5 minutes
Establishing the Morgue	110 minutes
Unit Summary	5 minutes
Total Time	2 hours

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INTRODUCTION AND UNIT OVERVIEW

Visual 5.1



Notes:

Morgue operations are among the most critical—and sensitive—of all operations at a mass fatalities incident.

This unit will cover morgue operations, including:

- Selecting the morgue site.
- Establishing the morgue, including supplies and equipment.
- Staffing the morgue with appropriate mortuary and forensic personnel.
- Forensic operations to complete victim identification.


INTRODUCTION AND UNIT OVERVIEW

Unit Objectives

Visual 5.2

Unit Objectives

- Identify sites within their jurisdictions that are suitable for use as an incident morgue.
- Describe the work station requirements for an incident morgue.
- Describe additional morgue requirements.
- Determine when temporary morgues are required and how many might be required.
- Determine the personnel qualifications required to conduct morgue operations.



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Visual 5.2
Mass Fatality Incident Response

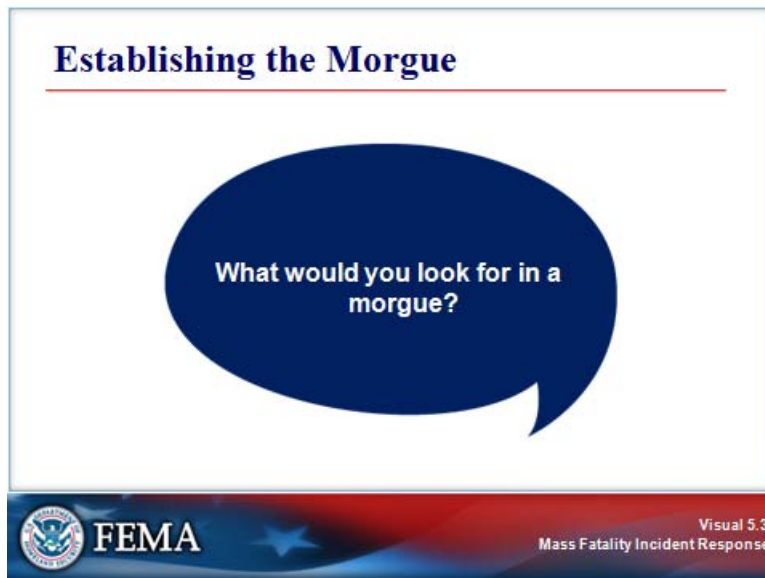
Notes:

At the end of this unit, you should be able to:

- Identify sites within your jurisdiction that are suitable for use as an incident morgue.
- Describe the work station requirements for an incident morgue.
- Describe additional morgue requirements.
- Determine when temporary morgues are required and how many might be required.
- Determine the personnel qualifications required to conduct morgue operations.

ESTABLISHING THE MORGUE

Visual 5.3



Notes:

In a mass fatalities incident, the local morgue at the medical examiner's/coroner's office, will most likely be overwhelmed. Additionally, there will probably be a need to establish a morgue that not only can handle a large number of remains, but is located close to the incident scene.

Think about the needs of a morgue for a mass fatalities incident. What would you look for in a morgue?

ESTABLISHING THE MORGUE

Visual 5.4

Incident Morgue Requirements

- Convenient but secure
- Adequate size
- Infrastructure for communications, lighting, HVAC, restrooms, water, drainage, and other support needs
- Accessible



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Visual 5.4
Mass Fatality Incident Response

Notes:

An incident morgue must:

- Be convenient to the scene, but in a secure location.
- Be of adequate size to comfortably accommodate the required number of morgue personnel, supplies, and equipment.
- Have the infrastructure for communications; lighting; heating, ventilation, and air conditioning (HVAC); restrooms; water; drainage; and other support for morgue personnel.
- Be easily accessible.


ESTABLISHING THE MORGUE


Visual 5.5

Additional Morgue Requirements

- Security and storage for personal effects
- Removed from public view
- Nonporous or disposable flooring
- Office space
- Tractor trailer/forklift Accessible

Typical size is 8,000-10,000 square feet.



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Visual 5.5
Mass Fatality Incident Response

Notes:

An incident morgue must:

- Provide security and storage for personal effects.
- Be removed from public view.
- Have nonporous flooring or disposable flooring.
- Allow for sufficient office space.
- Be tractor trailer/fork lift accessible.

The size of the typical morgue is 8,000 to 10,000 square feet.

ESTABLISHING THE MORGUE

Visual 5.6



Notes:

Given the requirements for a temporary morgue, what types of buildings are best suited for morgue operations?

ESTABLISHING THE MORGUE

Visual 5.7



Morgue Facilities

Best in:

- Abandoned warehouses
- Armories
- Aircraft hangars

NEVER in:

- Schools or hospitals
- Churches
- Structures with wood floors

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Visual 5.7
Mass Fatality Incident Response

The slide features a title 'Morgue Facilities' at the top. Below the title, there are two columns of text. The left column lists 'NEVER in:' followed by three bullet points: 'Schools or hospitals', 'Churches', and 'Structures with wood floors'. The right column lists 'Best in:' followed by three bullet points: 'Abandoned warehouses', 'Armories', and 'Aircraft hangars'. There are two photographs: one of an abandoned warehouse with blue barrels in front, and another of a modern brick building. At the bottom, there is a FEMA logo on the left and the text 'Visual 5.7 Mass Fatality Incident Response' on the right.

Notes:

The type and size of the incident will determine where the morgue is located. Some large cities, such as New York and Chicago, have a high morgue capacity and enough staffing to ensure throughput for most incidents. For very large incidents, morgues could be located in:

- Abandoned warehouses.
- Armories.
- Aircraft hangars.

Note that:

- Schools, public facilities, and hospitals should never be used as temporary morgues.
- Buildings and rooms with wood floors should not be used as temporary morgues.

If none of these types of structures is available, incident morgues can also be set up in large tents.

Floors in all morgues should be nonporous or disposable.

ESTABLISHING THE MORGUE

Regardless of location, infrastructure required in all morgue facilities is listed below:

- Heating Ventilation/Air Conditioning
- Potable water
- Adequate drainage
- Lighting (either permanent or portable)
- Communications system(s)

The facility also must be accessible to ambulances, hearses, box trucks, and semitrucks.

A mass fatality morgue will typically be at least 8,000 to 10,000 square feet.

ESTABLISHING THE MORGUE

Visual 5.8

Additional Morgue Requirements

- Restrooms
- Rest and debriefing areas
- Refreshment/lunch area
- Office space



 **FEMA** Visual 5.8
Mass Fatality Incident Response

Notes:

An incident morgue must have adequate:

- Restrooms.
- Rest and debriefing area.
- Refreshment area.

The office space at the morgue site for the Medical Examiner/Coroner (ME/C) should be established away from the morgue operational area.

ESTABLISHING THE MORGUE

Supplying and Equipping the Morgue

Visual 5.9



Notes:

Who can suggest what supplies should be stocked at each morgue site?

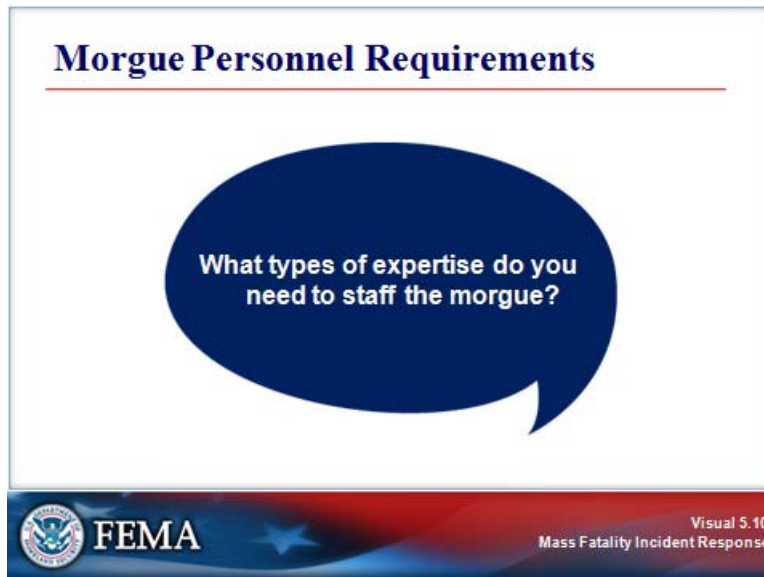
ESTABLISHING THE MORGUE

Supplies Needed for Morgue Sites	
Personnel Equipment	
Personnel reporting for morgue duty should be provided with the following supplies listed below.	
<ul style="list-style-type: none"> • Personal protective equipment • Fresh water • Clothing appropriate to the climate at the incident site 	
Administrative Supplies	
<ul style="list-style-type: none"> • Telephone (landline and cellular) • Fax machines and scanners (e-ray capable) • Photocopy machine • Wireless LAN • Computers and printers 	<ul style="list-style-type: none"> • Morgue forms • Distribution control chart • File folders • Desks, tables, and chairs • Pens, pencils, paper
Morgue Setup/Support	
<ul style="list-style-type: none"> • Partitions and supports • Disposable drop sheets • Information resources (e.g., morgue operations) 	<ul style="list-style-type: none"> • Electrical distribution equipment • Generator(s) • Uninterruptible power supply • Surge suppressors • Plumbing
Instruments	
<ul style="list-style-type: none"> • Autopsy and postmortem examination equipment as needed by forensic personnel 	<ul style="list-style-type: none"> • X-ray equipment (full-body and dental) and supplies
Forensic Equipment	
<ul style="list-style-type: none"> • Pathological Examination • Scalpels • Scale • Examination tables • Stryker (bone) saw • Anthropological equipment (scalpels, scissors, pruner, brushes, forceps, hemostats, magnifying glasses) 	<ul style="list-style-type: none"> • Fingerprint equipment • DNA equipment • DNA specimen containers • Bleach • Dental equipment • Embalming equipment and supplies (embalming machines, aspirators, hemostats, head blocks, scalpels, syringes, sutures, eye caps, trocar buttons)
Miscellaneous Supplies and Equipment	
<ul style="list-style-type: none"> • Removal vehicles • Body and personal effects bags • Stretchers, litters, and cots • Camera(s) and batteries 	<ul style="list-style-type: none"> • Refrigerator trucks • Sealer for pouches • Paperwork packets

ESTABLISHING THE MORGUE

Staffing the Morgue

Visual 5.10



Notes:

What types of expertise do you need to staff the morgue?

ESTABLISHING THE MORGUE

Staffing the Morgue

Visual 5.11

Morgue Personnel Requirements

- Remains handlers
- Trackers
- Pathologists
- Anthropologists
- Dentists
- Records librarians
- Radiography technicians
- Photographers



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Visual 5.11
Mass Fatality Incident Response

Notes:

Note the following types of expertise:

- Remains handlers
- Trackers
- Pathologists
- Anthropologists
- Dentists
- Records librarians
- Radiography technicians
- Photographers


ESTABLISHING THE MORGUE

Staffing the Morgue

Visual 5.12

Morgue Personnel Requirements

- Personal effects technicians
- DNA technicians
- Fingerprint experts
- Supply clerk
- Security personnel
- Morgue safety personnel
- Morgue medical personnel



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Visual 5.12
Mass Fatality Incident Response

Notes:

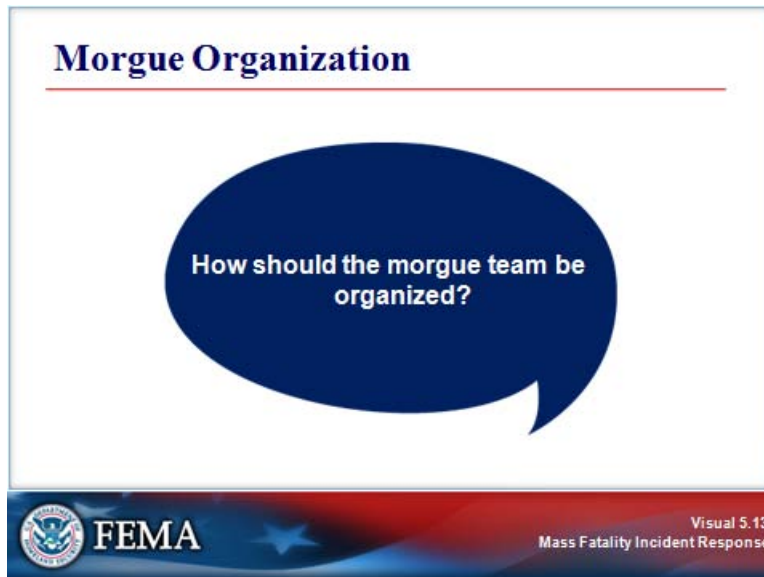
Note the types of expertise needed at the morgue:

- Personal effects technicians
- DNA technicians
- Fingerprint experts
- Supply clerk
- Security personnel
- Morgue safety personnel
- Morgue medical personnel

ESTABLISHING THE MORGUE

Morgue Organization

Visual 5.13



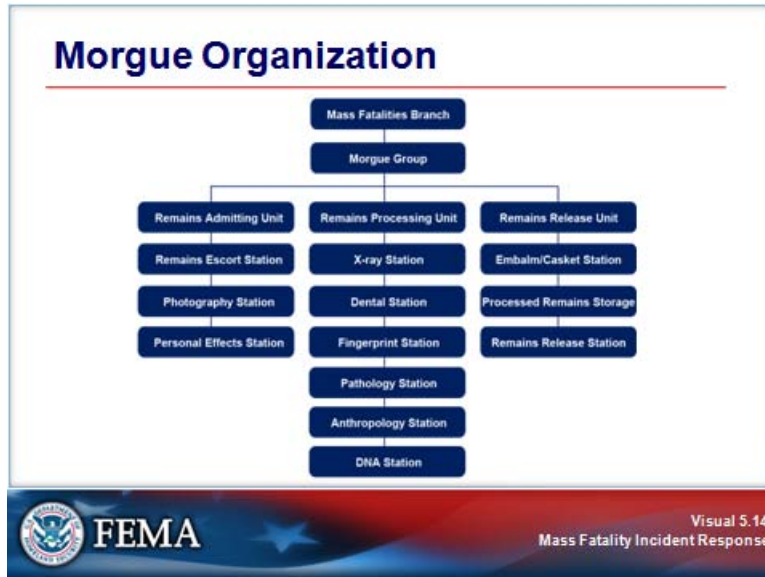
Notes:

How should the morgue team be organized?

ESTABLISHING THE MORGUE

Morgue Organization

Visual 5.14



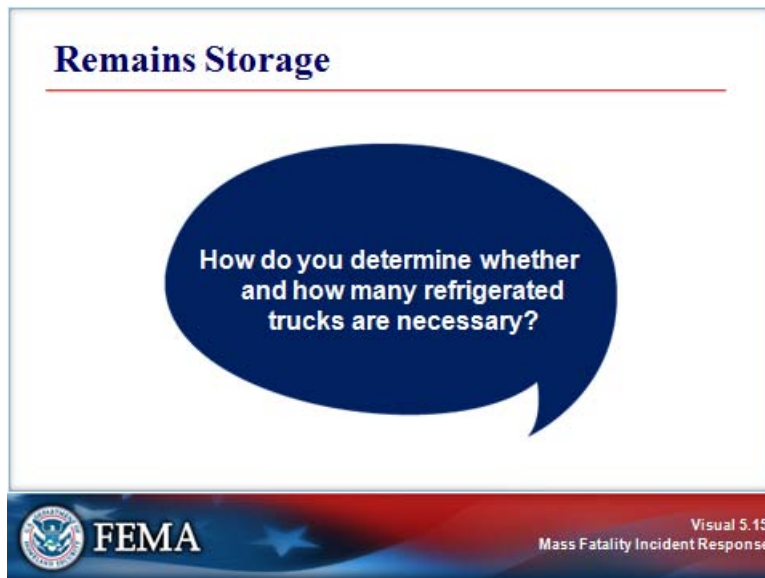
Notes:

Note that the morgue operation does not need to be organized as shown in the visual, but using this organization can ensure that all required positions are staffed and associated with the appropriate morgue unit.



ESTABLISHING THE MORGUE

Visual 5.15



Notes:

It is critical to develop morgue policies for mass fatalities incidents and to ensure that all who work in the morgue have been thoroughly briefed on the policies.

The next topic will include:

- How to set up the morgue to facilitate forensic examination, identification of remains, and documentation.
- Security requirements.
- Health and safety concerns for personnel.

How do you determine whether and how many refrigerated trucks are necessary?

ESTABLISHING THE MORGUE

Visual 5.16



Notes:

The “rule of thumb” for needing refrigerated trucks is one 40-foot truck for each 20 to 25 sets of remains, provided that the remains have not been fragmented. When dealing with fragmented remains, it may be possible to place additional remains in a single truck, while leaving an aisle down the middle for morgue workers to move freely.

Trucks should be designated for storing processed and unprocessed remains.

ESTABLISHING THE MORGUE

Setting Up the Morgue

Visual 5.17



Notes:

Experience has shown that the physical setup of the morgue can facilitate efficient operations.

In a mass fatalities incident, there are various stations that each set of remains must pass through. Setting up the morgue in this order facilitates processing the remains.

- Triage: Station where remains are sorted as to their potential for identification.
- Receiving, Photography, and Personal Effects: Admitting is the station where the remains are entered into the morgue database. The remains are assigned a number and photographed. All items identified as belonging to the victim (and items that family members bring if DNA analysis is required) should be catalogued at this station.
- Radiology: At the radiology station, full-body x-rays are completed and injuries and foreign objects that may be inside the body are noted.
- Forensic anthropology examination: Skeletal remains are examined at this station.

ESTABLISHING THE MORGUE

Setting Up the Morgue

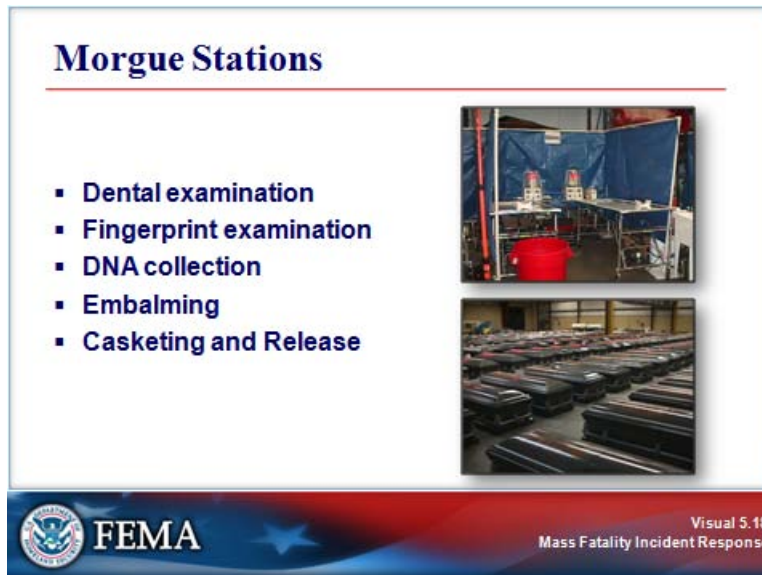
- Forensic Pathological Examination/Autopsy: Autopsies that are required are completed at the autopsy station.

In all circumstances, the Coroner or Medical Examiner is responsible for determining the cause and manner of death. Autopsies may not be required on all bodies. In transportation-related incidents that are under the jurisdiction of NTSB, NTSB requires that pilots, drivers, and/or conductors be autopsied and that a special toxicology kit, which is supplied by NTSB, is completed.

ESTABLISHING THE MORGUE

Setting Up the Morgue

Visual 5.18



Notes:

Note the various morgue stations.

- Dental examination: At this station, dental x-rays and dental charts from remains are completed.
- Fingerprint examination: At this station, victims' fingerprints are taken.
- DNA Collection: DNA is gathered for use in identification at this station. Because of the time and expense involved in DNA testing, DNA should be used as a last resort only.
- Embalming: The embalming station is where identified remains are preserved and protected from decay.
- Casketing and Release: Following embalming, identified remains are placed in a casket and released to a mortuary.

ESTABLISHING THE MORGUE

Identification of Remains

Notes:

Identification of remains is a legal requirement that falls under the responsibility of the Medical Examiner/Coroner. Depending on the condition of the remains and the availability of antemortem (before death) records, identification can take time. Identification can be complex and time consuming.

Note the need to manage the families' expectations. Explain that morgue personnel are doing their best to identify remains accurately. That process takes time but also prevents mistakes in identification.

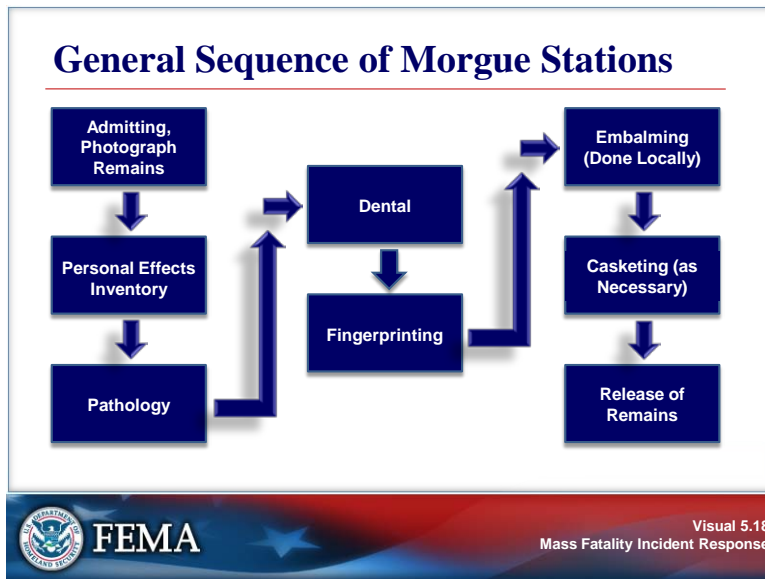
There are several ways to identify victims (e.g., through dental records, identification of tattoos, fingerprints, birthmarks, and other bodily features, DNA). Identification requires the involvement of family members to obtain antemortem information.

Use forensic evidence for identification rather than relying on personal effects (such as wallets, rings, etc) that may be found with the remains.

ESTABLISHING THE MORGUE

Setting Up the Morgue

Visual 5.19



Notes:

This visual shows the general sequence of morgue stations. The order shown in the visual is certainly not mandatory but it has been found to work well.


ESTABLISHING THE MORGUE


Managing Victim Data

Visual 5.20

Managing Victim Data

- A database is recommended for managing victim data on large incidents.
- Data that must be maintained includes:
 - Number of remains.
 - Names of the victims that have been identified.
 - Means of identification.



 **FEMA** Visual 5.19
Mass Fatality Incident Response

Notes:

In large incidents, a computer database program will be needed to manage victim data.

- Number of remains.
- Names of the victims that have been identified.
- Means of identification.

When managing victim data, it is critical to:

- Catalog all victim items and those items brought to the morgue or Family Assistance Center by family members. Items such as toothbrushes, hairbrushes, or pieces of clothing may be needed to collect DNA from the deceased.
- Provide all data collected to the Medical Examiner or Coroner.
- Maintain security of the data and the computers on which the data are stored. All computers and data are for internal use only and no computer should have outside security. Additionally, policies must be established governing how thumb drives and CDs may be used without jeopardizing security.

Does anyone have any questions about establishing the incident morgue?

ESTABLISHING THE MORGUE


Visual 5.21


Morgue Security

Managing Morgue Security

Security at morgue sites is imperative.

- The incident will cause intense interest from the media and public.
- A security service should be assigned 24/7.
- All morgue personnel should have ID badges.
- The badges should be checked on every entry.



 **FEMA** Visual 5.20
Mass Fatality Incident Response

Notes:

Security is imperative at morgue operations. The incident itself will cause intense interest from the media and the public—and morgue operations are a part of the incident.

A security service be assigned to all morgues on a 24/7 basis. Ensure that all personnel who are authorized entry have (and wear) badges at all times—and that the security guards check identification for everyone entering the morgue.

UNIT SUMMARY

Visual 5.22



Notes:

Morgue operations can be facilitated by:

- Establishing a morgue organization with clear lines of authority within the Operations Section.
- Locating temporary morgues near the incident site and within close proximity of each other, but out of the hazard area and out of the line of sight of the incident and the Family Assistance Center.
- Organizing the morgue for efficient processing.

Unit 6 will cover the Family Assistance Support Operations.

UNIT 6. FAMILY ASSISTANCE SUPPORT OPERATIONS

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Unit 6. Family Assistance Support Operations

Unit Objectives

At the end of this unit, you should be able to:

- Describe the importance of providing effective and compassionate services to family members.
 - Explain how the Family Assistance Center is created as the focus of these services.
 - Describe how the type of event impacts the operation of the FAC.
 - Describe the functional areas of the FAC.
 - Identify who could be involved in setting up and running the FAC.
 - Describe how to conduct a family briefing.
 - Resolve special issues surrounding family assistance.
 - Determine when to close the FAC.
-

Scope

The scope of this unit will include:

- Introduction and Unit Overview.
 - Setting Up the Family Assistance Center.
 - Staffing the Family Assistance Center.
 - Closing the Family Assistance Center.
 - Unit Summary.
-

Time Plan

The suggested time plan for this unit is shown below.

Topic	Time
Introduction and Unit Overview	15 minutes
Setting Up the Family Assistance Center	65 minutes
Staffing the Family Assistance Center	45 minutes
Closing the Family Assistance Center	5 minutes
Unit Summary	5 minutes
Total Time	2 hours 15 minutes

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INTRODUCTION AND UNIT OVERVIEW

Visual 6.1



Notes:

Note how important the Family Assistance Center (FAC) is to family members and those who are performing the identification process. The unit will cover the FAC and will include:

- Setting Up the Family Assistance Center.
 - Jurisdictional laws governing next of kin.
 - Managing 1-800 calls.
 - Using hotels and motels as Family Assistance Centers.
 - Communicating with family members.
 - Managing family expectations around timeframes for processing and releasing remains.
 - Handling issues of unclaimed remains.
 - Providing death notifications to the next of kin.
- Staffing the Family Assistance Center.
- Closing the Family Assistance Center.

INTRODUCTION AND UNIT OVERVIEW

Purpose of Family Assistance Centers


Visual 6.2



Family Needs After an Incident

Three types of needs:

- Information needs
- Physical needs
- Grief counseling needs

The FAC helps to meet these needs.



 **FEMA** 

Visual 6.2
Mass Fatality Incident Response

Notes:

Families and friends have three categories of needs to be managed. These are:

- The need for information.
- Physical needs.
- Grief counseling needs.

The FAC is key to meeting these needs.

INTRODUCTION AND UNIT OVERVIEW

Purpose of Family Assistance Centers

Visual 6.3

Purpose of the FAC

- To provide family members with information about the event
- To provide family members access to services
- To provide a controlled facility where family members can receive and provide information while their privacy is protected
- To allow investigators and the ME/Coroner access to family members to collect antemortem information

Visual 6.3
Mass Fatality Incident Response

FEMA

Notes:

Families may travel to the disaster site and remain away from their homes for an extended period of time. The FAC addresses their basic physical needs, including:

- Food.
- Shelter.
- Transportation.
- Communications, such as telephones, e-mail, and Internet access.
- Child care.

The purpose of the Family Assistance Support Operations is threefold:

- Share information with family members about victim identification efforts, search for and recovery of victims, handling and management of personal effects, and progress of the disaster investigation.

INTRODUCTION AND UNIT OVERVIEW

Purpose of Family Assistance Centers

- Provide family members access to support services for family members, such as disaster grief counseling, health support, child care, funds, and other local, State, and Federal agencies offering such support.
- Obtain before-death (antemortem) information about the deceased from family members to allow for identification. Families will also provide information to the medical examiner/coroner to assist in identification of victims. Interviews will be conducted by ME/C representatives with each victim's family in a private setting.

INTRODUCTION AND UNIT OVERVIEW

Purpose of Family Assistance Centers

Provide, as an example, The Station nightclub fire, which occurred in West Warwick, Rhode Island. Stress the role played—and the issues faced—by FACs.

On Thursday, shortly after 11:00 p.m. on February 20, 2003, a fire ignited at The Station, a single-story wood-frame nightclub located in West Warwick, Rhode Island. The Station club fire would prove to be the second deadliest nightclub fire in the United States in the past 50 years. The fire resulted in 100 fatalities and an estimated 230 injuries.

The nearby Cowesett Inn, a restaurant located directly across the street from the nightclub, served as a triage and treatment site for burn victims and other injured persons, as well as a rehabilitation site for firefighters and a gathering point for local leaders. This location also served as an informal command post, which quickly became crowded by the surge of responders, including representatives of the Governor's Office, the Rhode Island Emergency Management Agency (RIEMA), the American Red Cross of Rhode Island, other volunteer agencies, and leaders from neighboring communities.

The Inn was also the initial location where friends and relatives of potential victims gathered to seek information about the whereabouts of missing persons. Intermingling with members of response agencies, those individuals often could overhear details of the incident at The Station.

When officials realized that the situation at the Cowesett Inn was becoming untenable for the responders, the victims, and family members, at 2:45 a.m., the Governor's Deputy Chief of Staff recommended that family services and support functions be moved to the Crowne Plaza Hotel, a process that began by 4:00 a.m. By approximately 7:00 a.m., more than 200 family members and friends gathered in the hotel's ballroom, which served as the primary FAC gathering room. At 7:30 a.m., the first family briefing was conducted. Family briefings were conducted throughout the day by the most senior and/or most appropriate person, with most of the briefings being conducted by the Governor himself. This FAC would be in operation for 5 days.

To restrict access to family members by media representatives, the main entrance to the ballroom was closed, and the FAC could be accessed only through a side door secured by the local and State police. When several out-of-State journalists were able to obtain guest rooms and attempted to enter the FAC, they were detained and evicted.

A sign-in station was implemented for family members to register, sign in, and sign out.

The local police department established a work area in the ballroom to interview family members, collecting information that could help in the victim identification process, such as types of clothing and jewelry and distinguishing marks or conditions. The police requested access to dental records and completed missing-person reports.

(Over)

INTRODUCTION AND UNIT OVERVIEW

Purpose of Family Assistance Centers (Continued)

Representatives of the Rhode Island health department gathered at the hotel to gather their own patient disposition and treatment data—absent a declaration of disaster, some hospitals were unwilling to release information directly to RIEMA. The American Red Cross of Rhode Island established a cellular telephone-based disaster welfare inquiries system to gather information on possible victims and take calls from concerned family members. Through this system, 4,500 calls were received and processed. (RIEMA also established a hotline, which responded to 18,000 calls.)

Whenever identification of a victim was made, the Rhode Island Office of the Medical Examiner contacted a State health department representative at the FAC. The notification team at the FAC consisted of a staff member from RI Health, a counselor from the American Red Cross of Rhode Island or the State mental health department, a clergy member from the Rhode Island State Council of Churches, and a West Warwick police officer. These notifications took place in a private counseling area, where grief counseling and spiritual care were immediately available.

Names of victims were released to the public only after the notification process was completed. Notification to the public took place at regularly scheduled Joint Information Center (JIC) press conferences.

On the following Sunday, February 23, more than 400 family members and close friends of the victims were taken by bus from the FAC for a careful tour of the incident site, where they walked a planned route, protected from public view. The tour was planned by RIEMA, the American Red Cross of Rhode Island, the Rhode Island State Police, the Governor's office, and town leaders.

During its 5-day operation, the FAC served more than 300 family members with a staff of 460 professionals and volunteers. The hotel, in coordination with the American Red Cross of Rhode Island, served more than 7,500 meals, using its own resources and those donated by area caterers and restaurants. The hotel itself absorbed costs estimated at \$168,000.

At 6:00 p.m. on Tuesday, February 24, the FAC transitioned to the Rhode Island Department of Human Services (RI DHS), with only 1 victim not yet having been identified. Provisions were made to accommodate the family awaiting confirmation.

INTRODUCTION AND UNIT OVERVIEW

Purpose of Family Assistance Centers

In an extensive After-Action Report, the following are among the findings and recommendations about family services and support during this incident:

- The Crowne Plaza Hotel was an ideal choice for the FAC, considering its proximity to the fire scene, the size and composition of its facilities, and availability of trained staff.
- One instance of erroneous notification occurred, caused in part by duplication of effort among several agencies collecting, processing, coordinating, and disseminating information. One agency should have had this responsibility, rather than it having been a fragmented effort.
- Because no formal emergency declaration was declared, the Governor was not empowered to suspend some privacy restrictions, allowing a smoother flow of information from hospitals. A decision point for declarations is recommended.
- Sensitive victim information was faxed from RIEMA headquarters to the front desk of the hotel, where it was retrieved by hotel staff and given to FAC personnel. Victim information should be handled with caution in a secure situation. Plan ahead with the local telephone service to request quick installation of telephone and fax lines.
- Many family members did not use the sign-in and sign-out procedure and thus sometimes could not be located. The procedure should be firmly implemented.
- The RI Medical Examiner did not have the time or resources to explain the procedures involved in victim identification. Plans should include augmentation of the ME staff for this purpose.
- Victims and their families appreciated the mental health support provided by counselors who established a “compassionate presence” at the FAC.
- The Unified Command (ARC RI and RIEMA) was generally effective, but a comprehensive review of FAC operations was not conducted immediately after the event.

Further information about the FAC and other aspects of this incident are included in the source for the above overview: *Rhode Island—The Station Club Fire After-Action Report: State, Local, and Federal Government and the Private Sector*, prepared by The Titan Corporation under contract to the Office for Domestic Preparedness, U.S. Department of Homeland Security.


INTRODUCTION AND UNIT OVERVIEW

Unit Objectives

Visual 6.4

Unit Objectives

- Describe the importance of providing effective and compassionate services to family members.
- Explain how the Family Assistance Center (FAC) is created as the focus of these services.
- Describe how the type of event impacts the operation of the FAC.
- Describe the functional areas of the FAC.



FEMA

Visual 6.4
Mass Fatality Incident Response

Notes:

At the end of this unit, you should be able to:

- Describe the importance of providing effective and compassionate services to family members.
- Explain how the Family Assistance Center (FAC) is created as the focus of these services.
- Describe how the type of event impacts the operation of the FAC.
- Describe the functional areas of the FAC.

INTRODUCTION AND UNIT OVERVIEW

Unit Objectives

Visual 6.5

Unit Objectives

- Identify who could be involved in setting up and running the FAC.
- Describe how to conduct a family briefing.
- Resolve special issues surrounding family assistance.
- Determine when to close the FAC.

FEMA
Visual 6.5
Mass Fatality Incident Response

Notes:

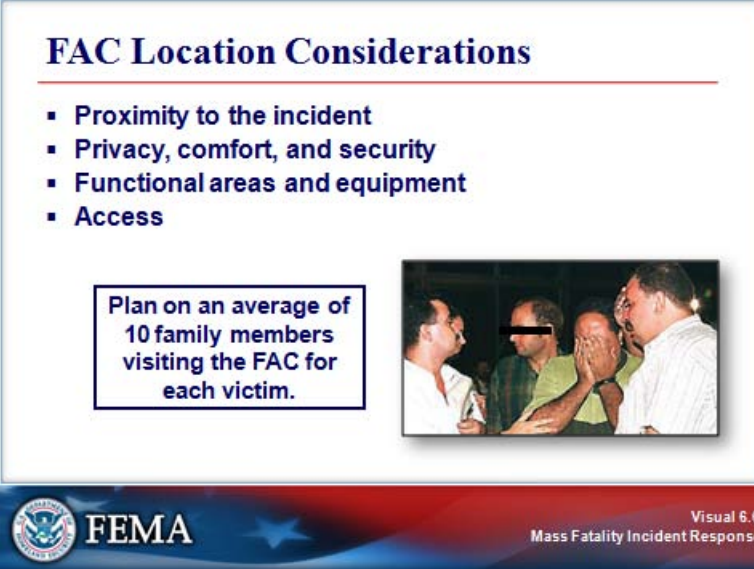
- Identify who could be involved in setting up and running the FAC.
- Describe how to conduct a family briefing.
- Resolve special issues surrounding family assistance.
- Determine when to close the FAC.

The effective operation of an FAC depends on the:

- Teamwork among many organizations and individuals.
- Establishment of a chain of command.
- Selection of a site that is appropriate for the agencies working there.

SETTING UP THE FAMILY ASSISTANCE CENTER


Visual 6.6



FAC Location Considerations

- Proximity to the incident
- Privacy, comfort, and security
- Functional areas and equipment
- Access

Plan on an average of 10 family members visiting the FAC for each victim.



FEMA

Visual 6.6
Mass Fatality Incident Response

The slide features a title 'FAC Location Considerations' in blue text. Below the title is a bulleted list of four considerations: Proximity to the incident, Privacy, comfort, and security, Functional areas and equipment, and Access. To the right of the list is a photograph showing several people in a dimly lit setting, with one person's face obscured by a black bar. Below the list is a text box with a blue border containing the text 'Plan on an average of 10 family members visiting the FAC for each victim.' At the bottom of the slide is the FEMA logo on the left and the text 'Visual 6.6 Mass Fatality Incident Response' on the right.

Notes:

Important considerations for the establishment of an FAC include:

- Proximity to the incident. The FAC should be far enough away from the incident site so that family members cannot watch the recovery process. It should be close enough to allow the ME and others to travel easily between the site, the morgue, and the FAC.
- Privacy, comfort, and security. The FAC should offer privacy for family members—especially from the media. It should be comfortable, offering food, drink, and other amenities that families will need for a potentially extended stay. The FAC should offer security from sightseers and other outsiders who may want to take advantage of families. Grief counselors and clergy of various faiths should be available at the site.

If hotels or motels are used as a FAC and sleeping rooms will be used, the bed(s) should be removed and sofas and chairs should be put in the rooms to create a living room atmosphere.

- Functional areas and equipment. The FAC should offer private areas for family notification and counseling and a large meeting space for family briefings. Equipment, such as phone, fax, and internet access for families and support staff will be necessary.
- Access. The FAC should be accessible by public transportation. Access to the facility itself must be controlled.

SETTING UP THE FAMILY ASSISTANCE CENTER

Facility Requirements

Notes:

The facility at the site under consideration must meet several requirements.

- It must be adequate to handle the number of people who may need it.
- The structure must offer adequate services and utilities, including:
 - Electrical power.
 - Telephone service.
 - Toilet facilities.
 - Controlled heat and air conditioning.
 - Water and sewage.
- It must be able to accommodate the following functional areas:
 - Joint Family Support Operations Center (JFSOC)
 - Family briefing area
 - Communications area (phones, email, etc., for family use)
 - Antemortem interview area
 - Food service
 - Disaster grief counseling support
 - Child care area
 - Local support agency areas (e.g. housing, clergy)
 - Spiritual/religious support and meditation area
- A determination must be made about whether the site can accommodate people with disabilities.

When operational, the FAC should provide:

- A routine for those whose lives have been turned upside down.
- Calmness for those who are distraught.
- Professionalism on the part of all FAC staff so that family members can feel comfortable that everything possible is being done to identify and return their loved ones' remains.
- Concern, care, and counseling to facilitate expressions of grief and emotional turmoil.

SETTING UP THE FAMILY ASSISTANCE CENTER

Family Care and Support

Visual 6.7



Notes:

What are some things that the FAC can provide to care for and support the families?


SETTING UP THE FAMILY ASSISTANCE CENTER

Family Care and Support

Visual 6.8

Comfort for Families at the FAC

- Provide 24/7 assistance.
- Be open and honest about:
 - The procedures being taken to ensure that remains are identified properly.
 - How long it may take to identify remains.
- Provide professional child care services.
- Be sensitive to cultural differences.



 **FEMA** Visual 6.8
Mass Fatality Incident Response

Notes:

Some measures that can be taken for the comfort of families at the FAC include:

- Providing 24/7 assistance. Grief and worry don't stop at the end of the day.
- Being open and honest with the families by explaining ME/C policies and procedures—including the time it may take to identify remains. This is especially important when the remains are fragmented, and identification will take an unusually long time. Be sensitive in how information on condition of remains is presented.
- Providing professional child care services for family members' children.
- Being sensitive to cultural differences, such as the use of languages other than English. Make arrangements in advance to contact people who can be used as translators. Be aware of religious customs regarding death and handling remains.

Remember that families are under great stress and perceptions in the FAC can become reality for them.

SETTING UP THE FAMILY ASSISTANCE CENTER

Family Care and Support

Visual 6.9

Comfort for Families at the FAC

- Ensure that FAC workers are easily identifiable.
- Make medical treatment available.

Think before speaking with families!



 **FEMA** Visual 6.9
Mass Fatality Incident Response

Notes:

- Ensure that FAC workers are easily identifiable, by using a badging system. Distinctive clothing, such as suits or uniforms may augment the badging system.
- Make medical treatment available at every area where the families are gathered, allowing for timely medical help, if needed.
- Think before speaking with families to avoid “secondary assault” (inadvertent hurtful, but well-meaning, statements to family members).

Other family comfort needs will include:

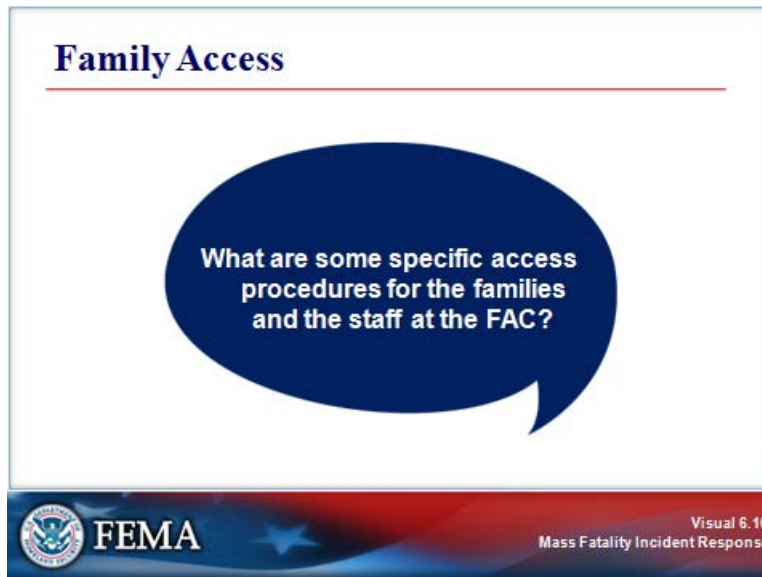
- Private areas for notification, grief counseling, prayer, etc.
- Access to clergy of various faiths.
- Access to food, water, and other basic needs.

Families should be assigned a single point of contact (POC) (or team of people to contact) to assist them with FAC services and information.

SETTING UP THE FAMILY ASSISTANCE CENTER

Security

Visual 6.10



Notes:

The site must allow for the implementation of security measures. Access to the FAC must be controlled so that families and friends of the victims have privacy and are not overwhelmed by the public and the media. Checkpoints will be needed at entrances to the facility and its parking lot.

For example, in Oklahoma City, uniformed sheriff's deputies and members of the National Guard were stationed at the outside entrances to the Compassion Center to check identification.

Additionally, police in plain clothing patrolled inside the center to ensure that no unauthorized persons gained entry.

What are some specific access procedures for the families and the staff at the FAC?

SETTING UP THE FAMILY ASSISTANCE CENTER

Security

Visual 6.11

Family Security

- Designate specific secured entrances for families.
- Use check-in and checkout procedures.
- Assign each family a personal representative.
- Ensure that families are badged in an unobtrusive way so that they do not stand out.



 **FEMA** Visual 6.11
Mass Fatality Incident Response

Notes:

Note the specific FAC access procedures for families.

- Designate specific secured entrances for families to allow for their privacy and security.
- Use check-in and checkout procedures to ensure access to them when their presence is needed.
- Assign each family a personal representative who can:
 - Communicate with officials.
 - Help with housing, transportation, and other logistical needs.
 - Assist with funeral arrangements.
- Ensure that families are badged in an unobtrusive way so that they do not stand out (i.e. do not use a large orange tag marked "Family Member")

SETTING UP THE FAMILY ASSISTANCE CENTER

Security

Visual 6.12

FAC Staff Security

- Designate specific entrances for FAC staff.
- Use check-in and checkout procedures.
- Require identification (preferably badges).
- Verify the credentials of all volunteers.



Visual 6.12
Mass Fatality Incident Response



Notes:

Planning protocols should include specific access procedures for FAC staff. These may include:

- Designating specific secured entrances for FAC staff.
- Using check-in and checkout procedures.
- Requiring identification (badges or other identification that is specific to the incident).
- Verifying the credentials of volunteers.

Following many large incidents, thousands of volunteers arrive to help in the recovery effort. While preventing the entry of unauthorized persons, FAC staff must process and admit thousands of volunteers, by:

- Screening credentials.
- Examining documents (license, diploma, references).
- Completing forms.
- Assessing experience.

SETTING UP THE FAMILY ASSISTANCE CENTER

Functional Areas and Procedures

Notes:

The FAC needs to have a floor plan that will accommodate the simultaneous and effective performance of many functions for—and the delivery of services to—the families and friends of the victims.

What functional areas are always required at the FAC?

SETTING UP THE FAMILY ASSISTANCE CENTER

Functional Areas and Procedures

Visual 6.13



Notes:

FAC functional areas include the:

- Joint Family Support Operations Center and administrative offices. A JFSOC is a multiagency area where the different service groups and organizations meet. Administrative offices should be available for all of the different service groups, including local police, Medical Examiner/Coroner, grief counseling professionals, and organizations, such as the American Red Cross and the Salvation Army. Because these administrative offices will hold files and confidential information generated by the FAC, they must be kept secure.
- Family briefing area (general assembly room). A large room with a public address system should be available so that updates on the search and recovery process, victim identification, and other family issues can be given on a regular schedule to large gatherings of family members and friends.

Activities in this room may require translator services, including sign language interpretation. In large cities, possible sources for translators include a local consulate, embassy, or the U.S. Department of State. More information about these services may be obtained from a local Federal agency, university, hospital, or judicial system or court.

The facility must be able to accommodate a phone conference bridge so that family members who do not travel to the FAC can call in and hear and ask questions at the family briefings.

SETTING UP THE FAMILY ASSISTANCE CENTER

Functional Areas and Procedures

Visual 6.14

FAC Functional Areas

- Family communications center (phone, email, internet access for family members)
- Family reception and registration room
- Individual rooms for reflection and counseling
- Child-care area



 **FEMA** Visual 6.14
Mass Fatality Incident Response

Notes:

- Family communications area. Private area with telephones, email, internet access, and telephones so that families can contact friends and relatives and obtain information.
- Family reception and registration room. When family members and friends arrive at the FAC, the staff should greet them and gather information about who will be visiting the FAC. Staff should assign each family group a personal family representative who will assist them throughout their time at the FAC.
- Reflection room. The FAC should provide a space where the victims' families and friends can quietly reflect, meditate, pray, seek spiritual guidance, or observe religious practices.
- Child care area. A secure area where the children of family members can be cared for by credentialed child care personnel.

The number of rooms necessary will vary depending on the number of fatalities

SETTING UP THE FAMILY ASSISTANCE CENTER

Functional Areas and Procedures

Visual 6.15



FAC Functional Areas

- Interview area for Medical Examiner/Coroner
- Areas for local casework services, including housing, funds, etc.
- Individual rooms for next-of-kin notification



 **FEMA**

Visual 6.15
Mass Fatality Incident Response

Notes:

- Interview area for medical examiner/coroner
- Local casework support services area, if required: Local agencies such as those providing housing, funds, etc., may be required.
- Individual rooms for next-of-kin notification. To provide privacy and expedite the notification process, several rooms should be set aside for families to receive the information that their loved ones have been identified. Oklahoma City officials used the 4th floor of the FAC building and notification was the only function performed on that floor.

Circumstances may dictate how notification takes place. In Oklahoma City, families were asked to return to the FAC to receive the notification. Some families felt retraumatized when asked to return because they knew that this request was made so that they could be given the official death notification.

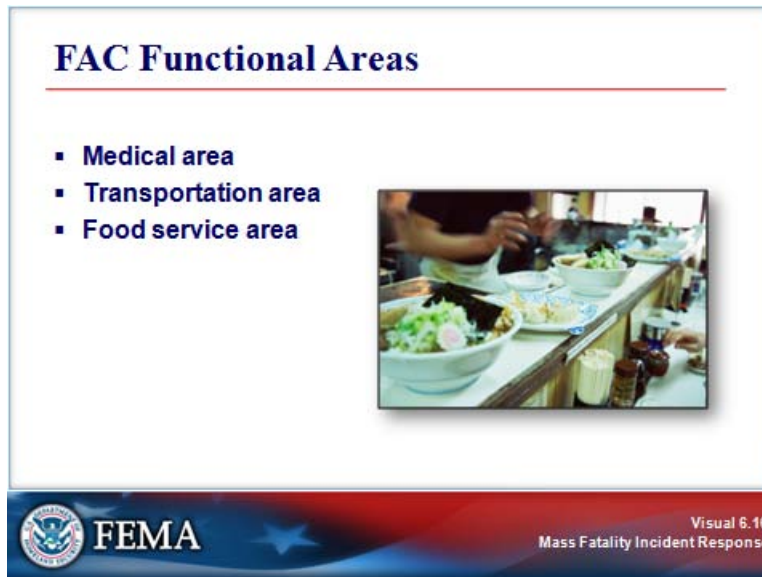
When possible, it is preferable for notification teams to be sent to the families' homes rather than requiring families to return to the FAC. Notification should be made in person by a two-person team. The Oklahoma City Medical Examiner's Office coordinated with organizations, such as the military and police departments that sent their own personnel to the families' homes to carry out notifications.

Be sure to follow jurisdictional law regarding who actually is next of kin. Do not provide anyone else information.

SETTING UP THE FAMILY ASSISTANCE CENTER

Functional Areas and Procedures

Visual 6.16



Notes:

- Medical area. Family members and friends of the victims may require medical assistance. EMS services should be on standby at all times to transport patients to area hospitals, if necessary.
- Transportation area. An area should be identified for families who require local transportation (e.g., to the airport, a hotel, a restaurant, etc.).
- Food service area. If the facility does not have existing food service facilities, provision must be made for an area where this function can be carried out to serve families and FAC staff.

SETTING UP THE FAMILY ASSISTANCE CENTER

FAC Equipment Needs

Visual 6.17



Notes:

What equipment and supplies will be needed at the FAC?

SETTING UP THE FAMILY ASSISTANCE CENTER

FAC Equipment Needs

Visual 6.18



FAC Equipment Needs

Minimum equipment needs:

- Phone lines
- Office supplies
- Computers
- Fax machines
- Two-way communications with the morgue site
- ID making equipment
- Televisions/radios for news feed



security access

 **FEMA**

Visual 6.18
Mass Fatality Incident Response

Notes:

The equipment listed on the visual is the minimum equipment required.

STAFFING THE FAMILY ASSISTANCE CENTER

Notes:

FAC staffing will vary, depending on the size of the incident and the infrastructure available from which to draw. In many incidents, whether or not involving mass fatalities, FAC staffing was coordinated by the American Red Cross. The Red Cross can coordinate a variety of volunteer efforts including:

- The provision of meals—initially through the Oklahoma Restaurant Association, which provided more than 10,000 meals each day—then, later through the Red Cross itself. Many restaurant cooks stayed to help the Red Cross, and restaurants volunteered to prepare special meals for the rescue workers and for different sites.
- Grief counseling and counseling services.
- Personnel who received and followed up on calls to locate or provide information to people calling about friends and family members.
- Support functions, such as greeters, data entry personnel, and janitorial services.

Additionally, the Salvation Army can augment its staff to provide support to the victims and rescuers, while maintaining its ongoing ministry to the needy within the community. The Salvation Army can provide transportation costs, as well as caskets for families needing assistance with out-of-town funerals.

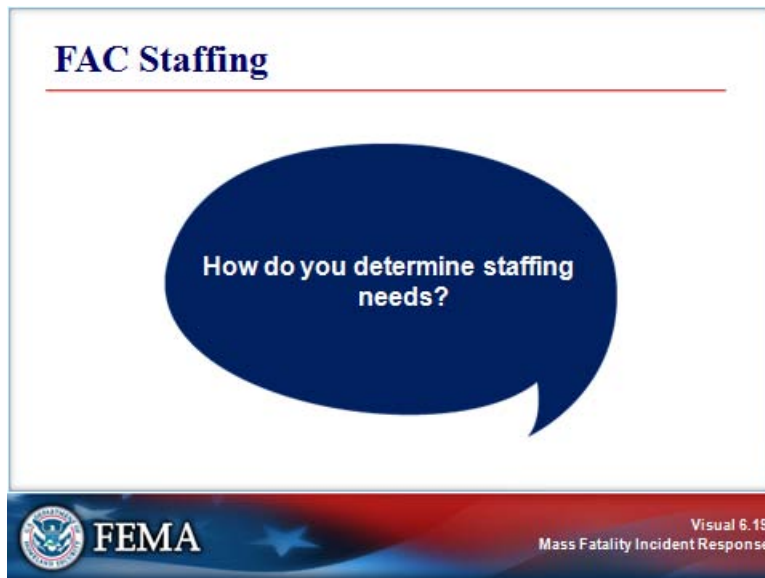
In past incidents, local clergy and grief counseling workers have established peer-review groups to check credentials and confirm that all volunteers are qualified to serve at the FAC. The chaplains and clergy also provide spiritual counseling and conducted worship services.

Note that FAC workers will require many of the same services as the victims.

- Insist that workers in the FAC take breaks.
- Provide meals and rest areas for workers, as well as for the families. Eating and rest areas should be separate from the areas provided for family members.
- Making counseling services available to FAC workers.

STAFFING THE FAMILY ASSISTANCE CENTER

Visual 6.19



Notes:


Given all of the needs of the FAC, how do you determine staffing needs?

STAFFING THE FAMILY ASSISTANCE CENTER

Visual 6.20

FAC Staffing

- How many are estimated to be using the FAC?
- Are any family members likely to have special needs?
- What religions are likely to be represented among the families?
- Will meals be prepared and provided on site?
- Are sleeping arrangements on site or at a hotel close to the FAC?
- Will transportation be needed between the FAC and hotels, restaurants, etc.?
- What support services will be required?



Notes:

The visual lists only some of the considerations that affect FAC staffing.

Refer to the job aid on the following page. This job aid will help you determine the types of workers that may be needed at the FAC.

STAFFING THE FAMILY ASSISTANCE CENTER

FAC Staffing Needs
<p>The following personnel will be needed at all Family Assistance Centers:</p> <ul style="list-style-type: none">• An FAC manager• Shift supervisors (day, evening, and night)• Custodial/waste management personnel• Security personnel (for three shifts)• Registration personnel• Recordkeeping personnel• Health and medical personnel (for three shifts)• Grief counseling personnel (for three shifts)• Personal representative for family members
<p>The following personnel may be needed, depending on the incident type, family demographics, or other family assistance requirements:</p> <ul style="list-style-type: none">• Food service personnel (preparation and cleanup)• Logistics personnel• Translators• Transportation personnel (drivers, etc.)• A donations manager• A Public Information Officer• Communications personnel• Information Technology (IT) personnel
<p>Note: Other/additional personnel may be needed based on:</p> <ul style="list-style-type: none">• Special dietary requirements.• Strict requirements for religious observances.• Strict rules about male-female relationships and privacy.


STAFFING THE FAMILY ASSISTANCE CENTER

Activity: Determining FAC Staffing Needs


Visual 6.21

Activity: Determine FAC Staffing

1. Work in your table group to complete this activity.
2. Read the scenario, and develop preliminary staffing for the Family Assistance Center.
3. Select a spokesperson to present your group's answers to the class.



You have 15 minutes to complete this activity.

**FEMA**Visual 6.21
Mass Fatality Incident Response

Notes:

Purpose: The purpose of this activity is to provide you an opportunity to determine FAC staffing needs in response to a mass fatalities scenario.

Instructions: Follow the steps below to complete this activity:

1. Work in your table group to complete this activity.
2. Read the scenario, and develop preliminary staffing for the Family Assistance Center.
3. Select a spokesperson to present your group's answers to the class.
4. You will have 15 minutes to complete this activity.

STAFFING THE FAMILY ASSISTANCE CENTER

Activity: Determining FAC Staffing Needs

Scenario:

An excursion train carrying a group of 112 elderly French-Canadians on a sightseeing trip to New England has derailed in your town. The derailment was caused when the train hit a log truck that was stopped on the tracks. All coaches derailed and caught fire. At least 85 passengers are unaccounted for. Many of the remains have been burned beyond recognition.

The FAC has been established in a local hotel. The hotel is located several blocks from a vacant warehouse that is being used as a temporary morgue. The hotel does not have a restaurant but there are several restaurants within ½ mile of the site.

Develop your FAC staffing requirements in the space provided below.

STAFFING THE FAMILY ASSISTANCE CENTER

Conducting Family Briefings

Visual 6.22

Conducting Family Briefings

- Brief families before the media.
- Choose terms carefully.
- Be sensitive to ethnic diversity.
- Ensure appropriate voice and tone.



 **FEMA** 

Visual 6.22
Mass Fatality Incident Response

Notes:

Family briefings are a critical part of FAC operations.

- Brief families before briefing the media. Families should never receive their information from the media.
- Choose terms carefully. Expect family members to be very sensitive in their time of grief. When briefing family members, be careful to choose words that cannot be misinterpreted or seen as offensive or insensitive.
- Be sensitive to ethnic diversity. Words, gestures, and body position mean very different things in different cultures. Take time to learn about the families' cultures and customs before conducting a briefing.
- Ensure appropriate voice and tone throughout the briefing.

Believability is important throughout family briefings.

STAFFING THE FAMILY ASSISTANCE CENTER

Conducting Family Briefings

Visual 6.23

Conducting Family Briefings

People believe:

- 55 percent nonverbal (eye contact, body language)
- 38 percent vocal (volume, pitch, tone)
- 7 percent verbal (content)



 **FEMA**  Visual 6.23
Mass Fatality Incident Response

Notes:

The guidelines are important because of the way they receive information. People believe:

- Fifty-five percent of nonverbal communication (eye contact, body language).
- Thirty-eight percent of vocal communication (volume, pitch, tone).
- Seven percent of verbal communication (content).


STAFFING THE FAMILY ASSISTANCE CENTER



Conducting Family Briefings

Visual 6.24

Family Briefing Substance

- Identification process
- Return of personal effects
- Explanation for why it takes so long



 **FEMA** 

Visual 6.24
Mass Fatality Incident Response

Notes:

The substance of the family briefing should center on:

- The identification process. Families should be reassured that remains will be identified accurately. This discussion should include the steps that the Medical Examiner or Coroner will take to identify remains. It should also include a discussion of what it means for family members. For example, family members may be asked to provide dental records, information about distinguishing marks, or samples from which DNA can be analyzed. It is essential that this part of the briefing be provided in layman's terms.
- Release of personal effects. Family members should understand the procedures for claiming personal effects. If personal effects will be delayed or cannot be released, they should be made aware of the delay, the reasons for the delay, and an approximate timeframe after which they can expect to receive the personal effects.
- An explanation for why identification and release of remains takes so long. Managing family members' expectations about timeframes for receiving their loved one's remains is critical. The briefing should link this topic to the identification process to explain that proper identification takes time and that careful identification is in everyone's best interests. Do not use technical language when speaking to family members.

One topic of high interest to family members is the site visit and/or memorial service.

STAFFING THE FAMILY ASSISTANCE CENTER

Conducting Family Briefings

Visual 6.25

Site Visits and Memorial Services

- Should be a coordinated event
- May not always be possible



 **FEMA** Visual 6.25
Mass Fatality Incident Response

Notes:

Site visits and memorial services should be coordinated events. By coordinating the visit or service, family members can have their needs met in a controlled way. During coordinated site visits or memorial services, counselors can be made available for anyone who needs their services.

Depending on the circumstances, it may not always be possible to make a site visit. If that is the case, family members should be told why a site visit isn't possible at that time and when they might expect to visit the scene.

Above all, families should be provided a private environment during site visits and memorial services. Media should be kept away or at a distance. Families should be transported together by bus.

STAFFING THE FAMILY ASSISTANCE CENTER

Conducting Family Briefings

Visual 6.26

Taking Questions at Family Briefings

- Set ground rules.
- Remember that family members:
 - Come from all walks of life.
 - May display a wide range of emotions.

The slide features a photograph of a woman with a blacked-out face. At the bottom, there is a FEMA logo on the left and the text 'Visual 6.26 Mass Fatality Incident Response' on the right.

Notes:

Briefers should always plan a question-and-answer session near the end of the family briefing. Before taking questions, be sure to set the ground rules about what types of questions can be answered, etc. (For example, questions about an ongoing criminal investigation would be out of bounds.) Also, remember that family members:

- Come from all walks of life. Be prepared for a wide range of questions—and be prepared to respond to those questions in a way that family members will understand.
- May display a wide array of emotions, ranging from anger to hysteria. These emotions should be expected and, regardless of the emotions displayed, the briefer should remain calm.

STAFFING THE FAMILY ASSISTANCE CENTER


Conducting Family Briefings



Visual 6.27

Closing Statement

Should cover:

- A summary of key points
- Any remaining housekeeping items
- The schedule for the next briefing



 **FEMA** 

Visual 6.27
Mass Fatality Incident Response

Notes:

At the end of the briefing, the briefer should include a closing statement. The closing statement should include:

- A summary of the key points from the briefing.
- A reminder of any remaining housekeeping items.
- The schedule for the next briefing.

CLOSING THE FAMILY ASSISTANCE CENTER

Notes:

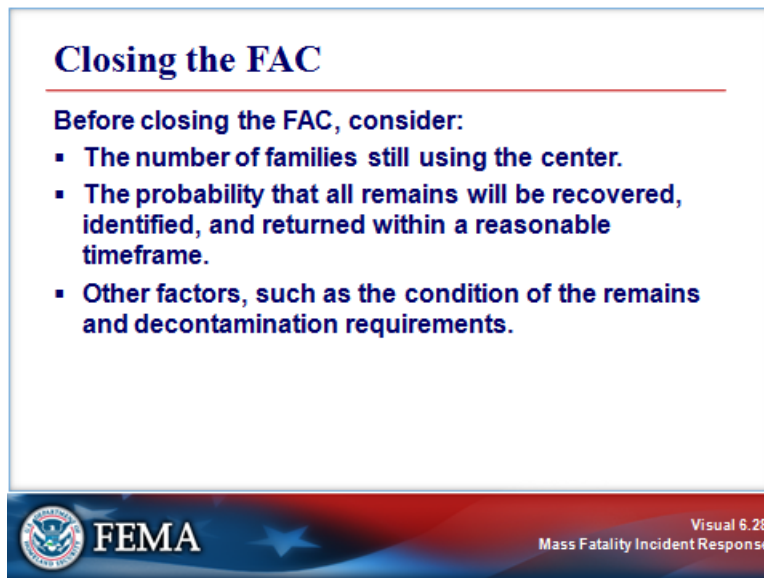
As the incident winds down, the time will come to close the FAC.

What are some indications that the FAC should be closed?

In some cases, the decision to close the center will be evident, but in other cases—such as following a very large incident in which all remains have not been located or cannot be identified—the decision to close the center will be more difficult.

CLOSING THE FAMILY ASSISTANCE CENTER

Visual 6.28



Notes:

There are several factors to consider when determining whether to close the FAC, including:

- The number of families still using the center.
- The probability that all remains will be recovered, identified, and returned within a reasonable timeframe. Note: The disposition of unclaimed remains is determined by the Medical Examiner or Coroner.
- Other factors, such as the condition of the remains and decontamination requirements.

Families using the FAC should receive ample notification before the FAC closes. Ensure that families who have not been notified:

- Know how notification will be made.
- Have a reasonable timeframe for expecting notification.
- Provide families and close friends contact information for questions after the FAC is closed.

Provide transportation and take care of other family needs before the FAC closes and to determine if any families require special provision for notification (e.g., a translator, clergy requirements, etc.).

UNIT SUMMARY

Visual 6.29



Notes:

Note that:

- The FAC is one of the most important facilities required following a mass fatalities incident.
- It is important to act effectively when setting up, staffing, and closing the FAC.

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UNIT 7. FEDERAL ASSISTANCE FOR MASS FATALITIES INCIDENTS

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Unit 7. Federal Assistance for Mass Fatalities Incidents

Unit Objectives

At the end of this unit, you should be able to identify the resources that are available at the Federal level during a mass fatalities incident.

Scope

The scope of this unit will include:

- Introduction and Unit Overview.
 - Types of Federal Assistance.
 - Federal Assistance Following Terrorist Incidents.
 - Requesting Federal Assistance.
 - Unit Summary.
-

Time Plan

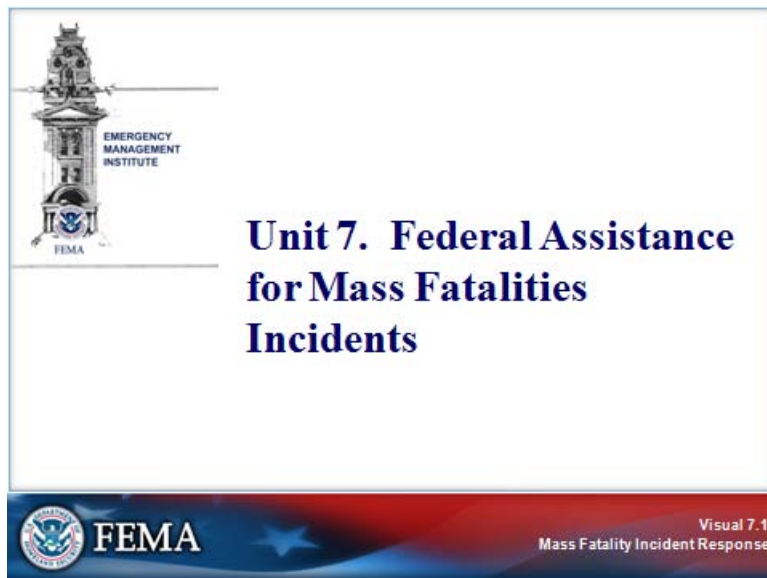
The suggested time plan for this unit is shown below.

Topic	Time
Introduction and Unit Overview	5 minutes
Types of Federal Assistance	20 minutes
Federal Assistance Following Terrorist Incidents	15 minutes
Requesting Federal Assistance	15 minutes
Unit Summary	5 minutes
Total Time	1 hour

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INTRODUCTION AND UNIT OVERVIEW

Visual 7.1



Notes:

This unit will include:

- Types of Federal Assistance.
- Federal Assistance Following Terrorist Incidents.
- Requesting Federal Assistance.

There are several types of Federal assistance that may be available during a mass fatalities incident.

INTRODUCTION AND UNIT OVERVIEW


Unit Objective

Visual 7.2

Unit Objective

Identify the resources that are available at the Federal level during a mass fatalities incident.



 **FEMA** 

Visual 7.2
Mass Fatality Incident Response

Notes:

At the end of this unit, you should be able to identify the resources that are available at the Federal level during a mass fatalities incident.

TYPES OF FEDERAL ASSISTANCE

Visual 7.3



Notes:

The Federal Government provides an array of resources for mass fatalities incidents. The type of incident determines, to some extent, which department coordinates the lead elements of the response. For example, the NTSB has the lead for aviation, bus, rail, and cruise ship accidents.

The Federal resources that will be covered include the:

- National Transportation Safety Board (NTSB).
- National Disaster Medical System (NDMS): Disaster Mortuary Operational Response Teams (DMORTs) (10 teams, including one DMORT WMD team)
 - DMORT Disaster Portable Morgue Unit (three units)
 - Family Assistance Center
 - DMORT WMD Team (1 team)
 - Department of Health and Human Services.
 - FBI Office of Victims' Assistance.

Note the following points:

- DMORTs are assigned to the Department of Health and Human Services (HHS).
- The Department of Defense (DOD) mortuary affairs unit has been named to support HHS activities.

These and other Federal agencies that can be called upon to assist in mass fatalities incidents will be discussed in this unit.

TYPES OF FEDERAL ASSISTANCE

National Transportation Safety Board (NTSB)

Notes:

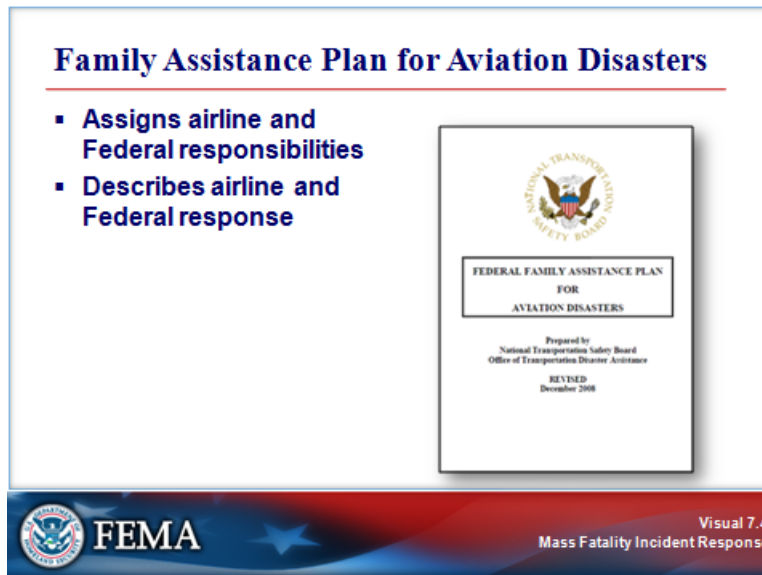
The role of the NTSB can generally be described as that of a coordinator. The Aviation Disaster Family Assistance Act of 1996 tasked the NTSB Office of Transportation Disaster Assistance to coordinate Federal government resources to support the efforts of the local and State government and the airline in meeting the needs of aviation disaster victims and their families. This NTSB role has been applied to other modes of transportation.

NTSB responds to accidents involving several modes of transportation: Aviation, rail, marine, and certain highway, pipeline, and hazmat events. With the passage of the Aviation Disaster Family Assistance Act, the NTSB developed its *Federal Family Assistance Plan for Aviation Disasters*. Originally released in 2000, the Plan was revised and released again in 2008.

TYPES OF FEDERAL ASSISTANCE

National Transportation Safety Board (NTSB)

Visual 7.4



Notes:

Although the Family Assistance Plan applies only to aviation disasters, the tasks in the plan and the participation of the Federal partners are available for other types of transportation accidents. The agencies' roles in these incidents would be similar to those carried out in an air disaster, although they are not required by law.

This plan is the basic document for organizations that have been given responsibilities under it so that they can:

- Develop supporting plans.
- Establish procedures.

In the event of an aviation disaster, NTSB will initiate the notification of Federal agencies to activate planning and coordinating with the airline an appropriate response, based on the magnitude of the crash.

As information about the incident becomes more concise, additional resources may be called upon to support the incident.

TYPES OF FEDERAL ASSISTANCE

National Transportation Safety Board (NTSB)

Visual 7.5



Notes:

Upon direction of the Director of NTSB, the communications center will notify any or all of the following operations centers:

- Although not a Federal resource, the American Red Cross Operations Center can assist in notifying family members who are members of the U.S. military. The Red Cross also will help establish shelters and feeding facilities for disaster workers, and make emergency supplies available to family members of victims. Several Federal agencies use the American Red Cross to manage their FACs.
- The Department of State Operations Center can expedite visa processing for family members who are non-U.S. nationals and (as in the case of Egypt Air 990 crash) works with foreign governments in the diplomatic arena.
- The Department of Health and Human Services (HHS): Secretary's Operations Center (SOC) can reach out to subject-matter experts across its Operative Divisions to provide many services, including epidemiological investigations of infectious disease outbreaks, guidance on the recommended level of personal protective equipment (PPE) for infectious diseases, information on properly filling out death certifications, etc. The SOC has representatives from other Federal departments (e.g., DOD, DVA, and the American Red Cross, as well as HHS components so it can reach out broadly to answer health-related questions).

TYPES OF FEDERAL ASSISTANCE

National Transportation Safety Board (NTSB)

- The Federal Bureau of Investigation (FBI) Operations Center will investigate any mass fatalities incident that NTSB has reason to believe has been caused by the commission of a crime.

TYPES OF FEDERAL ASSISTANCE

National Transportation Safety Board (NTSB)

Visual 7.6



Notes:

Note the resources that NTSB may notify:

- The Department of Homeland Security's Federal Emergency Management Agency (FEMA) can coordinate 28 Federal agencies, as needed, for the response. In mass fatalities disasters declared under the Stafford Act, FEMA can provide disaster housing assistance, emergency assistance to families, grief counseling, and a range of other services.
- The Department of Defense can provide specialized decontamination and other specialized assistance during mass fatalities incidents.
- Non-FBI Department of Justice agencies, such as the Bureau of Alcohol, Tobacco, Firearms, and Explosives (BATFE) can provide specialized expertise in incidents involving bombs.

TYPES OF FEDERAL ASSISTANCE

National Transportation Safety Board (NTSB)

Victim Support Tasks

Visual 7.7



Notes:

In its plan, the NTSB identifies, and describes in greater detail, seven overall Victim Support Tasks (VSTs). VSTs are tasks that participating agencies may be required to perform based on the size and circumstances of the incident.

Note the list of the VSTs:

- NTSB Tasks: To coordinate the resources of the Federal, State, and local agencies
- Airline Tasks: To provide certain types of information to the NTSB, provide a toll-free number for information, notify family members about the accident, secure facility for family members (at an airport and a family assistance center/hotel)
- Family Care and Mental Health (American Red Cross): Coordinate agencies that will provide counseling and other support services; provide child care at the family assistance center, arrange for interfaith memorial service
- Victim Identification and Forensic Services (Department of Health and Human Services (HHS)): Provide a DMORT team, and associated Morgue and Family Assistance Teams, to support the local Medical Examiner or Coroner in conducting victim identification.

TYPES OF FEDERAL ASSISTANCE

National Transportation Safety Board (NTSB)

Victim Support Tasks

Visual 7.8

Victim Support Tasks (VSTs)

- **Assisting Families of Foreign Victims**
- **Communications**
- **Assisting Victims of Crime**

FEMA

Visual 7.8
Mass Fatality Incident Response

Notes:

- Assisting Families of Foreign Victims (Department of State): Assist in contacting families of foreign victims; assist in obtaining medical/dental records of foreign victims; provide translation services.
- Communication (DHS/FEMA): If the accident occurs in a remote area, assist in creating a communication system that will allow NTSB and its partners with communications equipment .
- Assisting Victims of Crime (Department of Justice/FBI): Provide FBI resources to assist with victim identification; transfer management of family assistance responsibilities to the FBI Office for Victim Assistance.

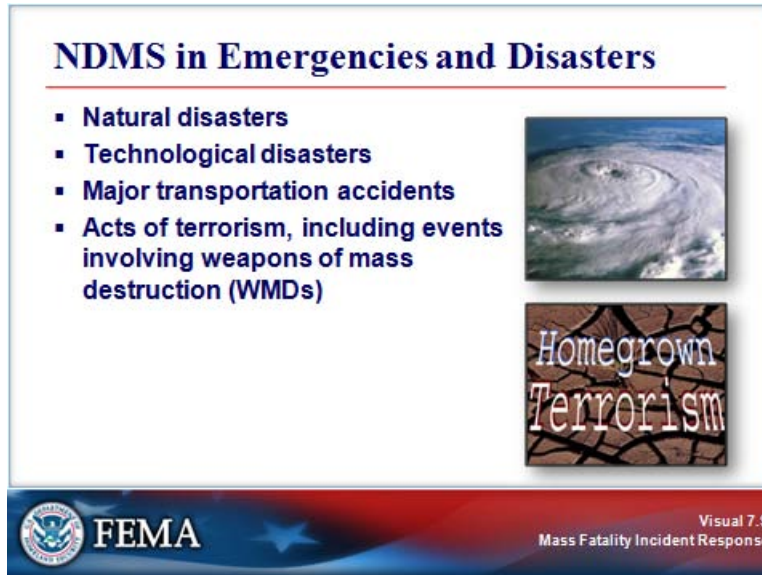
Each aviation crash is unique, and all of the responsibilities under each VST may or may not be employed.

NTSB's plan specifies for the establishment of a Joint Family Support Operations Center (JFSOC) to participate in the local, airline, and Federal response.

TYPES OF FEDERAL ASSISTANCE

National Disaster Medical System (NDMS)

Visual 7.9



Notes:

The National Disaster Medical System (NDMS) is a section within the HHS.

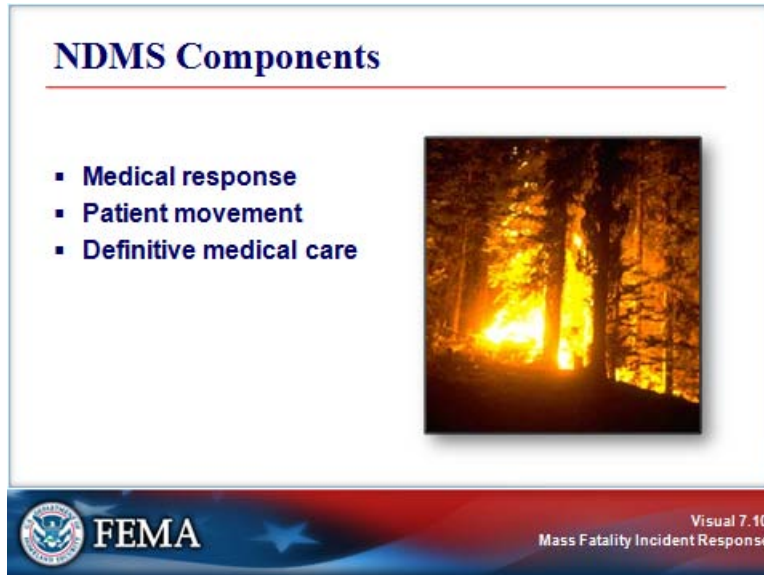
NDMS has the responsibility for managing and coordinating the Federal medical response to major emergencies and Federally declared disasters including:

- Natural disasters.
- Technological disasters.
- Major transportation accidents.
- Acts of terrorism, including events involving weapons of mass destruction (WMDs).

TYPES OF FEDERAL ASSISTANCE

National Disaster Medical System (NDMS)

Visual 7.10



Notes:

NDMS assists in the Federal medical response to major emergencies and Federally declared disasters.

Note the following components of NDMS.

- Medical response to a disaster area in the form of teams, supplies, and equipment
- Patient movement from a disaster site to unaffected areas of the Nation
- Definitive medical care at participating hospitals in unaffected areas

As part of its responsibilities in declared disasters and major emergencies, NDMS is assigned to provide victim identification and mortuary services.

TYPES OF FEDERAL ASSISTANCE

National Disaster Medical System (NDMS)

Visual 7.11

Identification and Mortuary Services

- Temporary morgue resources
- Victim identification
- Forensic dental pathology
- Forensic anthropology methods



 **FEMA** Visual 7.11
Mass Fatality Incident Response

Notes:

The responsibilities for victim identification and mortuary services include:

- Temporary morgue resources.
- Victim identification.
- Forensic dental pathology.
- Forensic anthropology methods.

TYPES OF FEDERAL ASSISTANCE

National Disaster Medical System (NDMS)

Visual 7.12

Identification and Mortuary Services

- Processing
- Preparation
- Disposition of remains



 **FEMA** Visual 7.12
Mass Fatality Incident Response

Notes:

- Processing
- Preparation
- Disposition of remains

To accomplish this mission, Disaster Mortuary Operational Response Teams were developed. The next section will cover these teams.

TYPES OF FEDERAL ASSISTANCE

Disaster Mortuary Operational Response Teams (DMORTs)

Notes:

Disaster Mortuary Operational Response Teams (DMORTs) are composed of private citizens, each with a particular field of expertise, who are activated in the event of a disaster.

DMORT members are required to maintain appropriate certifications and licensure within their disciplines. When members are activated, licensure and certification are recognized by all States, and the team members are compensated for their duty time by the Federal government as temporary Federal employees.

During a response, DMORTs work under the guidance of local authorities by providing technical assistance and personnel to recover, identify, and process deceased victims.

TYPES OF FEDERAL ASSISTANCE

Disaster Mortuary Operational Response Teams (DMORTs)

Visual 7.13



DMORT Professionals

- Funeral directors
- Coroners/Medical examiners
- Pathologists
- Forensic anthropologists
- Medical records technicians and transcribers



 **FEMA** 

Visual 7.13
Mass Fatality Incident Response

Notes:

DMORTs are directed by the NDMS and that the teams are composed of:

- Funeral directors.
- Coroners/Medical Examiners.
- Pathologists.
- Forensic anthropologists.
- Medical records technicians and transcribers.

TYPES OF FEDERAL ASSISTANCE

Disaster Mortuary Operational Response Teams (DMORTs)

Visual 7.14

DMORT Professionals

- Fingerprint specialists
- Forensic odontologists
- Dental assistants
- X-ray technicians
- Mental health specialists
- Investigative personnel



 **FEMA** 

Visual 7.14
Mass Fatality Incident Response

Notes:

Note the types of professionals that comprise the DMORT.

- Fingerprint specialists
- Forensic odontologists
- Dental assistants
- X-ray technicians
- Mental health specialists
- Investigative personnel

DMORT teams also include computer professionals along with administrative and support staff.

TYPES OF FEDERAL ASSISTANCE

Disaster Mortuary Operational Response Teams (DMORTs)

Visual 7.15



Notes:

There are currently three core groups in the DMORT system. These groups include:

- The Family Assistance team, which is responsible for working directly with families involved in a mass fatalities incident.
- The Weapons of Mass Destruction (WMD) team, which is responsible to decontaminate remains from a chemical, biological, or nuclear event. One DMORT team is dedicated to WMD incidents.

The next section will cover the Disaster Portable Morgue Unit (DPMU).

TYPES OF FEDERAL ASSISTANCE

Disaster Portable Morgue Unit (DPMU)

Notes:

Disaster Portable Morgue Units are caches of highly specialized equipment and supplies that are prestaged for deployment to a disaster site.

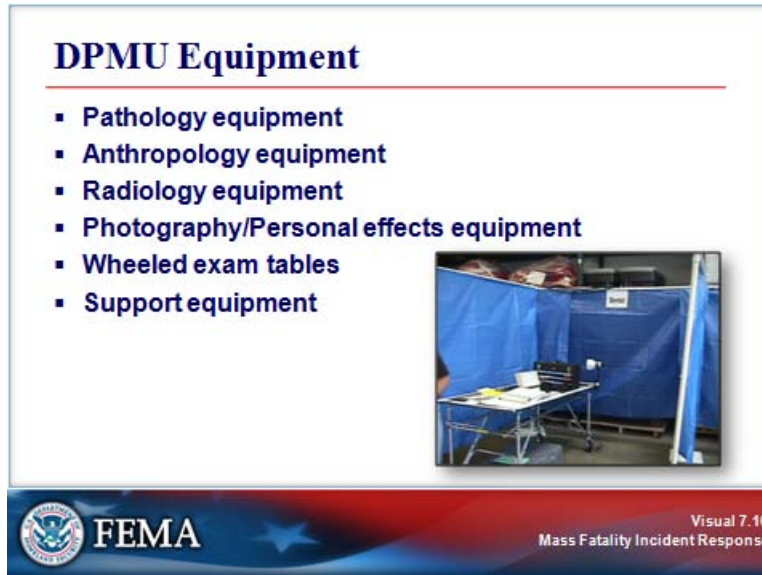
DPMUs contain a complete morgue with designated workstations for each processing element. The DPMU team travels with this equipment to assist in the setup, operation, packing, restocking, and warehousing of all DPMU equipment.

There are currently two DPMUs—one that is stationed in Maryland and another that is stationed in California. The DPMUs can be deployed to the incident site by rail, truck, plane, or military transportation.

TYPES OF FEDERAL ASSISTANCE

Disaster Portable Morgue Unit (DPMU)

Visual 7.16



Notes:

The DPMU contains more than 10,000 individual items, including:

- Pathology equipment, including forceps, scalpels, hemostats, etc.
- Anthropology equipment, including measuring devices, instruments, etc.
- Radiology equipment, including a dental x-ray, 2 full-body x-ray machines, developers, etc.
- Photography/Personal effects equipment, including a camera, film, ladder, etc.
- Wheeled exam tables.
- Support equipment, including:
 - Partitions and supports.
 - Electrical distribution equipment.
 - Plumbing/hot water heaters.
 - Personal protective gear, etc.

FEDERAL ASSISTANCE FOLLOWING TERRORIST INCIDENTS

Visual 7.17



The slide titled "Assets Under the NRF" lists several federal agencies and organizations. To the right of the list is a small image of the National Response Framework cover, dated January 2008, published by Homeland Security. The slide footer includes the FEMA logo and the text "Visual 7.17 Mass Fatality Incident Response".

Assets Under the NRF

- Urban Search and Rescue Teams
- The American Red Cross
- Centers for Disease Control
 - Department of Health and Human Services
 - Office of Terrorism Preparedness and Emergency Response (OTPER)
- Environmental Protection Agency
- Department of Energy and Nuclear Regulatory Commission

National Response Framework
January 2008
Homeland Security

FEMA

Visual 7.17
Mass Fatality Incident Response

Notes:

Following incidents of terrorism or other incidents that result in the implementation of the National Response Framework (NRF), additional Federal resources will be brought to bear.

The following assets can be brought to bear after an incident resulting in implementation of the NRF:

- Urban Search and Rescue (US&R) Teams
- The American Red Cross
- Centers for Disease Control (CDC)
 - Emergency Preparedness Response Branch (EPRB)
 - Office of Terrorism Preparedness and Emergency Response (OTPER)
- Environmental Protection Agency (EPA)
- Department of Energy (DOE)

Each of these will be covered under this topic.

FEDERAL ASSISTANCE FOLLOWING TERRORIST INCIDENTS

Urban Search & Rescue (US&R)

Visual 7.18

Urban Search & Rescue (US&R) Participants

- FEMA
- Task Forces
- Incident Support Teams



The image contains two side-by-side photographs of Urban Search & Rescue (US&R) teams. The left photo shows several rescuers in yellow protective suits and helmets working in a debris field. The right photo shows a closer view of rescuers in similar gear, some using tools to clear rubble. Below the photos is a red and blue banner with the FEMA logo on the left and the text 'Visual 7.18 Mass Fatality Incident Response' on the right.

Notes:

Urban Search & Rescue (US&R) involves the location, rescue (extrication), and initial medical stabilization of victims trapped in confined spaces. Structural collapse is most often the cause of victims being trapped, but victims also may be trapped in transportation accidents, mines, and collapsed trenches.

Urban search and rescue is considered a multihazard discipline, as it may be needed in the response to natural, technological, and hazardous materials events, as well as terrorist incidents.

There are many participants in the National Urban Search and Rescue Response System, including:

- FEMA: Establishes policy and leads the coordination of the National system.
- Task Forces: There are 28 FEMA US&R Task Forces nationwide, trained and equipped by FEMA.
- Incident Support Teams: These teams support the Task Forces through logistics, electronic, and coordination expertise.

FEDERAL ASSISTANCE FOLLOWING TERRORIST INCIDENTS

Urban Search & Rescue (US&R)

US&R Task Forces are partnerships between:

- Local fire and rescue departments.
- Law enforcement agencies.
- Private organizations.

Each Task Force, composed of 62 positions, is totally self sufficient for the first 72 hours of a deployment. Training requirements are intensive, and include Emergency Medical Technician (EMT) training, and specialty training such as K-9 search, rescue, and rigging.

FEDERAL ASSISTANCE FOLLOWING TERRORIST INCIDENTS



Urban Search & Rescue (US&R)

Visual 7.19

US&R Task Force Capabilities

- Conduct physical search and rescue
- Provide emergency medical care
- Employ search and rescue dogs
- Assess and control utility and HazMat issues
- Evacuate and stabilize damaged structures



 **FEMA** 

Visual 7.19
Mass Fatality Incident Response

Notes:

US&R Task Forces are able to:

- Conduct physical search and rescue activities in collapsed structures.
- Provide emergency medical care to trapped victims.
- Employ search and rescue dogs.
- Assess and control utility (e.g., natural gas and electric) and hazardous materials (HazMat) issues.
- Evacuate and stabilize damaged structures.


FEDERAL ASSISTANCE FOLLOWING TERRORIST INCIDENTS


The American Red Cross

Visual 7.20

Mass Care

- Shelter
- Feeding
- Emergency first aid
- Disaster welfare information
- Bulk distribution of emergency relief items



 **FEMA** Visual 7.20
Mass Fatality Incident Response

Notes:

Under the Family Assistance Plan, Victim Support Task 3, Family Care and Mental Health, is the responsibility of the American Red Cross.

Similarly, in cases that result in the implementation of the National Response Plan, the American Red Cross coordinates Federal response assistance to the mass care response of State and local governments, along with the efforts of other voluntary agencies.

Mass care encompasses the following:

- Shelter: The provision of emergency shelter for disaster victims.
- Feeding: The provision of food and drink for disaster victims and emergency workers through a combination of fixed sites, mobile feeding units, and bulk food distribution.
- Emergency first aid: The provision of emergency first aid services to disaster victims and workers at mass care facilities and at designated sites within the disaster area.
- Disaster welfare information: Regarding individuals residing within the affected area, as well as to aid in reunification of family members within the affected area who were separated at the time of the disaster.

FEDERAL ASSISTANCE FOLLOWING TERRORIST INCIDENTS

The American Red Cross

- Bulk distribution of emergency relief items: Determined by the requirement to meet urgent needs of disaster victims for the essential items.

While FEMA is the primary designated agency for mass care, its efforts will be assisted by designated support agencies that are assigned specific roles and tasks. Each support agency will provide representatives who are available on a 24-hour basis.

Are there any questions about the general role of the American Red Cross?

The next section will discuss the Centers for Disease Control and Prevention (CDC).

FEDERAL ASSISTANCE FOLLOWING TERRORIST INCIDENTS

Department of Health and Human Services (HHS)

Notes:

Under the National Response Framework, HHS leads and coordinates Emergency Support Function #8, Public Health and Medical Services Annex. ESF #8 provides the mechanism for coordinated Federal assistance to supplement State, local, and tribal resources in response to public health and medical-care needs for potential or actual Incidents of National Significance and/or during a developing potential health and medical situation. One of its functional areas is Victim Identification/Mortuary Services. It works closely with NDMS (DMORT) to provide fatality management experts and equipment.

The Secretary of HHS, through the Assistant Secretary for Public Health Emergency Preparedness (ASPHEP) coordinates national ESF #8 preparedness response and recovery actions. The HHS Secretary's Operations Center (SOC) facilitates the coordination of the overall national ESF #8 response by working closely with support agencies, such as HHS Operation Divisions, such as the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), and the Food and Drug Administration (FDA). Major operational components involved in response have their own operations center and some are also represented in the SOC. In coordination with these departments and Operational Divisions (OPDIVs), a determination is made on which of them can meet the State's request and is then tasked to do so.

Process for Requesting Federal Support for ESF #8

All requests for Federal assistance must be initiated by the State using an Action Request Form (ARF). The ARF is then sent to the FEMA Operations Section Chief who analyzes the request for:

- Who? Has the request come from the appropriate authorized State representative? Has the State Ops Check seen it?
- What is needed? The request should identify the need rather than the solution.
- When? When is it needed? Is it an immediate or life-threatening need?
- Where? Where is the resource needed?
- How Long? The request should include an estimate of how long the assistance needs to be provided?

To expedite the ARF process, local authorities should address the questions above with as much specificity as possible so the State can compile it into an ARF. Descriptions and numbers of the various specialists, equipment, services, and information assist the State in putting together requests and make it more likely that Federal assets will provide you what you need.

FEDERAL ASSISTANCE FOLLOWING TERRORIST INCIDENTS

Department of Health and Human Services (HHS)

Help In Writing the Information Needed for an ARF

Following activation of ESF #8, HHS rapidly deploys one or more Emergency Coordinators (ECs) to the State Emergency Operations Center (or comparable structure). One of the SERT's roles is to assist local and State officials in identifying needs and writing them in a format that can be acted upon quickly. For example, during Hurricane Katrina, a US Public Health Service dentist worked closely with DMORT and the Fatality Management Branch Director to make sure the necessary information was included and to serve as a conduit for resolving questions.

FEDERAL ASSISTANCE FOLLOWING TERRORIST INCIDENTS

Centers for Disease Control (CDC)

Visual 7.21

EPRB Response

- **Within 10 minutes:** Regional Emergency Response Coordinator contacts the person initiating the request.
- **Within 20 minutes:** Preliminary assessment team is available by phone for consultation.
- **Within 8 hours:** Emergency response coordinator and other team members can be onsite.

FEMA
Visual 7.21
Mass Fatality Incident Response

Notes:

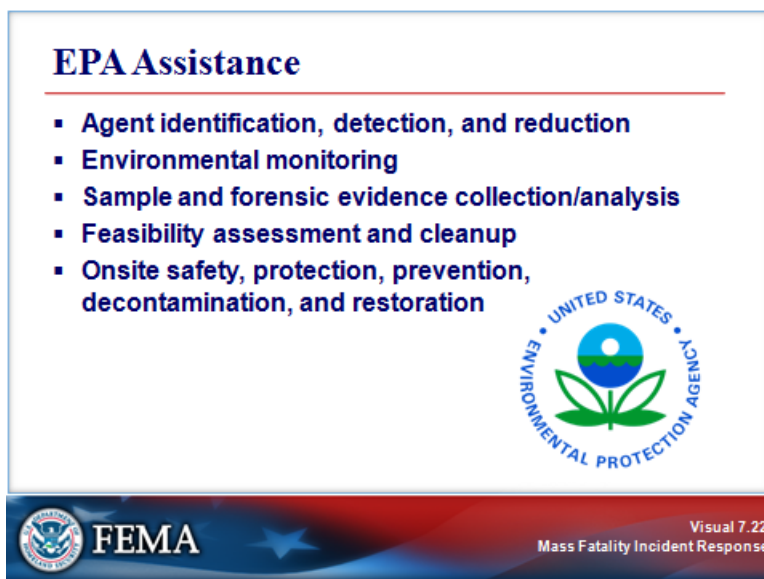
Within the CDC, the Emergency Preparedness Response Branch (EPRB) is the responding organization. The EPRB is committed to respond as follows:

- **Within 10 minutes:** A Regional Emergency Response Coordinator contacts the person initiating the request. The coordinator will obtain full details of the emergency situation and contact the CDC staff who can best respond.
- **Within 20 minutes:** A preliminary assessment team is available by phone for consultation. Depending on the situation, the team members may include:
 - Toxicologists.
 - Chemists.
 - Physicians.
 - Environmental health scientists.
 - Health physicists.
- **Within 8 hours:** An emergency response coordinator and other team members can be on-scene if an immediate on-scene response is required.

FEDERAL ASSISTANCE FOLLOWING TERRORIST INCIDENTS

Environmental Protection Agency (EPA)

Visual 7.22



Notes:

The Environmental Protection Agency (EPA) will activate environmental response capabilities to support the Federal response to acts of Nuclear/Biological/Chemical/Weapons of Mass Destruction (NBC/WMD) terrorism.

The EPA serves as a support agency to the Federal Bureau of Investigation (FBI) for technical operations and as a support agency to FEMA for consequence management. EPA provides technical personnel and supporting equipment to the lead Federal agency during all aspects of a Weapons of Mass Destruction (WMD) terrorist incident.

The ways in which the EPA assists include:

- Agent identification, detection, and reduction.
- Environmental monitoring.
- Sample and forensic evidence collection/analysis.
- Feasibility assessment and cleanup.
- Onsite safety, protection, prevention, decontamination, and restoration.

FEDERAL ASSISTANCE FOLLOWING TERRORIST INCIDENTS

Environmental Protection Agency (EPA)

Under the National Oil and Hazardous Substances Pollution Contingency Plan (NCP) the EPA provides the predesignated Federal On-Scene Coordinator for oil discharges, pollutants, and contaminants to navigable waters into the environment in inland areas.

FEDERAL ASSISTANCE FOLLOWING TERRORIST INCIDENTS



National Guard Civil Support Team (CST)

Visual 7.23

National Guard Civil Support Teams (CSTs)

- Support civil authorities at domestic Chemical, Biological, Radiological, Nuclear, Explosives (CBRNE) incidents
- Facilitate the arrival of follow-on military forces during CBRNE incidents

CRTs complement but do not duplicate State CBRNE response capabilities.



FEMA

Visual 7.23
Mass Fatality Incident Response

Notes:

The National Guard Civil Support Team (CRT) supports civil authorities at domestic CBRNE incident site:

- In identifying and assessing hazards.
- By providing advice to civil authorities.
- By facilitating the arrival of follow-on military forces.

CSTs support States in incidents involving:

- WMDs.
- Intentional or unintentional release of CBRNE and adversarial or human-caused disasters that do, or could result in catastrophic loss of life or property.

CSTs complement and enhance State CBRNE response capabilities.

Within 3 hours of notification, each WMD CST deploys to the incident site. CSTs deploy with a command vehicle, an operations trailer, a communications platform, an Analytical Laboratory System vehicle, which contains a full suite of analysis equipment to support the characterization of specific hazards), and several general-purpose vehicles.

FEDERAL ASSISTANCE FOLLOWING TERRORIST INCIDENTS



U.S. Marine Corps Chemical Biological Incident Response Team

Visual 7.24

USMC CBIRF

The U.S. Marine Corps Chemical Biological Incident Response Force (CBIRF) provides capabilities to:

- Detect and identify agents.
- Perform casualty search, rescue, and personnel decontamination.
- Provide emergency medical care and stabilization of contaminated personnel.



Notes:

The U.S. Marine Corps maintains a force that, when requested, can forward deploy and/or respond to a credible threat of a CBRNE incident in order to assist local, State, or Federal agencies and unified combat commanders to conduct consequence management operations.

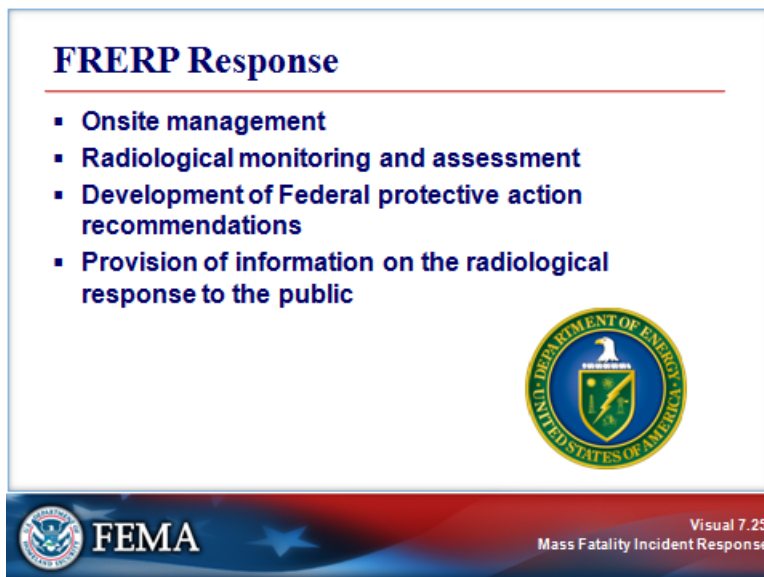
CBIRF provides capabilities to:

- Detect and identify agents.
- Perform casualty search, rescue, and personnel decontamination.
- Provide emergency medical care and stabilization of contaminated personnel.

FEDERAL ASSISTANCE FOLLOWING TERRORIST INCIDENTS

Department of Energy (DOE)

Visual 7.25



Notes:

The U.S. Department of Energy (DOE) will activate nuclear response capabilities to support the Federal response to threats or acts of nuclear/WMD terrorism.

DOE's Emergency Assistance Program includes all activities whereby departmental resources, emergency response assets, personnel, and/or facilities are deployed in support of Federal interagency plans, international agreements, Presidential direction, and State, local, or tribal agreements of mutual aid.

The Federal Radiological Emergency Response Plan (FRERP) has been developed jointly by Federal agencies to guide Federal response to a peacetime radiological emergency. The DOE may coordinate with individual agencies that are identified in the FRERP to use the structures, relationships, and capabilities described in the FRERP to support response operations.

The FRERP response may include:

- Onsite management.
- Radiological monitoring and assessment of ground and airborne contaminants.
- Development of Federal protective action recommendations.
- Provision of information on the radiological response to the public.

FEDERAL ASSISTANCE FOLLOWING TERRORIST INCIDENTS

Department of Energy (DOE)

Deployable DOE scientific technical assistance and support includes capabilities, such as:

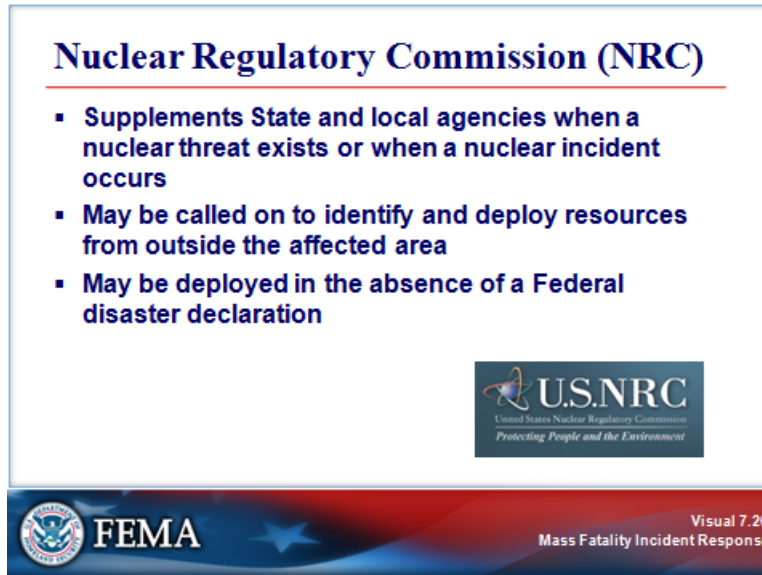
- Search operations.
- Access operations.
- Render-safe operations.
- Containment, relocation, and storage of special nuclear material evidence.
- Postincident cleanup.

Additionally, the National Oil and Hazardous Substances Pollution Contingency Plan (NRP) provides the organizational structure and procedures for Federal responses to discharges of oil and releases of hazardous substances.

REQUESTING FEDERAL ASSISTANCE


Department of Energy (DOE) Nuclear Regulatory Commission (NRC)


Visual 7.26



Nuclear Regulatory Commission (NRC)

- **Supplements State and local agencies when a nuclear threat exists or when a nuclear incident occurs**
- **May be called on to identify and deploy resources from outside the affected area**
- **May be deployed in the absence of a Federal disaster declaration**





Visual 7.26
Mass Fatality Incident Response

Notes:

In the event of a mass fatalities incident, sufficient resources may not be available to State and local agencies to meet emergency requirements. Federal assistance may be required to identify and deploy resources from outside the affected area to ensure a timely, efficient, and effective response.

Federal resources may be required either in the case of a Federal disaster declaration or in the absence of a declaration.

UNIT SUMMARY

Visual 7.27



Notes:

There are several types of Federal assistance that may be available following mass fatalities incidents.

Note the additional resources that may be brought to bear following incidents of terrorism or other mass fatalities incidents.

- Urban Search & Rescue (US&R) Teams
- The American Red Cross
- The Centers for Disease Control and Prevention (CDC)
- The Department of Energy (DOE), including the Nuclear Regulatory Commission (NRC)
- National Guard Civil Support Teams (CSTs)
- U.S. Marine Corps (USMC) Chemical Biological Incident Response Force (CBIRF)

Next will be the final exercise it will provide an opportunity for you to apply what you have learned throughout the course.

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UNIT 8. MASS FATALITIES TABLETOP EXERCISE

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Unit 8. Mass Fatalities Tabletop Exercise

Unit Objectives

At the end of this unit, you should be able to apply what they have learned throughout this course to a simulated mass fatalities event. Specifically, you should be able to:

- Analyze the appropriateness of your plan, policies, procedures, and other preparedness elements to respond to a mass fatalities incident.
- Determine the adequacy of your jurisdiction's resources (e.g., personnel and equipment) to respond to a mass fatalities incident.
- Identify the coordination requirements among local, State, and Federal governments to respond to a mass fatalities incident.
- Identify additional training needs for the jurisdiction's response and emergency management staff members.

Scope

The scope of this unit will include:

- Exercise Introduction
- Completing the Exercise
- Exercise Debriefing
- Course Summary and Wrapup

Time Plan

The suggested time plan for this unit is shown below.

Topic	Time
Exercise Introduction	45 minutes
Completing the Exercise	60 minutes
Exercise Debriefing	30 minutes
Course Summary and Wrapup	20 minutes
Total Time	2 hours 30 minutes

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EXERCISE INTRODUCTION

This tabletop exercise is intended to allow you to apply what you have learned throughout the course. The exercise describes a natural gas explosion and its immediate aftermath. The exercise provides an opportunity to identify the issues and problems faced in responding to a mass fatalities incident—and actions that you should take to be better prepared should a real mass fatalities incident occur.

The exercise simplifies and orders the event during a period of time that, in reality, would be characterized by confusion and complexity, pressure to do everything at once, and intense emotions. The incident is presented in several stages—the initial incident scenario and three incident updates—to focus on a variety of response issues. Each stage of the exercise covers key elements that are likely to be encountered in responding to a mass fatalities incident.

The scenario presented in this exercise is not intended to reflect a jurisdiction's political context, although you should consider how major political issues might influence your actions and decisions.

This exercise is modified from the traditional tabletop design. Rather than including injects, the Instructor/Facilitator will distribute handouts to you at specified times throughout the exercise.

Exercise Length and Agenda

This exercise is designed for completion in approximately 2 hours 10 minutes, including the debriefing. A suggested agenda is shown below.

Topic	Time
Introduction	10 minutes
Scenario Presentation and Group Discussion	30 minutes
Scenario Update #1 Presentation and Group Discussion	30 minutes
Scenario Update #2 Presentation and Group Discussion	15 minutes
Scenario Update #3 Presentation and Group Discussion	15 minutes
Debriefing/Action Planning	30 minutes
Total Time	2 hours 10 minutes

EXERCISE INTRODUCTION

Emergency Action and EOP Assessment Checklist

Emergency Action and EOP Assessment Checklist			
Description/Function	Adequate	Inadequate	Not Addressed
Hazard Assessment			
Contains a hazard vulnerability assessment that considers incidents involving mass fatalities, including impact, risk areas, response efforts, etc.			
Considers special requirements for a mass fatalities incident, such as Personal Protective Equipment (PPE), search and recovery needs, morgue requirements, etc.			

EXERCISE INTRODUCTION

Emergency Action and EOP Assessment Checklist

Emergency Action and EOP Assessment Checklist			
Description/Function	Adequate	Inadequate	Not Addressed
Direction and Control			
Describes the command structure using the principles of ICS. Specifies who will be in charge of the response and how operations will be organized, including lines of succession.			
Provides for all of the main functions required during a mass fatalities incident (e.g., search and recovery, victim transport, morgue operations, family assistance, stress management).			
Specifies the authorities and limitations on delegations of authority to key personnel.			
Identifies the roles and responsibilities of key personnel during the initial stages of a mass fatalities incident.			
Includes provisions for coordinating and communicating among all jurisdictions and agencies responding to a mass fatalities incident.			

EXERCISE INTRODUCTION

Emergency Action and EOP Assessment Checklist

Emergency Action and EOP Assessment Checklist			
Description/Function	Adequate	Inadequate	Not Addressed
Communication			
Defines reporting procedures and mechanisms for communicating across agencies and jurisdictions.			
Specifies methods for communicating between the State and local EOC, on-scene personnel, mutual aid partners, etc.			
Includes plans for the augmentation of local capability through the provision of mutual aid and by higher levels of government.			
Specifies requirements for a backup communications system and procedures for activating it.			

EXERCISE INTRODUCTION

Emergency Action and EOP Assessment Checklist

Emergency Action and EOP Assessment Checklist			
Description/Function	Adequate	Inadequate	Not Addressed
Public Information			
Is based on the Joint Information System (JIS) concept.			
Indicates who activates the Public Information function and resources for disseminating information to the public.			
Provides guidance for establishing a Joint Information Center (JIC) to deal with media convergence.			
Provides guidance for providing credentials for media representatives and for coordinating with law enforcement and/or other agencies (as necessary) for access to the site.			
Specifies procedures for how agency Public Information Officers will work within the JIS.			

EXERCISE INTRODUCTION

Emergency Action and EOP Assessment Checklist

Emergency Action and EOP Assessment Checklist			
Description/Function	Adequate	Inadequate	Not Addressed
Protective Actions			
Includes procedures for determining the level of protection required and protective actions that should be taken.			
Includes procedures for managing the scene, including preservation measures, access, supply/resupply issues, etc.			

EXERCISE INTRODUCTION

Emergency Action and EOP Assessment Checklist

Emergency Action and EOP Assessment Checklist			
Description/Function	Adequate	Inadequate	Not Addressed
Resource Management			
Describes the roles and responsibilities of those involved with resource management.			
Includes provisions for obtaining specialized equipment and personnel, including requests for Federal assets.			
Includes mutual aid agreements and/or intergovernmental agreements for specialized resources (e.g., search and recovery teams) and identifies the resources available through each agreement.			

EXERCISE INTRODUCTION

Emergency Action and EOP Assessment Checklist

Emergency Action and EOP Assessment Checklist			
Description/Function	Adequate	Inadequate	Not Addressed
Morgue Operations			
Specifies who will be in charge of morgue operations (e.g., medical examiner, coroner).			
Includes a list of potential temporary morgue sites, including space available, limitations on use, resource needs, etc.			
Includes a 24/7 call-down list of personnel (e.g., funeral directors, pathologists, etc.) who will assist with victim identification, processing, and return of remains.			
Includes a list of resources that are available in the jurisdiction for use in morgue operations.			
Includes sources of additional resources that could be needed, together with procedures requesting those resources, and probable timeframes for delivery.			
Describes procedures for notifying next of kin, requesting identifying information and DNA samples, etc.			

EXERCISE INTRODUCTION

Emergency Action and EOP Assessment Checklist

Emergency Action and EOP Assessment Checklist			
Description/Function	Adequate	Inadequate	Not Addressed
Family Assistance			
Describes the procedures for implementing family assistance, including who is authorized to designate and open Family Assistance Centers (FACs).			
Identifies who will manage the FAC and how they will be notified that an FAC is necessary.			
Includes a 24/7 call-down roster of all personnel who will staff an FAC (at least key personnel). Includes a system for soliciting and screening volunteers for FAC duty (if volunteers are to be used).			
Describes the procedures for determining when an FAC is no longer required and for closing the operation and paying bills.			

EXERCISE INTRODUCTION

Emergency Action and EOP Assessment Checklist

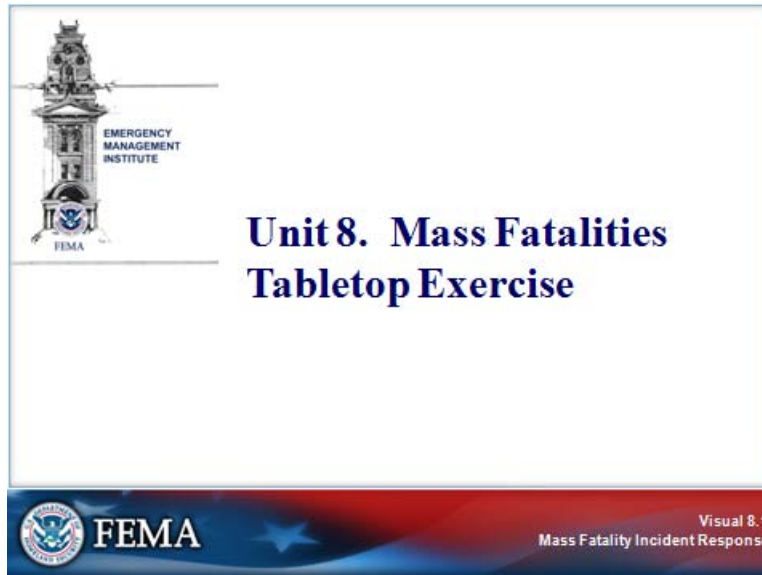
Emergency Action and EOP Assessment Checklist			
Description/Function	Adequate	Inadequate	Not Addressed
Stress Management			
Includes provisions for implementing stress management for all personnel involved in mass fatalities incidents.			
Includes contact information for trained critical incident stress debriefers and other skilled counseling personnel.			
Provides for long-term post-traumatic stress counseling as necessary.			

Unit 8. Mass Fatalities Tabletop Exercise

COMPLETING THE EXERCISE

Exercise Purpose and Objectives

Visual 8.1



Notes:

The purpose of this exercise is to provide you with an opportunity to apply what you have learned throughout this course to a simulated incident.


COMPLETING THE EXERCISE


Exercise Purpose and Objectives

Visual 8.2

Tabletop Exercise: Purpose

To provide an opportunity for you to apply what you have learned throughout this course to a simulated incident.



 **FEMA** Visual 8.2
Mass Fatality Incident Response

Notes:


COMPLETING THE EXERCISE



Exercise Purpose and Objectives

Visual 8.3

Tabletop Exercise: Objectives

- Analyze your plans, policies, procedures, and other preparedness elements.
- Determine the adequacy of your jurisdiction's resources.
- Identify coordinating requirements among local, State, and Federal governments and private agencies.
- Identify additional training needs.



 **FEMA** 

Visual 8.3
Mass Fatality Incident Response

Notes:

At the end of this exercise, you should be able to:

- Analyze the appropriateness of your plans, policies, procedures, and other preparedness elements to respond to a mass fatalities incident.
- Determine the adequacy of the jurisdiction's resources (e.g., personnel and equipment) to respond to a mass fatalities incident.
- Identify the coordination requirements among local, State, and Federal governments to respond to a mass fatalities incident.
- Identify additional training needs for the jurisdiction's response and emergency staff members.

COMPLETING THE EXERCISE

Exercise Introduction

Notes:

The incident in this exercise is a simplified, ordered version of a mass fatalities incident involving a natural gas explosion. The exercise includes key elements that are likely to be encountered in responding to such an incident, allowing you to consider important issues and make decisions within a rational structure.

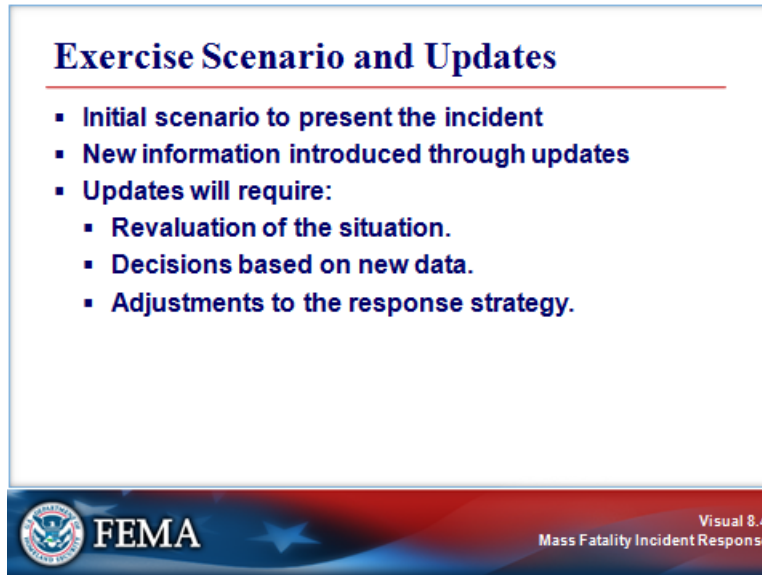
The exercise provides an opportunity to identify the issues a jurisdiction will face when responding to an incident involving mass fatalities. During the exercise, you must analyze your jurisdiction's plans, policies, and procedures in evaluating how it will respond to the incident.

Identifying response issues will allow the jurisdiction to take actions to ensure that it is adequately prepared should an actual incident occur.

COMPLETING THE EXERCISE

Exercise Scenario and Updates

Visual 8.4



Notes:

The initial scenario will present the incident. The initial scenario is included in the Student Manual.

New information about the incident will be introduced at intervals throughout the exercise. This information will require you to:

- Reevaluate the situation.
- Make decisions based on the new data.
- Adjust your response strategy accordingly.

The updates will be provided as handouts, which you should add to the Student Manual.


COMPLETING THE EXERCISE



Exercise Scenario and Updates

Visual 8.5

Expected Outcomes

- Understanding of strengths and weaknesses of EOP, SOPs, and policies
- Action plans (issues and tasks)
- List of additional training requirements
- List of resource requirements and shortfalls



 **FEMA** 

Visual 8.5
Mass Fatality Incident Response

Notes:

You should have the following information to take back to your jurisdiction to begin the process of improving your policies and procedures for responding to mass fatalities incidents:

- Strengths and weaknesses of their existing EOP, SOPs, and policies.
- An action plan that includes issues and tasks required to update, revise, develop, or expand their EOP, SOPs, and policies.
- A list of additional training requirements for personnel responding to a mass fatalities incident.
- A complete resource list, including requirements and shortfalls.

This exercise will not be successful unless you follow through when you return to your jurisdiction.

COMPLETING THE EXERCISE

Exercise Debriefing

Notes:

At the end of the exercise, you should expect to participate in a debriefing. The debriefing will cover the key points from the exercise and allow opportunities for you to discuss issues that you discovered and possible solutions.

COMPLETING THE EXERCISE**Incident Description**

Date: [Today's date]

Weather Forecast: [Actual or typical for the season]

Current Temperature: [Actual or within seasonal range]

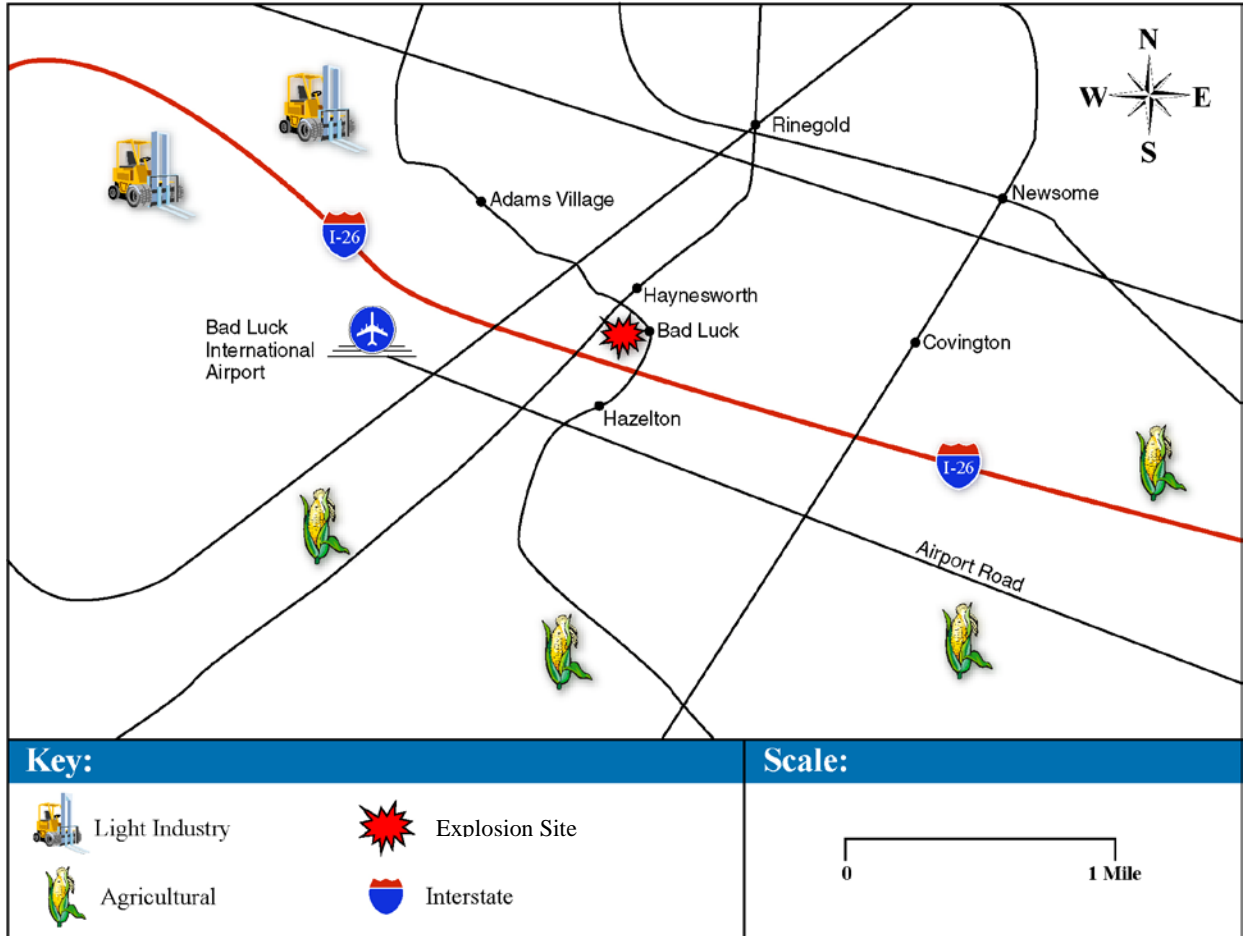
Wind Speed and Direction: [Actual or typical for the season]

Time	Description
10:32 a.m.	The 9-1-1 dispatch center receives the first of numerous calls reporting an explosion at a laundromat in a mixed commercial–residential section of the city of Bad Luck. All callers are reporting that the building is on fire and there is damage to surrounding buildings. No one is able to provide any information about how many people might have been in the laundromat at the time of the explosion or about other injuries in the surrounding buildings.
10:33 a.m.	The 9-1-1 operator dispatches all available fire, police, and medical units to the scene.
10:35 a.m.	Initial units arriving at the scene report that the laundromat is fully involved. The commercial buildings on either side of the laundromat are also burning. Windows have been blown out of buildings across the street, and debris is scattered throughout the area.
10:38 a.m.	The Incident Commander, a Battalion Chief with the Bad Luck Fire Department, radios dispatch that he has established command in his car. Law enforcement personnel are establishing a perimeter around the incident and directing evacuees from the area. Firefighters have been assigned to contain the fires. He has no information at this time on casualties but states that he would be not be surprised if there were fatalities at least in the laundromat. The Incident Commander asks that the gas company shut off the supply to the area immediately and that mutual aid agreements from all surrounding towns be activated.
10:40 a.m.	Local media outlets have interrupted their programming with news of the explosion. All are sending news crews to the scene.

COMPLETING THE EXERCISE

Incident Description

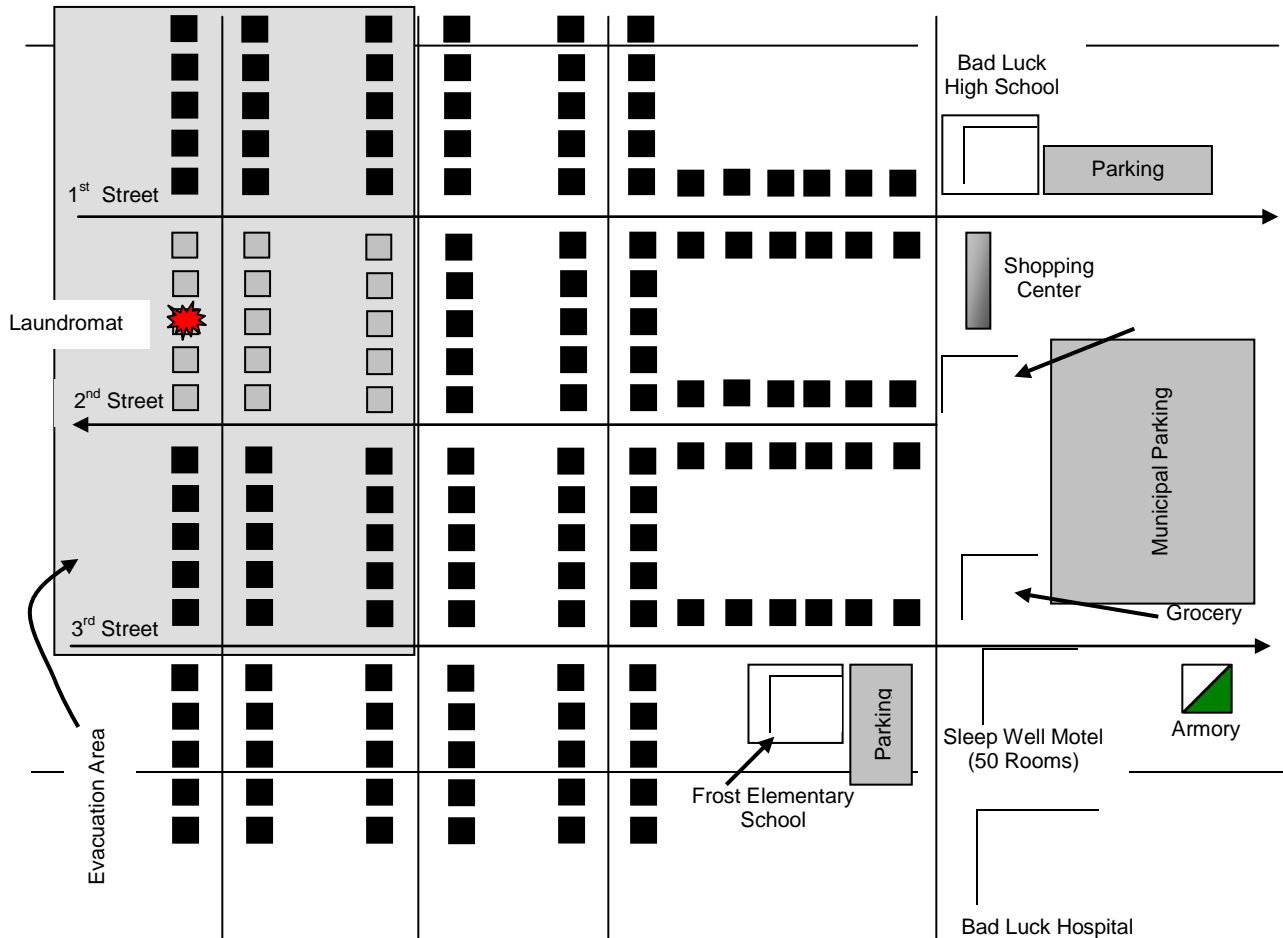
BAD LUCK AREA MAP



COMPLETING THE EXERCISE

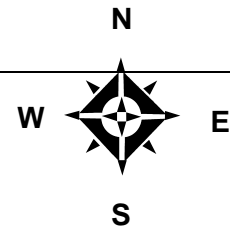
Incident Description

Laundromat Explosion Site Map



KEY:

- Structures Affected by the Explosion
- Commercial/Residential Structures—Undamaged
- Explosion Site



COMPLETING THE EXERCISE

Incident Description

Bad Luck has the following resources available:

- Police:
 - 5 marked units
 - 2 unmarked units

- Fire:
 - 3 engine companies
 - 1 ladder company
 - 1 hazmat company
 - 1 rescue company

- EMS:
 - 5 basic life support units
 - 1 advanced life support transport unit
 - 2 advanced life support nontransport units
 - 1 EMS supervisor

- Miscellaneous:
 - Tri-Area Electric and Gas response crew
 - 1 K-9 search & rescue unit

Bad Luck has mutual aid agreements for fire, police, and EMS response with all surrounding towns.

The Medical Examiner, who has local authority for the remains is located at the county seat, approximately 18 miles from Bad Luck.

COMPLETING THE EXERCISE

Incident Description

4. What functions will be needed to support victim recovery and identification in this incident? How will they be organized? Draw your initial organization chart below.

EXERCISE DEBRIEFING

Notes:

What have you learned about your state of readiness for a mass fatalities incident by completing this exercise?

What are you going to do to improve your mass fatalities response when you return home?

COURSE SUMMARY AND WRAPUP

Notes:

Thank you for attending the course.

Complete the evaluation and give it to the Instructor before you leave the classroom.

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APPENDIX A. GLOSSARY

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Appendix A. Glossary

AAR	After Action Report
AFIP	Armed Forces Institute of Pathology
ARF	Action Request Form
ATC	Air Traffic Control
ATF	Bureau of Alcohol, Tobacco, Firearms, and Explosives
CADD	Computer Aided Design and Drafting
CAMI	Civil Aeromedical Institute
CBRNE	Chemical, Biological, Radiological, Nuclear, Explosives
CDC	Centers for Disease Control and Prevention
CISD	Critical Incident Stress Debriefing
CST	Civil Support Team
DHS	Department of Homeland Security
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Operational Response Team
DNA	Deoxyribo Nuclaicr Acid
DOE	Department of Energy
DPMU	Disaster Portable Morgue Unit
EC	Emergency Coordinator (See also REC)
EMA	Emergency Management Agency
EMS	Emergency Medical Service
EMT	Emergency Medical Technician
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EPA	Environmental Protection Agency
EPRB	Emergency Preparedness and Response Branch
FAA	Federal Aviation Administration
FAC	Family Assistance Center
FBI	Federal Bureau of Investigation
FEMA	Federal Emergency Management Agency
FRERP	Federal Radiological Emergency Response Plan
GPS	Global Positioning System
HSC	Homeland Security Council
HSPD	Homeland Security Presidential Directive
HHS	Department of Health and Human Services
HVAC	Heating, Ventilation, and Air Conditioning
IAP	Incident Action Plan
ICP	Incident Command Post
ICS	Incident Command System
IT	Information Technology
JFSOC	Joint Family Support Operations Center
JIC	Joint Information Center
JIS	Joint Information System

Appendix A. Glossary

LFA	Lead Federal Agency
LLIS	Lessons Learned Information Sharing
MACC	Multiagency Coordination Center
ME/C	Medical Examiner/Coroner
NIMS	National Incident Management System
NRF	National Response Framework
NTSB	National Transportation Safety Board
OASPR	Office of the Assistant Secretary for Preparedness and Response
OG&E	Oklahoma Gas & Electric
OKCFD	Oklahoma City Fire Department
PEMA	Pennsylvania Emergency Management Agency
PIO	Public Information Officer
PPE	Personal Protective Equipment
PPS	Precise Positioning Service
REC	Regional Emergency Coordinator
SOC	HHS Secretary's Operation's Center
SOP	Standard Operating Procedure
SPS	Standard Positioning Service
UCP	Unified Command Post
USAF	United States Air Force
USCG	United State Coast Guard
USAR	Urban Search and Rescue
VA	Department of Veterans Affairs
VST	Victim Support Tasks
WMD	Weapons of Mass Destruction

APPENDIX B. JOB AIDS

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JOB AID 3.1

Mass Fatalities Annex Review Checklist				
Does your community's Mass Fatalities Annex. . .	Yes	No	Don't Know	Notes
• Specify who is legally in charge of the remains at a mass fatalities incident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Consider the types of natural and/or technological hazards that could cause a mass fatalities incident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Include mutual aid agreements with Medical Examiners/Coroners/forensic scientists, and others in surrounding jurisdictions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Specify how to contact specialists for assistance in a mass fatalities incident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Include a list of all of the resources that may be needed for a mass fatalities incident along with the:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o Location of each resource?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o Method of delivery to the scene?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o Point of contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o 24-hour telephone number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Specify the use of ICS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Include a process for notifying additional personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Include forms for documenting expenses for equipment and supplies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Address who will set up and run the Family Assistance Center?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Outline who will be considered next-of-kin for official notification and release of remains?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Include policies on sensitive items such as cremation of remains, procedures for fragmented remains, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**JOB AID 5.1
SUPPLIES NEEDED FOR INCIDENT MORGUE SITES**

Personal Equipment	
<p>Personnel reporting for morgue duty should be provided with the following supplies listed below.</p> <ul style="list-style-type: none"> • Personal protective equipment • Fresh water • Clothing appropriate to the climate at the incident site 	
Administrative Supplies	
<ul style="list-style-type: none"> • Telephone (land line and cellular) • Fax machine • Photocopy machine • Typewriter • Computer and printer 	<ul style="list-style-type: none"> • Morgue forms • Distribution control chart • File folders • Desks, tables, and chairs • Pens, pencils, paper
Instruments	
<ul style="list-style-type: none"> • Autopsy and postmortem examination equipment as needed by forensic personnel • X-ray equipment for full-body and dental radiographs 	<ul style="list-style-type: none"> • Photographic equipment • Embalming equipment and supplies
Forensic Equipment	
<ul style="list-style-type: none"> • Pathological Examination • Scalpels • Scale • Examination table • Stryker (bone) saw • Anthropological equipment • Dental equipment 	<ul style="list-style-type: none"> • Fingerprint equipment • DNA equipment • Bone saw • DNA specimen containers • Bleach
Miscellaneous Supplies and Equipment	
<ul style="list-style-type: none"> • Removal vehicles • Stretchers, litters, and cots 	<ul style="list-style-type: none"> • Refrigerator trucks • Sealer for pouches

**JOB AID 6.1
DETERMINING FAC STAFFING NEEDS**

The following personnel will be needed at all Family Assistance Centers:

- A FAC manager.
- Shift supervisors (day, evening, and night).
- Custodial/waste management personnel.
- Security personnel (for three shifts).
- Registration personnel.
- Recordkeeping personnel.
- Health and medical personnel (for three shifts).
- Grief counseling personnel (for three shifts).
- Personal representative for family members

The following personnel may be needed, depending on the incident type, family demographics, or other family assistance requirements:

- Food service personnel (preparation and cleanup).
- Logistics personnel.
- Translators.
- Transportation personnel (drivers, etc.).
- A donations manager.
- A Public Information Officer.
- Communications personnel.
- Information Technology (IT) personnel.

Note: Other/additional personnel may be needed based on:

- Special dietary requirements.
- Strict requirements for religious observances.
- Strict rules about male-female relationships and privacy.

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**APPENDIX C. FEDERAL FAMILY ASSISTANCE PLAN FOR AVIATION
DISASTERS**

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**FEDERAL FAMILY ASSISTANCE PLAN
FOR
AVIATION DISASTERS**

**Prepared by
National Transportation Safety Board
Office of Transportation Disaster Assistance**

**REVISED
December 2008**

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PURPOSE

This plan, which is designed to serve as guidance, assigns responsibilities and describes how air carriers and Federal agencies should respond to an aviation accident involving a significant number of passenger fatalities and/or injuries. Organizations given authority or responsibility by legislation should develop procedures specific to their role. Supporting legislation is located in appendix A.

IMPLEMENTATION

This plan shall be executed in full or part by the Director, Office of Transportation Disaster Assistance (TDA), under the direction of the Chairman, National Transportation Safety Board (NTSB).

1. The Director shall recommend to the Chairman activation of the plan or portions thereof.
2. Federal agencies that have responsibilities under this plan shall maintain control of their resources while supporting the NTSB in accordance with the above references. (For purposes of this document, the terms “Federal agencies” and “Federal staff” include the American Red Cross.)
3. The NTSB, through its communications center, will initiate notification of Federal agencies to activate planning and will coordinate with the air carrier an appropriate response based on the magnitude of the aviation accident. As factual information about the accident is confirmed, additional resources may be requested to support the overall family assistance response. Upon instruction by the Director, the NTSB communications center will notify any or all of the following operations centers:
 - a. American Red Cross
 - b. Department of State (DOS)
 - c. Department of Health and Human Services (DHHS) Secretary’s Operations Center
 - d. Federal Bureau of Investigation Operations Center (FBI–SIOC)
 - e. Federal Emergency Management Agency (FEMA)
 - f. Department of Defense (DOD)
 - g. Department of Homeland Security (DHS)
4. Under the Aviation Disaster Family Assistance Act of 1996, the NTSB serves as the coordinator for the integration of Federal government resources and the resources of other organizations to support efforts of local and State governments and the air carrier to meet the needs of aviation disaster victims and their families. Crisis intervention, victim identification and forensic services, communication with foreign governments, and translation services are among Federal government services available to help local authorities and the air carrier respond to a major aviation disaster. Local government emergency services should provide a representative from the Joint Family Support

Operations Center (JFSOC) to participate in the local, air carrier, and Federal response. Details of the JFSOC are provided in appendix C. The layout of the JFSOC will depend on the facilities and rooms available near the disaster location.

5. Local authorities maintain the same jurisdictional responsibilities in regard to the initial accident response, recovery, security, site cleanup, and medical examiner operations, and the NTSB leads the aviation accident investigation. If a criminal act is believed to have caused the accident, the FBI becomes the lead investigative agency and is supported by the NTSB.
6. The air carrier has a fundamental responsibility to victims and their families affected by an aviation disaster. The air carrier is primarily responsible for family notification and all aspects of victim and family logistical support. The Aviation Disaster Family Assistance Act of 1996 (appendix A) and the Foreign Air Carrier Family Support Act (appendix A) place the air carrier, as well as other support organizations, in a collaborative relationship with families.
7. All personnel involved in providing services to assist victims and their family members should be trained in crisis response and must demonstrate compassion, technical expertise, and professionalism. Personal information provided by family members and victims through discussions, interviews, counseling, or any other form of information exchange should remain confidential and shall not be used for future litigation purposes.

SCOPE

This plan pertains to any domestic or foreign commercial aviation accidents occurring within the United States, its territories, possessions, and territorial seas.

ASSUMPTIONS

1. The Chairman of the NTSB will request Federal agencies to support the NTSB in accordance with the references included in appendix A.
2. Pursuant to the Aviation Disaster Family Assistance Act of 1996, the NTSB has the primary Federal responsibility for facilitating victim recovery and identification. It is understood that the presiding medical examiner or coroner is legally responsible for victim recovery and identification. (It is noted that there are differences between a medical examiner and coroner. For the purposes of this document, the term “medical examiner” is used interchangeably with “coroner.”) To ensure adequate resources for medical examiners to accomplish their jurisdictional responsibilities, the NTSB coordinates the resources of various Federal agencies to effect victim recovery and identification. The NTSB supports the use of State and local mass fatality teams and other trained experience personnel under the direction of the medical examiner.
3. For purposes of this document, the terms “family,” “family members,” “friends,” and “relatives” are used to refer to those people who have a relationship to a person involved in the accident. Although these terms have slightly different meanings, they are used interchangeably throughout the document.
4. Large numbers of family members of those killed in the accident will travel to the city closest to the accident and will utilize the accommodations provided by the air carrier. Other family members will remain at their local residences.
5. Most, if not all, families of those seriously injured will travel to where the injured are hospitalized; once the injured are released from the hospital, these family members and the injured will return home.
6. Implementation of this plan assumes that the accident will occur in a geographical area where the resources described above are available. Air carriers operating equipment over remote areas (for instance, Alaska) should contact NTSB TDA about modifications needed for accident response in those locations.

GENERAL MISSION TASKS

The family assistance mission tasks following an aviation accident are as follows:

1. Notify family members of victims involved in the aviation accident based on manifest documents and other available information.
2. Monitor search and recovery operations, and offer assistance as needed.
3. Determine the status and location of injured victims.
4. Obtain approval of the local medical examiner for Federal assistance (for instance, the Disaster Mortuary Operational Response Team [DMORT]) to assist in the identification of fatalities and the notification of their families.
5. Provide crisis intervention, logistical support, and services to victims and their family members.
6. Provide daily briefings to families on the progress of recovery efforts, identification of victims, the investigation, and other areas of concern.
7. Arrange for a memorial service, if desired by families.
8. Provide for the return of personal effects.
9. Maintain contact with victims and their families to provide continuous updates regarding the progress of the investigation and other related matters, both at the accident location and once the families have returned home.

RESPONSIBILITIES

Seven Victim Support Tasks (VSTs) identify the response requirements assigned to participating organizations. The organizations responsible for each of the seven VSTs are as follows:

VST 1–NTSB

VST 2–Air Carrier

VST 3– American Red Cross (Family Care and Mental Health)

VST 4– DHHS/ASPR and DOD (Victim Identification Services)

VST 5–DOS (Assisting Families of Foreign Victims)

VST 6–DHS/FEMA (Communications)

VST 7–DOJ (Assisting Victims of Crime)

Because each aviation accident is unique, the following responsibilities may be employed fully, partially, or not at all.

VICTIM SUPPORT TASK 1–National Transportation Safety Board

1. Coordinate Federal assistance and serve as a liaison between the air carrier and family members.
2. Provide an NTSB toll-free number and e-mail address (www.assistance@ntsb.gov) to family members for obtaining information on the victim recovery and identification effort, accident investigation, and other concerns. This number will normally be provided to families during the final family briefing. The NTSB will coordinate with the air carrier to provide, through the air carrier's family representatives, this contact information to families who do not travel to the accident city.
3. Request a copy of the passenger manifest from the air carrier.
4. Review with the air carrier the logistical needs of the families, giving special consideration to security, quality of hotel rooms and facilities, and privacy for family members.
5. Integrate local and Federal government officials and air carrier staff to form a JFSOC to coordinate services and activities for families.
6. Coordinate assistance efforts with local and State authorities, including the medical examiner, local/county/State law enforcement, emergency management agency, hospitals, and other emergency support personnel.
7. Maintain communications with the air carrier to receive updates regarding the notification status of victims' families.
8. Conduct daily coordination meetings with the air carrier and local and Federal government representatives to review daily activities, resolve problems, and synchronize future family support operations and activities. See appendix D for an example of information required for the daily coordination meeting.
9. Provide and coordinate family briefings both with families at the accident city and with families who remain at home.
10. Discuss with the medical examiner the capabilities of his or her staff to conduct victim identification. Examine the capabilities of local/State mass fatality teams and procedures to use the team in the identification process. Discuss strategies for collecting antemortem information and other factors influencing victim identification. Discuss the use of DMORT and standard procedures DMORT uses that support NTSB efforts.
11. Discuss with the medical examiner the subject of victim identification, in particular the use of DNA analysis. Explain that the NTSB typically coordinates with the Armed Forces DNA Identification Laboratory for DNA identification.

12. At the discretion of the NTSB Investigator in Charge (IIC), coordinate a visit to the accident site for family members. Planning for such a visit will begin only after the IIC agrees that such a visit will not impede the investigation and is believed to be safe for family members.
13. Provide information releases to the media, in coordination with the NTSB Office of Public Affairs, pertaining to the types of Federal support available to assist family members.
14. Maintain contact with family members to keep them informed about the victim recovery and identification effort, accident investigation, and other accident-related concerns.
 - a. Approximately 6 to 8 months after the date of the accident, factual reports written by the NTSB investigators are made available in a public docket. Families should be informed prior to the factual report being made public that they may request a copy of the report from the NTSB. The report will be provided to them at no cost.
 - b. If the NTSB decides a public hearing is necessary for the purpose of the investigation, families will be notified of the date, time, and location. Such a hearing is designed to gather additional facts from individuals selected to testify. Travel and lodging for the hearing is at the family's expense. Families will be provided seating and copies of official exhibits discussed at the hearing. NTSB public hearings are broadcast via the Internet through the NTSB website at www.nts.gov.

Vision 100 states the following:

An assurance that, in the case of an accident in which the National Transportation Safety Board conducts a public hearing or comparable proceeding at a location greater than 80 miles from the accident site, the air carrier will ensure that the proceeding is made available simultaneously by electronic means at a location open to the public at both the origin city and destination city of the air carrier's flight if that city is located in the United States. [49 USC 41113 (b) (18)]

Based on the facts of the accident, location requirements will be reviewed on a case-by-case basis.

- c. Families will be informed of the date, time, and location of any Board meeting to be held at the NTSB, Washington, D.C., headquarters (travel will be at the families' expense). At the meeting, the NTSB investigative staff will present to the Board a draft accident report for member discussion and approval. This report will document the NTSB's findings, determination of the probable cause of the accident and recommendations to prevent future aviation disasters. Board meetings are broadcast via the Internet through the NTSB website (www.nts.gov). See VST 2 "Air Carrier", number 30, and to the Vision 100 legislation [49 USC 41113 (b) (18)] for additional information.

15. If the accident is determined to be the result of a criminal act, the NTSB TDA staff may assist the FBI Office for Victim Assistance (OVA) in family assistance support.
16. Consolidate and review After Action Reports (AARs) to resolve problem areas and update operating plans and procedures.

VICTIM SUPPORT TASK 2–Air Carrier

1. In addition to accident notification required by Title 49 *Code of Federal Regulations* (CFR) 830.5, notify the NTSB communications center immediately upon knowledge of an accident. The following information must be provided:
 - Place (or general vicinity) of accident, number of passengers and crew (based on preliminary departure information), and number of injuries and fatalities (if known).
 - Flight number, origination, connection points, final destination, demographics of passengers (if known), and whether the flight was domestic or international.
 - Name and telephone number of the person/persons in charge of the air carrier’s humanitarian response, passenger manifest reconciliation, and family notification process.
 - Name, telephone number, and location of the facility designated as the Family Assistance Center (FAC) and JFSOC.
2. Provide the NTSB, upon request, the most current reconciled copy of the passenger manifest. Each copy should be numbered or annotated indicating the date and time so that it is distinguishable from previous copies.
3. Provide a reliable publicized toll-free telephone number with sufficient capacity to handle the anticipated call volume. Although not required, consider providing teletypewriter (TTY) capability.
4. When disseminating the toll-free number, ask the media to request that the toll-free number be used only by those who have reason to believe a family member or friend was a passenger on the accident flight.
5. Emphasize in the media notice that, upon initial contact with the air carrier, family members will receive basic accident flight and point-of-contact information as the first steps of air carrier humanitarian support.
6. Ask the media to reemphasize the name of the carrier(s) involved, the accident flight number, airport of origination, connection, and final destination.
7. Provide the media with continuous updates on the progress of the notification process, such as providing the number of victims’ families notified as of a certain time and the number

remaining to be notified. This process will continue until all victims' families have been notified.

8. Modify your carrier's normal "on-hold" messages during an accident to eliminate music, sales information, and similar non-accident related messages.
9. Provide timely notification to family members of passengers. As required by AIR 21, at a family member's request, inform the family if the passenger's name appears on a preliminary manifest for the accident flight. Updated information on passengers will be provided to family members as it becomes available. (AIR 21 states the following: "...upon request of the family of a passenger, the air carrier will inform the family of whether the passenger's name appeared on a preliminary passenger manifest for the flight involved in the accident.")
10. Provide notification to family members prior to releasing passenger names to the public. Give family members adequate time to notify other family members and friends prior to public release of the victim's name. Although it may be necessary for some families to have more than one contact point with the air carrier, your carrier may request that families designate one primary contact point for purposes of sharing information. This will allow your carrier to use its personnel in a more efficient manner. The carrier is under no obligation to release the victim's name if family members request otherwise.
11. Inform family members at the time of notification or soon thereafter of American Red Cross family care and crisis assistance available at the FAC and after families return home. Relay requests for crisis assistance to the American Red Cross representative, who will coordinate on-scene or home area contacts for family members. For family members who do not travel to the accident location, the American Red Cross personnel on-scene can coordinate personnel at the family member's location to provide assistance.
12. Secure facilities at departure, arrival, and connecting airports for family members and friends who may be gathering. This facility is designed to allow family members to grieve in private, shielding them from the media and solicitors; it serves as a secure location where families can receive continuous updates regarding the reconciliation of the passenger manifest and other accident information. Be prepared to provide the necessary assistance to special needs populations per the American with Disabilities Act (ADA). Arrange for one of your carrier's employees or agents who has been trained in crisis response to meet privately with family members once they have arrived at the facility secured. Employees or agents should be prepared to inform family members that their loved ones were aboard a plane that crashed.
13. Secure a facility to be used as the FAC. Factors to consider in selecting a facility are quality of rooms and size of facility, privacy for family members, ability to secure the facility, and proximity to the accident site and medical treatment facilities. See appendix B.
14. Make provisions for a JFSOC to include space, communication, and logistical support for the local and Federal staff. Details of the JFSOC are provided in appendix C.

15. Provide logistical support to family members who desire to travel to the accident city (or to a hospital location) that includes, but is not limited to, transportation, lodging, meals, security, communications, and incidental expenditures.
16. Assist family members as they travel to and from the city by informing flight crews and airport personnel about family members aboard particular flights. At departure, connecting, and arrival airports, family members should have air carrier personnel meet and assist them while on airport grounds. If necessary, seek assistance from other carriers with a larger presence at the airport. Assist family members as they depart the accident city and provide a contact person who will continue to be the air carrier's interface with family members following their return to their residence.
17. Provide a contact person to meet family members as they arrive and accompany them at the accident city. This person will be responsible for assisting the family while in the accident city and should continue to be the air carrier interface with the family until the family returns to their residence. At that time the air carrier may decide to designate a single contact person for all family members. This point of contact should be available through a toll-free phone number.
18. Maintain daily contact with family members who do not travel to the accident city by providing a contact person from the air carrier until the on-site investigation has concluded.
19. Designate an individual who will be the air carrier's representative to the Director of NTSB TDA. This individual will travel to various locations, such as the accident site, morgue, JFSOC, and FAC with the Director of NTSB TDA. The designated individual should have the authority, or ready access to those who have sufficient authority, to make decisions on behalf of the air carrier.
20. Establish an exclusive badge system to identify family members. In unique cases, the NTSB, in coordination with the air carrier, will decide on the specifications of the badging system.
21. Participate and provide operational updates during daily coordination meetings to review daily activities, resolve problems, and synchronize future family support operations and activities at the FAC. This information is helpful in planning logistical support (such as meals, lodging, and transportation) and allows for an update of current and future support operations. The type of information typically discussed during the daily coordination meetings is located in appendix D.
22. Make provisions for private areas within the hotel for medical examiner personnel and the DMORT FAC Team to collect antemortem information and DNA reference samples from families. Provide quiet space and communications for DMORT and medical examiner personnel to telephonically collect antemortem information from family members who are not at the FAC. Secure a sufficient number of rooms for DMORT/crisis counseling use. Based on NTSB experience, the number of rooms required ranges from 4 to 12, depending on the number of fatalities.

23. Be aware that crisis counseling and DMORT facilities are also used as venues to inform families when positive identification has been made. By having the medical examiner or DMORT team representative located within the FAC, transportation of victim's remains and other logistical considerations can be better coordinated. Support requirements for planning purposes are in appendix C.
24. Provide DOS representatives the necessary information regarding foreign passengers to facilitate interaction with appropriate foreign government embassies.
25. Establish a liaison with the American Red Cross at each medical treatment facility to monitor the status of injured victims and to provide assistance to their families.
26. Develop procedures for the handling of personal effects released by the NTSB or the FBI if the aviation disaster is declared a criminal act. Consider utilizing a third party that has experience in the return of personal effects associated with aviation disasters. As required by law, provisions will be made for unclaimed possessions to be retained for at least 18 months from the date of the accident. NTSB has developed guidelines for the on-scene search for personal effects.
27. Consult with family members about any air carrier-sponsored monument, including any inscriptions.
28. As required by the Aviation Disaster Family Assistance Act of 1996, provide reasonable reimbursement to the American Red Cross for the services provided to the family, air carrier, and supporting personnel.
29. Provide the same support and treatment to families of non-revenue passengers or any other victim of the accident (for instance, ground fatalities) as is provided for revenue passengers.
30. If the NTSB conducts a public hearing or comparable proceeding at a location more than 80 miles from the accident site, ensure that a simultaneous transmission of the proceeding is available to family members at a location open to the public at both the origin city and destination city of the accident flight.
31. In the event of an accident outside the United States, AIR 21 legislation requires "...in the event that the air carrier volunteers assistance to United States citizens within the United States with respect to an aircraft accident outside the United States involving major loss of life, the air carrier will consult with the Board and the Department of State on the provision of the assistance."
32. In the event the investigation determines the accident is the result of a criminal act, coordinate with the FBI OVA in arranging meetings with family members to explain their rights as victims of a Federal crime.

VICTIM SUPPORT TASK 3–American Red Cross–Family Care and Mental Health

1. An American Red Cross Critical Response Team (CRT) is deployed from the American Red Cross National Headquarters Disaster Operations Center (DOC) and serves as the functional leadership of family care and crisis intervention during the aviation accident. The CRT will support the local American Red Cross response and manage any spontaneous volunteers.
2. Assign a representative to the JFSOC to coordinate and address American Red Cross–related issues and family requests for assistance.
3. Coordinate and manage the numerous organizations and personnel offering counseling, religious and other support services to the operation. Create a staff processing center, operated away from the FAC, to screen, monitor, and manage personnel (employee and volunteer staff). The staff processing center will also be responsible for developing an exclusive badge system for personnel, matching staff skills with organizational needs, assigning work schedules, briefing and debriefing of support staff, and planning for future activities.
 - a. Qualified local resources should be integrated with American Red Cross personnel for crisis and grief counseling, food services, administrative assistance, and other support services to family members and support organizations.
 - b. Crisis and grief counseling for family members who travel to the accident city should be coordinated with air carrier personnel.
4. Employ an accounting system to accurately record cost data in specific cost categories for reimbursement by the air carrier.
5. Assess the needs and available resources of other crisis support agencies, coordinate with them to ensure ongoing emotional support for workers during the operation, and provide exit interviews before departure.
6. Establish a liaison with the air carrier at each supporting medical treatment facility to monitor the status of injured victims and to provide assistance to their families.
7. Coordinate with the air carrier to establish areas in the FAC for families to grieve privately.
8. If deemed necessary, deploy a Critical Response Childcare Team (CRC) to coordinate on-site childcare services for families who arrive with young children. Ensure the CRC Team is equipped with the necessary supplies to operate a childcare center along with specially trained staff qualified to attend to children in the aftermath of a traumatic disaster.
9. If deemed necessary, deploy a Spiritual Care Response Team (SRT) to coordinate on-site spiritual care. The SRT is trained to provide spiritual care to an array of faiths and will manage spiritual care for the victims and their families. If desired by the families, the SRT will coordinate the planning for a suitable interfaith memorial service within the first few days following the accident. The SRT deploys an events manager to begin planning the

memorial service upon a request from the family members. The American Red Cross Events Manager will work closely with the NTSB, the air carrier, and local, county, and State governments to plan a suitable memorial site. The American Red Cross will also deploy a Life Safety and Asset Protection manager to the JFSOC to manage safety and security concerns related to the memorial.

10. If deemed necessary, arrange a memorial service for any future burial of unidentified remains.
11. Provide families, at their request, with referrals to mental health professionals and support groups in the family member's local area.
12. Provide additional support to affected special needs or other demographically or culturally diverse populations as deemed necessary.

VICTIM SUPPORT TASK 4—Department of Health and Human Services, Assistant Secretary for Preparedness and Response—Victim Identification Services

1. At the time of an accident and following notification by the NTSB, activate the National Disaster Medical System (NDMS) and the appropriate DMORT team personnel, supplies, and equipment to assist in the management of victim identification.
2. Assign a representative to the JFSOC to address DMORT-related issues.
3. Assign the necessary DMORT team members to assist the medical examiner with victim identification and mortuary services. The configuration of team and skills required will be determined by the details of the accident and the capabilities of the local medical examiner.
4. Follow the “DMORT Standard Operating Procedures for National Transportation Safety Board Activations.”
5. Provide, if necessary, a morgue facility, a DMORT Portable Morgue Unit (DPMU), and the necessary equipment and supplies to augment the local medical examiner's capabilities.
6. Monitor the status of all incoming antemortem records to include dental, medical, and DNA data to ensure that all records have been received. If not, take steps to obtain the records and radiographs.
7. Employ a standard antemortem questionnaire and disposition of remains form that can be adapted to meet local medical examiner and State requirements. The disposition of remains form will be used to obtain directions from the lawfully authorized next of kin (NOK) regarding what he or she desires the medical examiner to do with remains that may later be identified as those of his or her family member. Information collected from family members is strictly confidential and is ultimately under the control of the medical examiner.

8. Using a specially trained FAC team, interview family members who are both on and off site for information regarding antemortem identification and disposition of remains.
9. Coordinate with the medical examiner to integrate qualified personnel who are providing assistance to the medical examiner's office into the morgue operation.
10. If necessary, assist the medical examiner in notifying family members of positive identification, including an explanation of how identification was determined.
11. Ensure the accuracy of the chain of custody by performing a check of documentation and remains prior to their release to the designated funeral director.
12. Assist the medical examiner with the reassociation of remains following the identification process. This may occur weeks or months after the accident.
13. Using information gathered from the antemortem interview, provide the NTSB with contact information for the NOK (addresses, telephone numbers, e-mail addresses) and the NOK's relationship to the victim.

Support of VST 4–Department of Defense–Victim Identification Services (As required)

1. Provide the use of a military installation, such as the Charles C. Carson Center for Mortuary Affairs located at the Dover Air Force Base, to support mortuary operations.
2. Provide resources from the Office of the Armed Forces Medical Examiner (OAFME) and Armed Forces DNA Identification Laboratory (AFDIL) to assist in the identification effort and to conduct appropriate DNA comparison testing on specimens submitted by the medical examiner. OAFME and AFDIL personnel may be asked to travel to the accident site to assist with victim identification.
3. Provide available medical and dental records and DNA reference samples of fatally injured passengers who may have antemortem records based on prior or current military service.

VICTIM SUPPORT TASK 5–Department of State–Assisting Families of Foreign Victims (As required)

1. Assign a representative to the JFSOC to coordinate DOS-related issues with other members of the operations center staff. Assist in obtaining dental and medical records and DNA reference samples from foreign families. Respond to family member requests for information and assistance as appropriate. Provide additional personnel as needed for

accidents involving significant numbers of foreign passengers, particularly those involving international flights.

2. Provide official notification to foreign governments of citizens involved in the accident. Such notifications will take place after obtaining necessary information on foreign passengers from the air carrier.
3. Assist the air carrier in notifying US citizens who may reside or are traveling outside the United States that a member of their family has been involved in an aviation accident.
4. Provide interpretation/translation services (via DOS staff or a contracted provider) to facilitate communications with the victim's family and all interested parties. For family briefings held at the FAC or similar location or activity, provide simultaneous interpretation/translation services in multiple languages as needed.
5. Provide logistical and communications support to the extent practicable, in establishing contact with foreign authorities and individuals abroad to aid the air carrier and Federal support staff in fulfilling their duties under the laws referenced above.
6. Assist foreign air carrier employees and families of foreign victims with entry into the United States and with the extension or granting of visas to eligible applicants.
7. Facilitate necessary consulate and customs services for the return of remains and personal effects to the country of destination.
8. Assist the medical examiner in acquiring the necessary information to facilitate the identification of foreign victims and to complete death certificates.

VICTIM SUPPORT TASK 6–Department of Homeland Security/ Federal Emergency Management Agency–Communications (As required)

1. Assign a representative to the JFSOC to coordinate with local and State officials concerning emergency management–related issues.
2. Provide voice and data communication assets to facilitate communication from the accident site to the NTSB Communications Center.
3. Upon the request of the NTSB Office of Public Affairs, provide personnel to assist in public information dissemination, to include assistance in establishing and staffing external media support centers at the accident site, wreckage hangar, FAC, airport, and other areas that may attract media interest.

VICTIM SUPPORT TASK 7–Department of Justice–Assisting Victims of Crime (As required)

1. Provide to the NTSB, upon request, an FBI Disaster Squad with sufficient personnel to obtain fingerprint identification of accident fatalities. This team will work with the medical examiner and the DMORT personnel at the morgue location.
2. Provide to the NTSB, upon request, an FBI Evidence Response Team (ERT) and other FBI Laboratory assets to assist with victim recovery operations under the direction of the medical examiner.
3. Provide to the NTSB, upon request, FBI Office for Victim Assistance Rapid Deployment Team (VARDT) members to assist the NTSB TDA in unique circumstances, such as simultaneous accident responses.
4. Perform the following responsibilities only if the air carrier disaster is officially declared a criminal act:
 - a. Coordinate Federal assistance and serve as the liaison between the air carrier and family members.
 - b. Provide an FBI toll-free number for family members to obtain information on the victim recovery and identification effort, investigation, and other concerns. This number will normally be provided to families on site during the initial family briefing and repeated in subsequent briefings. Coordinate with the air carrier to have air carrier family representatives provide the toll-free number to the families who do not travel to the accident city.
 - c. Establish a special web page for the victims' families for the purpose of sharing updated information and maintaining ongoing communication with victims and families throughout the duration of the investigation.
 - d. Review with the air carrier logistical family support with special consideration toward security, quality of rooms and facilities, and privacy for family members.
 - e. Oversee the establishment and management of the JFSOC and the FAC. Information on FAC operations can be found in appendix B.
 - f. Integrate local and Federal government officials and air carrier staff to form a JFSOC to facilitate close coordination of services and activities.
 - g. Assist the air carrier, if requested, with finding NOK that have not been notified of their family member's involvement.
 - h. Conduct daily coordination meetings with the air carrier and local and Federal government representatives to review daily activities, resolve problem areas, and

to synchronize future family support operations and activities. Examples of information needed at the daily coordination meeting are in appendix D.

- i. Provide and coordinate family briefings for family members at the accident city and for those who remain at home. Conduct in-person family briefings at the FAC. Conduct briefings for off-site families via telephone conference bridges.
- j. Provide information to victims and families regarding their rights and available services related to their status as victims of a Federal crime.
- k. Maintain contact with family members to keep them informed about the progress of the investigation and to continue to meet their future needs.

COORDINATING INSTRUCTIONS

1. The point of contact for this plan is the Director, Transportation Disaster Assistance, NTSB. The telephone number is (202) 314-6185. The office fax number is (202) 314-6638. The backup fax number is 202-314-6293. The e-mail address is assistance@ntsb.gov.
2. Upon implementation and until NTSB TDA staff is present at the JFSOC, calls should be directed to the NTSB communications center. The Communications center will pass any information or messages to the appropriate NTSB TDA staff member.
3. Supporting agencies should appoint the same individual or individuals to the JFSOC for each aviation accident. The focused efforts of a group of experienced personnel who understand the complex issues of an aviation disaster response will lead to improved delivery of services to victims and their families. Agencies are not precluded from designating and training alternate personnel as long as inexperienced personnel are partnered with experienced personnel during the response.
4. It is recommended that all Federal personnel involved at the accident site wear clothing (e.g. hats, shirts, and/or jackets) identifying their agency or group. This is helpful for families and those involved in supporting the operation.
5. Agencies providing support to victims and their family members under this plan are requested to submit an AAR to the Director, NTSB TDA, within 60 days of completion of their tasks. The report is critical for capturing lessons learned, taking corrective actions, and updating plans. A sample format is provided in appendix E.
6. Other than media releases by the air carrier regarding the progress of family notification and the release of passengers' names as described in VST 2, item 9, all media inquiries and releases pertaining to the NTSB TDA operation will be referred to the NTSB Office of Public Affairs. The NTSB will advise and assist the local medical examiner regarding any media affairs related to his or her area of responsibility. Support organizations may provide press releases or briefings on their specific mission/actions during the accident response. There are no restrictions on victims or family members meeting with the media if they so desire.
7. Due to differences among air carriers and air carrier underwriter policies, as well as differences among aviation accidents, consideration for reimbursement of costs associated with an agency's participation in an aviation disaster response will be made after discussions with the air carrier and its insurance underwriter.

LIST OF APPENDICES

Appendix A–Aviation Disaster Family Assistance Act of 1996, Foreign Air Carrier Family Support Act of 1997, AIR 21, and Vision 100

Appendix B–Family Assistance Center Operations

Appendix C–Joint Family Support Operations Center

Appendix D–Joint Family Support Operations Center Daily Status Report Information

Appendix E–Sample After Action Report Format

Appendix F–Victim Identification Information

Appendix G–Victim Support Tasks–Checklists

Appendix H–Frequently Asked Questions

Appendix I–Internet Resources for Mass Fatality Response

Appendix J–References

Appendix K–List of Acronyms

APPENDIX A

Aviation Disaster Family Assistance Act of 1996

SEC. 701. SHORT TITLE.

This title may be cited as the “Aviation Disaster Family Assistance Act of 1996.”

SEC. 702. ASSISTANCE BY NATIONAL TRANSPORTATION SAFETY BOARD TO FAMILIES OF PASSENGERS INVOLVED IN AIRCRAFT ACCIDENTS.

(a) Authority To Provide Assistance.--

(1) In general.--Subchapter III of chapter 11 is amended by adding at the end the following:

“Sec. 1136. Assistance to families of passengers involved in aircraft accidents

“(a) In General.--As soon as practicable after being notified of an aircraft accident within the United States involving an air carrier or foreign air carrier and resulting in a major loss of life, the Chairman of the National Transportation Safety Board shall--

“(1) designate and publicize the name and phone number of a director of family support services who shall be an employee of the Board and shall be responsible for acting as a point of contact within the Federal Government for the families of passengers involved in the accident and a liaison between the air carrier or foreign air carrier and the families; and

“(2) designate an independent nonprofit organization, with experience in disasters and post trauma communication with families, which shall have primary responsibility for coordinating the emotional care and support of the families of passengers involved in the accident.

“(b) Responsibilities of the Board.--The Board shall have primary Federal responsibility for facilitating the recovery and identification of fatally-injured passengers involved in an accident described in subsection (a).

“(c) Responsibilities of Designated Organization.--The organization designated for an accident under subsection (a)(2) shall have the following responsibilities with respect to the families of passengers involved in the accident:

“(1) To provide mental health and counseling services, in coordination with the disaster response team of the air carrier or foreign air carrier involved.

“(2) To take such actions as may be necessary to provide an

environment in which the families may grieve in private.

“(3) To meet with the families who have traveled to the location of the accident, to contact the families unable to travel to such location, and to contact all affected families periodically thereafter until such time as the organization, in consultation with the director of family support services designated for the accident under subsection (a)(1), determines that further assistance is no longer needed.

“(4) To communicate with the families as to the roles of the organization, government agencies, and the air carrier or foreign air carrier involved with respect to the accident and the post-accident activities.

“(5) To arrange a suitable memorial service, in consultation with the families.

“(d) Passenger Lists.--

“(1) Requests for passenger lists.--

“(A) Requests by director of family support services.--It shall be the responsibility of the director of family support services designated for an accident under subsection (a)(1) to request, as soon as practicable, from the air carrier or foreign air carrier involved in the accident a list, which is based on the best available information at the time of the request, of the names of the passengers that were aboard the aircraft involved in the accident.

“(B) Requests by designated organization.--The organization designated for an accident under subsection (a)(2) may request from the air carrier or foreign air carrier involved in the accident a list described in subparagraph (A).

“(2) Use of information.--The director of family support services and the organization may not release to any person information on a list obtained under paragraph (1) but may provide information on the list about a passenger to the family of the passenger to the extent that the director of family support services or the organization considers appropriate.

“(e) Continuing Responsibilities of the Board.--In the course of its investigation of an accident described in subsection (a), the Board shall, to the maximum extent practicable, ensure that the families of passengers involved in the accident--

“(1) are briefed, prior to any public briefing, about the accident, its causes, and any other findings from the investigation; and

“(2) are individually informed of and allowed to attend any public hearings and meetings of the Board about the accident.

“(f) Use of Air Carrier Resources.--To the extent practicable, the organization designated for an accident under subsection (a)(2) shall coordinate its activities with the air carrier or foreign air carrier involved in the accident so that the resources of the carrier can be used to the greatest extent possible to carry out the organization’s responsibilities under this section.

“(g) Prohibited Actions.--

“(1) Actions to impede the board.--No person (including a State or political subdivision) may impede the ability of the Board (including the director of family support services designated for an accident under subsection (a)(1)), or an organization designated for an accident under subsection (a)(2), to carry out its responsibilities under this section or the ability of the families of passengers involved in the accident to have contact with one another.

“(2) Unsolicited communications.--In the event of an accident involving an air carrier providing interstate or foreign air transportation, no unsolicited communication concerning a potential action for personal injury or wrongful death may be made by an attorney or any potential party to the litigation to an individual injured in the accident, or to a relative of an individual involved in the accident, before the 30th day following the date of the accident.

“(h) Definitions.--In this section, the following definitions apply:

“(1) Aircraft accident.--The term ‘aircraft accident’ means any aviation disaster regardless of its cause or suspected cause.

“(2) Passenger.--The term ‘passenger’ includes an employee of an air carrier aboard an aircraft..”

(2) Conforming amendment.--The table of sections for such chapter is amended by inserting after the item relating to section 1135 the following:

“1136. Assistance to families of passengers involved in aircraft accidents.”

(b) Penalties.--Section 1155(a)(1) of such title is amended--

(1) by striking “or 1134(b) or (f)(1)” and inserting “, section 1134(b), section 1134(f)(1), or section 1136(g)”; and

(2) by striking “either of” and inserting “any of.”

SEC. 703. AIR CARRIER PLANS TO ADDRESS NEEDS OF FAMILIES OF PASSENGERS INVOLVED IN AIRCRAFT ACCIDENTS.

(a) In General.--Chapter 411 is amended by adding at the end the following:

“Sec. 41113. Plans to address needs of families of passengers involved in aircraft accidents

“(a) Submission of Plans.--Not later than 6 months after the date of the enactment of this section, each air carrier holding a certificate of public convenience and necessity under section 41102 of this title shall submit to the Secretary and the Chairman of the National Transportation Safety Board a plan for addressing the needs of the families of passengers involved in any aircraft accident involving an aircraft of the air carrier and resulting in a major loss of life.

“(b) Contents of Plans.--A plan to be submitted by an air carrier under subsection (a) shall include, at a minimum, the following:

“(1) A plan for publicizing a reliable, toll-free telephone number, and for providing staff, to handle calls from the families of the passengers.

“(2) A process for notifying the families of the passengers, before providing any public notice of the names of the passengers, either by utilizing the services of the organization designated for the accident under section 1136(a)(2) of this title or the services of other suitably trained individuals.

“(3) An assurance that the notice described in paragraph (2) will be provided to the family of a passenger as soon as the air carrier has verified that the passenger was aboard the aircraft (whether or not the names of all of the passengers have been verified) and, to the extent practicable, in person.

“(4) An assurance that the air carrier will provide to the director of family support services designated for the accident under section 1136(a)(1) of this title, and to the organization designated for the accident under section 1136(a)(2) of this title, immediately upon request, a list (which is based on the best available information at the time of the request) of the names of the passengers aboard the aircraft (whether or not such names have been verified), and will periodically update the list.

“(5) An assurance that the family of each passenger will be consulted about the disposition of all remains and personal effects of the passenger within the control of the air carrier.

“(6) An assurance that if requested by the family of a

passenger, any possession of the passenger within the control of the air carrier (regardless of its condition) will be returned to the family unless the possession is needed for the accident investigation or any criminal investigation.

“(7) An assurance that any unclaimed possession of a passenger within the control of the air carrier will be retained by the air carrier for at least 18 months.

“(8) An assurance that the family of each passenger will be consulted about construction by the air carrier of any monument to the passengers, including any inscription on the monument.

“(9) An assurance that the treatment of the families of nonrevenue passengers (and any other victim of the accident) will be the same as the treatment of the families of revenue passengers.

“(10) An assurance that the air carrier will work with any organization designated under section 1136(a)(2) of this title on an ongoing basis to ensure that families of passengers receive an appropriate level of services and assistance following each accident.

“(11) An assurance that the air carrier will provide reasonable compensation to any organization designated under section 1136(a)(2) of this title for services provided by the organization.

“(12) An assurance that the air carrier will assist the family of a passenger in traveling to the location of the accident and provide for the physical care of the family while the family is staying at such location.

“(13) An assurance that the air carrier will commit sufficient resources to carry out the plan.

“(c) Certificate Requirement.--After the date that is 6 months after the date of the enactment of this section, the Secretary may not approve an application for a certificate of public convenience and necessity under section 41102 of this title unless the applicant has included as part of such application a plan that meets the requirements of subsection (b).

“(d) Limitation on Liability.--An air carrier shall not be liable for damages in any action brought in a Federal or State court arising out of the performance of the air carrier in preparing or providing a passenger list pursuant to a plan submitted by the air carrier under subsection (b), unless such liability was caused by conduct of the air carrier which was grossly negligent or which constituted intentional misconduct.

“(e) Aircraft Accident and Passenger Defined.--In this section, the terms ‘aircraft accident’ and ‘passenger’ have the meanings such terms

have in section 1136 of this title..”

(b) Conforming Amendment.--The table of sections for such chapter is amended by adding at the end the following:

“41113. Plans to address needs of families of passengers involved in aircraft accidents.”

SEC. 704. ESTABLISHMENT OF TASK FORCE.

(a) Establishment.--The Secretary of Transportation, in cooperation with the National Transportation Safety Board, the Federal Emergency Management Agency, the American Red Cross, air carriers, and families which have been involved in aircraft accidents shall establish a task force consisting of representatives of such entities and families, representatives of air carrier employees, and representatives of such other entities as the Secretary considers appropriate.

(b) Guidelines and Recommendations.--The task force established pursuant to subsection (a) shall develop--

(1) guidelines to assist air carriers in responding to aircraft accidents;

(2) recommendations on methods to ensure that attorneys and representatives of media organizations do not intrude on the privacy of families of passengers involved in an aircraft accident;

(3) recommendations on methods to ensure that the families of passengers involved in an aircraft accident who are not citizens of the United States receive appropriate assistance;

(4) recommendations on methods to ensure that State mental health licensing laws do not act to prevent out-of-state mental health workers from working at the site of an aircraft accident or other related sites;

(5) recommendations on the extent to which military experts and facilities can be used to aid in the identification of the remains of passengers involved in an aircraft accident; and

(6) recommendations on methods to improve the timeliness of the notification provided by air carriers to the families of passengers involved in an aircraft accident, including--

(A) an analysis of the steps that air carriers would have to take to ensure that an accurate list of passengers on board the aircraft would be available within 1 hour of the accident and an analysis of such steps to ensure that such list would be available within 3 hours of the accident;

(B) an analysis of the added costs to air carriers and travel agents that would result if air carriers were required to take the steps described in subparagraph

(A);

(C) an analysis of any inconvenience to passengers, including flight delays, that would result if air carriers were required to take the steps described in subparagraph (A); and

(D) an analysis of the implications for personal privacy that would result if air carriers were required to take the steps described in subparagraph (A).

(c) Report.--Not later than 1 year after the date of the enactment of this Act, the Secretary shall transmit to Congress a report containing the model plan and recommendations developed by the task force under subsection (b).

Foreign Air Carrier Family Support Act of 1997

Public Law 105-148, 105th Congress

To amend title 49, United States Code, to require the National Transportation Safety Board and individual foreign air carriers to address the needs of families of passengers involved in aircraft accidents involving foreign air carriers.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. PLANS TO ADDRESS NEEDS OF FAMILIES OF PASSENGERS INVOLVED IN FOREIGN AIR CARRIER ACCIDENTS.

(a) In General.--Chapter 413 of title 49, United States Code, is amended by adding at the end the following:

“Sec. 41313. Plans to address needs of families of passengers involved in foreign air carrier accidents

“(a) Definitions.--In this section, the following definitions apply:

“(1) Aircraft accident.--The term ‘aircraft accident’ means any aviation disaster, regardless of its cause or suspected cause, that occurs within the United States; and

“(2) Passenger.--The term ‘passenger’ includes an employee of a foreign air carrier or air carrier aboard an aircraft.

“(b) Submission of Plans.--A foreign air carrier providing foreign air transportation under this chapter shall transmit to the Secretary of

Transportation and the Chairman of the National Transportation Safety Board a plan for addressing the needs of the families of passengers involved in an aircraft accident that involves an aircraft under the control of the foreign air carrier and results in a significant loss of life.

“(c) Contents of Plans.--To the extent permitted by foreign law which was in effect on the date of the enactment of this section, a plan submitted by a foreign air carrier under subsection (b) shall include the following:

“(1) Telephone number.--A plan for publicizing a reliable, toll-free telephone number and staff to take calls to such number from families of passengers involved in an aircraft accident that involves an aircraft under the control of the foreign air carrier and results in a significant loss of life.

“(2) Notification of families.--A process for notifying, in person to the extent practicable, the families of passengers involved in an aircraft accident that involves an aircraft under the control of the foreign air carrier and results in a significant loss of life before providing any public notice of the names of such passengers. Such notice shall be provided by using the services of--

“(A) the organization designated for the accident under section 1136(a)(2); or

“(B) other suitably trained individuals.

“(3) Notice provided as soon as possible.--An assurance that the notice required by paragraph (2) shall be provided as soon as practicable after the foreign air carrier has verified the identity of a passenger on the foreign aircraft, whether or not the names of all of the passengers have been verified.

“(4) List of passengers.--An assurance that the foreign air carrier shall provide, immediately upon request, and update a list (based on the best available information at the time of the request) of the names of the passengers aboard the aircraft (whether or not such names have been verified), to--

“(A) the director of family support services designated for the accident under section 1136(a)(1); and

“(B) the organization designated for the accident under section 1136(a)(2).

“(5) Consultation regarding disposition of remains and effects.--An assurance that the family of each passenger will be consulted about the disposition of any remains and personal effects of the passenger that are within the control of the foreign air carrier.

“(6) Return of possessions.--An assurance that, if requested by the family of a passenger, any possession

(regardless of its condition) of that passenger that is within the control of the foreign air carrier will be returned to the family unless the possession is needed for the accident investigation or a criminal investigation.

“(7) Unclaimed possessions retained.--An assurance that any unclaimed possession of a passenger within the control of the foreign air carrier will be retained by the foreign air carrier for not less than 18 months after the date of the accident.

“(8) Monuments.--An assurance that the family of each passenger will be consulted about construction by the foreign air carrier of any monument to the passengers built in the United States, including any inscription on the monument.

“(9) Equal treatment of passengers.--An assurance that the treatment of the families of nonrevenue passengers will be the same as the treatment of the families of revenue passengers.

“(10) Service and assistance to families of passengers.--An assurance that the foreign air carrier will work with any organization designated under section 1136(a)(2) on an ongoing basis to ensure that families of passengers receive an appropriate level of services and assistance following an accident.

“(11) Compensation to service organizations.--An assurance that the foreign air carrier will provide reasonable compensation to any organization designated under section 1136(a)(2) for services and assistance provided by the organization.

“(12) Travel and care expenses.--An assurance that the foreign air carrier will assist the family of any passenger in traveling to the location of the accident and provide for the physical care of the family while the family is staying at such location.

“(13) Resources for plan.--An assurance that the foreign air carrier will commit sufficient resources to carry out the plan.

“(14) Substitute measures.--If a foreign air carrier does not wish to comply with paragraph (10), (11), or (12), a description of proposed adequate substitute measures for the requirements of each paragraph with which the foreign air carrier does not wish to comply.

“(d) Permit and Exemption Requirement.--The Secretary shall not approve an application for a permit under section 41302 unless the applicant has included as part of the application or request for exemption a plan that meets the requirements of subsection (c).

“(e) Limitation on Liability.--A foreign air carrier shall not be liable for damages in any action brought in a Federal or State court arising out of the performance of the foreign air carrier in preparing or providing a passenger list pursuant to a plan submitted by the foreign air carrier under subsection (c), unless the liability was caused by conduct of the foreign air carrier which was grossly negligent or which constituted intentional misconduct.”

(b) Conforming Amendment.--The table of sections for such chapter is amended by adding at the end the following:

“41313. Plans to address needs of families of passengers involved in foreign air carrier accidents.”

(c) Effective Date.--The amendments made by this section shall take effect on the 180th day following the date of the enactment of this Act.

“AIR 21”

Public Law 106-181, 106th Congress

To amend title 49, United States Code, to reauthorize programs of the Federal Aviation Administration, and for other purposes.

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) Short note. Title.--This Act may be cited as the “Wendell H. Ford Aviation Investment and Reform Act for the 21st Century.”

TITLE IV--FAMILY ASSISTANCE

SEC. 401. RESPONSIBILITIES OF NATIONAL TRANSPORTATION SAFETY BOARD.

(a) Prohibition on Unsolicited Communications.--

(1) In general.--Section 1136(g)(2) is amended--

(A) by striking “transportation,” and inserting “transportation and in the event of an accident involving a foreign air carrier that occurs within the United States,”;

(B) by inserting after “attorney” the following: “(including any associate, agent, employee, or other representative of an attorney)”;

(C) by striking “30th day” and inserting “45th

day.”

(2) Enforcement.--Section 1151 is amended by inserting “1136(g)(2),” before “or 1155(a)” each place it appears.

(b) Prohibition on Actions To Prevent Mental Health and Counseling Services.--Section 1136(g) is amended by adding at the end the following:

“(3) Prohibition on actions to prevent mental health and counseling services.--No State or political subdivision thereof may prevent the employees, agents, or volunteers of an organization designated for an accident under subsection (a)(2) from providing mental health and counseling services under subsection (c)(1) in the 30-day period beginning on the date of the accident. The director of family support services designated for the accident under subsection (a)(1) may extend such period for not to exceed an additional 30 days if the director determines that the extension is necessary to meet the needs of the families and if State and local authorities are notified of the determination.”

(c) Inclusion of Nonrevenue Passengers in Family Assistance Coverage.--Section 1136(h)(2) is amended to read as follows:

“(2) Passenger.--The term ‘passenger’ includes--

“(A) an employee of an air carrier or foreign air carrier aboard an aircraft; and

“(B) any other person aboard the aircraft without regard to whether the person paid for the transportation, occupied a seat, or held a reservation for the flight.”

(d) Statutory Construction.--Section 1136 is amended by adding at the end the following:

“(i) Statutory Construction.--Nothing in this section may be construed as limiting the actions that an air carrier may take, or the obligations that an air carrier may have, in providing assistance to the families of passengers involved in an aircraft accident.”

SEC. 402. AIR CARRIER PLANS.

(a) Contents of Plans.--

(1) Flight reservation information.--Section 41113(b) is amended by adding at the end the following:

“(14) An assurance that, upon request of the family of a passenger, the air carrier will inform the family of whether the passenger’s name appeared on a preliminary passenger manifest for the flight involved in the accident.”

(2) Training of employees and agents.--Section 41113(b) is further amended by adding at the end the following:

“(15) An assurance that the air carrier will provide adequate training to the employees and agents of the carrier to meet the needs of survivors and family members following an accident.”

(3) Consultation on carrier response not covered by plan.--Section 41113(b) is further amended by adding at the end the following:

“(16) An assurance that the air carrier, in the event that the air carrier volunteers assistance to United States citizens within the United States with respect to an aircraft accident outside the United States involving major loss of life, the air carrier will consult with the Board and the Department of State on the provision of the assistance.”

(4) Submission <<NOTE: 49 USC 41113 note.>> of updated plans.--The amendments made by paragraphs (1), (2), and (3) shall take effect on the 180th day following the date of the enactment of this Act. On or before such 180th day, each air carrier holding a certificate of public convenience and necessity under section 41102 of title 49, United States Code, shall submit to the Secretary and the Chairman of the National Transportation Safety Board an updated plan under section 41113 of such title that meets the requirements of the amendments made by paragraphs (1), (2), and (3).

(5) Conforming amendments.--Section 41113 is amended--

(A) in subsection (a) by striking “Not later than 6 months after the date of the enactment of this section, each air carrier” and inserting “Each air carrier”; and

(B) in subsection (c) by striking “After the date that is 6 months after the date of the enactment of this section, the Secretary” and inserting “The Secretary.”

(b) Limitation on Liability.--Section 41113(d) is amended by inserting “, or in providing information concerning a preliminary passenger manifest,” before “pursuant to a plan.”

(c) Statutory Construction.--Section 41113 is amended by adding at the end the following:

“(f) Statutory Construction.--Nothing in this section may be construed as limiting the actions that an air carrier may take, or the obligations that an air carrier may have, in providing assistance to the families of passengers involved in an aircraft accident.”

SEC. 403. FOREIGN AIR CARRIER PLANS.

(a) Inclusion of Nonrevenue Passengers in Family Assistance Coverage.--Section 41313(a)(2) is amended to read as follows:

“(2) Passenger.--The term ‘passenger’ has the meaning given such term by section 1136.”

(b) Accidents for Which Plan Is Required.--Section 41313(b) is amended by striking “significant” and inserting “major.”

(c) Contents of Plans.--

(1) In general.--Section 41313(c) is amended by adding at the end the following:

“(15) Training of employees and agents.--An assurance that the foreign air carrier will provide adequate training to the employees and agents of the carrier to meet the needs of survivors and family members following an accident.

“(16) Consultation on carrier response not covered by plan.--An assurance that the foreign air carrier, in the event that the foreign air carrier volunteers assistance to United States citizens within the United States with respect to an aircraft accident outside the United States involving major loss of life, the foreign air carrier will consult with the Board and the Department of State on the provision of the assistance.”

(2) Submission <<NOTE: 49 USC 41313 note.>> of updated plans.--The amendment made by paragraph (1) shall take effect on the 180th day following the date of the enactment of this Act. On or before such 180th day, each foreign air carrier providing foreign air transportation under chapter 413 of title 49, United States Code, shall submit to the Secretary and the Chairman of the National Transportation Safety Board an updated plan under section 41313 of such title that meets the requirements of the amendment made by paragraph (1).

SEC. 404. DEATH ON THE HIGH SEAS.

(a) Right of Action in Commercial Aviation Accidents.--The first section of the Act of March 30, 1920 (46 U.S.C. App. 761; popularly known as the “Death on the High Seas Act”) is amended--

(1) by inserting “(a) subject to subsection (b),” before “whenever”; and

(2) by adding at the end the following:

“(b) In the case of a commercial aviation accident, whenever the death of a person shall be caused by wrongful act, neglect, or default occurring on the high seas 12 nautical miles or closer to the shore of any State, or the District of Columbia, or the Territories or

dependencies of the United States, this Act shall not apply and the rules applicable under Federal, State, and other appropriate law shall apply..”

(b) Compensation in Commercial Aviation Accidents.-- Section 2 of such Act (46 U.S.C. App. 762) is amended--

- (1) by inserting “(a)” before “the recovery”; and
- (2) by adding at the end the following:

“(b)(1) If the death resulted from a commercial aviation accident occurring on the high seas beyond 12 nautical miles from the shore of any State, or the District of Columbia, or the Territories or dependencies of the United States, additional compensation for nonpecuniary damages for wrongful death of a decedent is recoverable. Punitive damages are not recoverable.

“(2) In this subsection, the term ‘nonpecuniary damages’ means damages for loss of care, comfort, and companionship..”

(c) Effective <<NOTE: 46 USC app. 761 note.>> Date.--The amendments made by subsections (a) and (b) shall apply to any death occurring after July 16, 1996.

“Vision 100”

SEC. 809. AVAILABILITY OF AIRCRAFT ACCIDENT SITE INFORMATION.

(a) DOMESTIC AIR TRANSPORTATION.—Section 41113(b) is amended—

(1) in paragraph (16) by striking “the air carrier” the third place it appears; and

(2) by adding at the end the following:

“(17)(A) An assurance that, in the case of an accident that results in significant damage to a manmade structure or other property on the ground that is not government-owned, the air carrier will promptly provide notice, in writing, to the extent practicable, directly to the owner of the structure or other property about liability for any property damage and means for obtaining compensation.

“(B) At a minimum, the written notice shall advise an owner (i) to contact the insurer of the property as the authoritative source for information about coverage and compensation; (ii) to not rely on unofficial information offered by air carrier representatives about compensation by the air carrier for accident-site property damage; and (iii) to obtain photographic or other detailed evidence of property damage as soon as possible after the accident, consistent with restrictions on access to the accident site.

“(18) An assurance that, in the case of an accident in which the National Transportation Safety Board conducts a public hearing or comparable proceeding at a location greater than 80 miles from the accident site, the air carrier will ensure that the proceeding is made available simultaneously by electronic means at a location open to the public at both the origin city and destination city of the air carrier’s flight if that city is located in the United States..”

(b) FOREIGN AIR TRANSPORTATION.—Section 41313(c) is amended by adding at the end the following:

“(17) NOTICE CONCERNING LIABILITY FOR MANMADE STRUCTURES.—

“(A) IN GENERAL.—An assurance that, in the case of an accident that results in significant damage to a manmade structure or other property on the ground that is not government-owned, the foreign air carrier will promptly provide notice, in writing, to the extent practicable, directly to the owner of the structure or other property about liability for any property damage and means for obtaining compensation.

“(B) MINIMUM CONTENTS.—At a minimum, the written notice shall advise an owner (i) to contact the insurer of the property as the authoritative source for information about coverage and compensation; (ii) to not rely on unofficial information offered by foreign air carrier representatives about compensation by the foreign air carrier for accident-site property damage; and (iii) to obtain photographic or other detailed evidence of property damage as soon as possible after the accident, consistent with restrictions on access to the accident site.

“(18) SIMULTANEOUS ELECTRONIC TRANSMISSION OF NTSB HEARING.—An assurance that, in the case of an accident in which the National Transportation Safety Board conducts a public hearing or comparable proceeding at a location greater than 80 miles from the accident site, the foreign air carrier will ensure that the proceeding is made available simultaneously by electronic means at a location open to the public at both the origin city and destination city of the foreign air carrier’s flight if that city is located in the United States..”

(c) UPDATE PLANS.—Air carriers and foreign air carriers shall update their plans under sections 41113 and 41313 of title 49, United States Code, respectively, to reflect the amendments made by subsections (a) and (b) of this section not later than 90 days after the date of enactment of this Act.

APPENDIX B

Family Assistance Center Operations

The Family Assistance Center (FAC) is the focus of services for family members when they travel to the accident location. FACs are designed to meet the immediate and short-term needs of family members: safety, security, physiological needs (food, sleep), information (about the victim recovery and identification process, and the investigation), and crisis/grief counseling. In addition, family members may be interviewed to gather antemortem information about the victims and to submit DNA samples to facilitate victim identification. The air carrier is required to provide the FAC location. Most FACs are established at hotels or similar facilities. Consideration should be given to a facility that has multiple meeting rooms, a large ballroom, up-to-date information technology infrastructure, and food services. Arrangements are coordinated by the air carrier and the NTSB.

The NTSB TDA Director manages FAC operations or assigns a designee in her/his absence.

Staff present at the FAC should include the following:

1. Air carrier support team personnel and their associated management team
2. NTSB TDA staff
3. Local law enforcement
4. American Red Cross personnel, including approved child care providers, spiritual care staff, health professionals and crisis counselors
5. Medical examiner staff
6. Personnel designated by the medical examiner to conduct antemortem interviews
7. Personal effects management contractors working for the air carrier
8. Local support agency personnel

A number of critical functions will take place at the FAC and must be closely coordinated; they include the following:

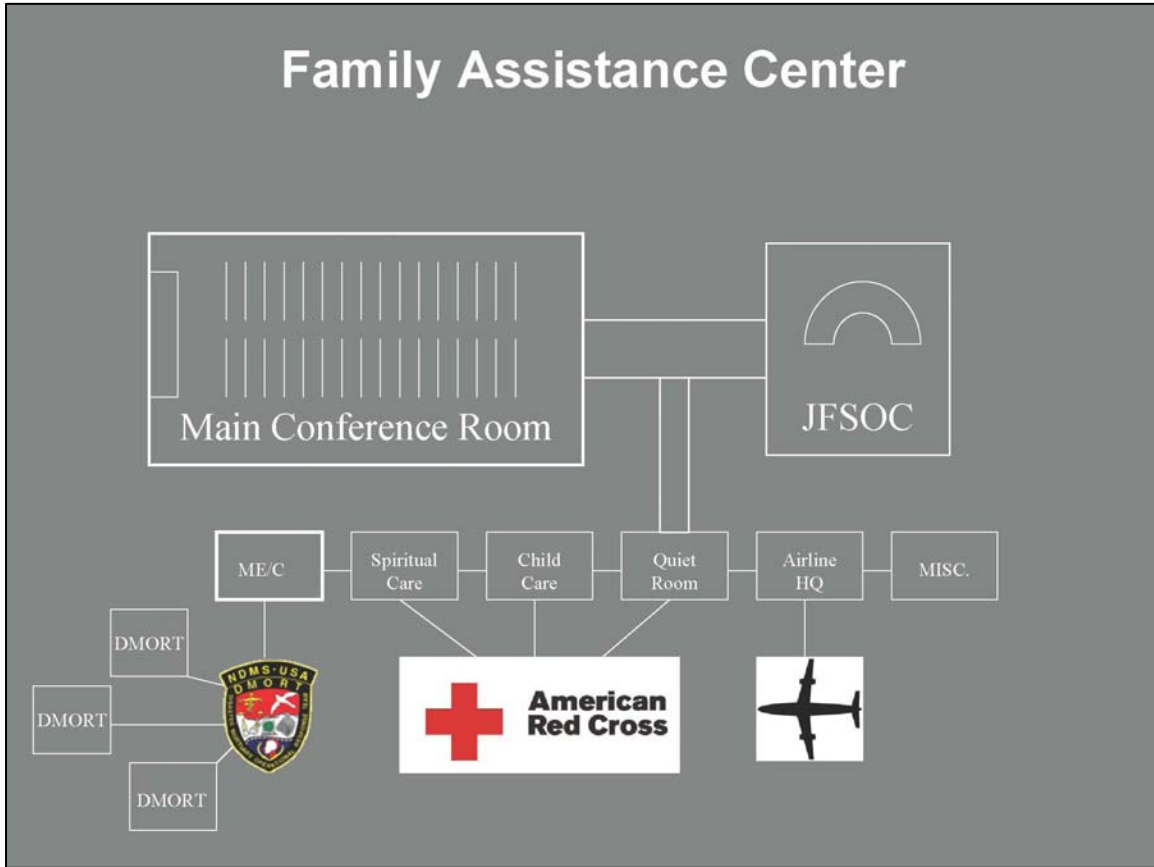
1. Safety and security, including badging of staff and family members
2. NTSB daily briefings, typically held twice daily
3. Antemortem interviews conducted by the medical examiner personnel or their designee
4. Childcare, spiritual care, and crisis counseling (conducted by the American Red Cross)
5. Death notifications by the medical examiner

Typically, the FAC will remain operational until the decedents have been identified, or until families are notified that the identification process will continue for an extended period of time. If this should occur, families will be contacted at home regarding positive identifications.

It is essential that each agency in the FAC understand its role in the support of families.

Not all family members will travel to the FAC. If there are family members already residing in the accident city, they will most likely visit the FAC to receive updates at the briefings and then return home. Other family members will participate in the briefings via a telephone conference bridge.

Schematic of a Family Assistance Center



APPENDIX C

Joint Family Support Operations Center

The Joint Family Support Operations Center (JFSOC) is an important element in the control and coordination of the responses and resources of supporting organizations involved in an aviation accident.

The JFSOC is a central location where participating organizations are brought together to monitor, plan, coordinate, and execute a response operation maximizing the utilization of all available resources. Communication and sharing of information continue to be challenges to a successful emergency response. The JFSOC is designed to address these challenges.

Organizations normally involved in the JFSOC are the following: NTSB, air carrier, the American Red Cross, local government and law enforcement, and supporting Federal agencies. Depending on the extent of the disaster, other organizations may also be involved in the JFSOC.

The JFSOC and one or more of the organizations involved (listed above) provide the following:

1. Serve as the central point for coordination and sharing of information among participating organizations.
2. Monitor ongoing family support activities and tracks mission activities of each organization, such as the status of the available resources.
3. Maintain a current list of locations and key telephone numbers of participating organizations and personnel.
4. Manage and coordinate requests for services.
5. Maintain a daily journal of organizational activities and responses.

Agency representatives assigned to the JFSOC are responsible for the following tasks:

1. Maintain current status of family support activities.
2. Prepare information for the NTSB family website.
3. Provide information for the daily family briefing/conference bridge.
4. Brief participating agencies daily about activities concerning family support.
5. Coordinate and share information among all organizational representatives.

6. Maintain locations and telephone numbers of organizational entities along with key personnel (for instance, FAC, medical examiner, staff processing center, NTSB investigators, air carrier, accident site, supporting organizations, local law enforcement, and local government).
7. Maintain and update daily plans, incident action plans, and plans for future operations.
8. Maintain the status and location of injured victims.
9. Maintain the status of victim identification effort, utilizing information provided by medical examiner personnel or their designee.
10. Update information on numbers of families at the accident city and projected departures/arrivals (24/48 hours).
11. Track the progress of antemortem interviews and antemortem data collection.

An aviation accident may take place anywhere. Therefore, it is necessary to remain flexible in planning the location of the JFSOC, taking into consideration the location and the severity of the accident. The location of the JFSOC will be determined on the basis of available space, in such places as hotels, local government buildings, or mobile command posts.

The air carrier is responsible for securing space to accommodate family members, the FAC, and the JFSOC. The involved air carrier should plan on securing a hotel area that can accommodate the people, equipment, and activities in the JFSOC. Although hotel space for family members and the FAC will be at a premium, the JFSOC should be located in the same hotel. A small ballroom or large conference room is appropriate. Should the air carrier have difficulty securing space, the NTSB will contact local authorities to determine the availability of suitable space.

The following is a general description of the duties and responsibilities of agency representatives assigned to the JFSOC:

1. **Coordinator:** The JFSOC Coordinator represents the NTSB and is charged with managing the day-to-day activities of the JFSOC. The coordinator may do any of the following tasks: assign responsibilities to JFSOC members, facilitate the exchange of information among the JFSOC participants, ensure that critical information is kept current, inform other participants of significant developments, collect information that may be used for family briefings, ensure that individual logs are kept current, coordinate with NTSB headquarters regarding information to be placed on the Board's special family website, and perform other duties relating to the specific requirements of the accident response.

2. **Deputy Coordinator:** A Deputy Coordinator may be designated to assist the Coordinator. The Deputy Coordinator may be from the air carrier or from the local emergency management agency.

3. **Administrative Officer:** An Administrative Officer will assist the Coordinator with administrative functions, such as preparing drafts of documents, collecting and posting logs, assembling clips of media coverage of the accident, providing supplies, and performing other duties relating to the specific requirements of the accident response.

4. **Air carrier representative:** The air carrier representative serves primarily in a coordinating role for the carrier. Responsibilities include passing along information to the carrier's command center regarding positively identified passengers (after families have been notified); addressing questions related to current and future support provided to families by the air carrier; providing updates regarding other agencies' current and future plans and developments; scheduling meetings and related agendas; maintaining a daily log; monitoring status of injured victims and numbers of family members on and off site; providing information for daily briefings to family members; and updating other JFSOC participants on the carrier's activities and developments.

5. **Local government representative:** The local government representative is the coordinating point for JFSOC participants on issues of security of the morgue, FAC, hotels for family members, and other designated sensitive areas. The representative is also responsible for keeping his or her organization informed of family affairs activities and meetings, updating other JFSOC participants on the local government's activities and developments, maintaining a daily log, providing information for daily briefings to family members, identifying local assets and resources that can be utilized to support the operation, and assisting other participants in their understanding of the local community and their leaders.

6. **Medical examiner representative:** The medical examiner representative serves as a liaison between the victim identification activities at the morgue, the antemortem interview process at the FAC, and the DMORT FAC team. They may also provide information on the victim identification process at the family briefings.

7. **American Red Cross representative:** The American Red Cross representative assigned to the JFSOC coordinates the American Red Cross' operations in the FAC and the staff processing center. Responsibilities include responding to questions that relate to current and future support provided to families and support workers, answering questions related to persons and organizations who want to volunteer services or support, informing the American Red Cross of scheduled meetings, maintaining a daily log, monitoring status of support personnel in the FAC and other sites, answering or redirecting calls from family members who may be off site, providing information for daily briefings to family members, and updating other JFSOC participants regarding operational activities and developments.

8. **DOS representative (if required):** The DOS representative serves in a coordinating role between the JFSOC and the DOS. The representative will coordinate issues involving foreign passengers and the support they will need from DOS, the victim's embassy/consulate, and other participants of the JFSOC. Other tasks include maintaining a daily log, monitoring status of foreign victims and their families, providing advice on cultural issues, answering or redirecting calls from foreign government officials, providing information for daily briefings to family members, and updating other JFSOC participants on the organization's activities and

developments. If foreign consulate officials participate in the activities of the JFSOC, the DOS representative will serve as their sponsor.

9. DOJ/FBI OVA representative (if required): DOJ/FBI OVA will only be involved in the JFSOC when the cause of the disaster is suspected to be of criminal intent. The representative serves primarily in a coordinating and informational role for DOJ/FBI.

10. FEMA representative (if required): The FEMA representative is not normally involved in the JFSOC, unless the disaster requires substantial Federal government assistance. For example, a disaster that occurs in a highly populated area causing severe structural damage and a substantial number of ground casualties will require a FEMA representative at the JFSOC. The representative will be primarily responsible for coordinating the local and State emergency management agency efforts with the family support operation.

APPENDIX D

Joint Family Support Operations Center Daily Status Report Information

1. Number of families notified /number pending notification	Air Carrier
2. Number of families on site /number of families at home	Air Carrier
3. Number of total family members at the hotel	Air Carrier
4. Number of families expected to arrive within the next 24 hours	Air Carrier
5. Number of families expected to depart within the next 24 hours	Air Carrier
6. Number of families at home who were contacted by their air carrier representative within the last 24 hours	Air Carrier
7. Status of injured personnel and location of family members	Air Carrier
8. Number of families on site who have requested American Red Cross assistance and have been assisted by American Red Cross personnel within the last 24 hours	American Red Cross
9. Number of families at home who have requested American Red Cross assistance and have been contacted by their American Red Cross representative within the last 24 hours	American Red Cross
10. Number of workers who have received American Red Cross assistance in the last 24 hours	American Red Cross
11. Number of injured emergency response personnel who have received American Red Cross assistance	American Red Cross
12. Status of antemortem data collection and DNA reference samples	Medical Examiner
13. Status of antemortem and disposition of remains interviews	Medical Examiner
14. Status of identification efforts	Medical Examiner
15. Status of families notified of positive identification	Medical Examiner
16. Status of the release of remains	Medical Examiner
17. Update on assistance provided to foreign families	DOS
18. Update on assistance provided to victims and families	DOJ
19. Number of Federal support personnel, to include DMORT and American Red Cross personnel on site and their locations	All
20. Remarks on daily activities	All
21. Remarks on activities scheduled for the next 24 hours	All

APPENDIX E
Sample Format for an After Action Report

National Transportation Safety Board
Director, Office of Transportation Disaster Assistance
490 L'Enfant Plaza East, S.W.
Washington, D.C. 20594-2000

Attn: Transportation Disaster Assistance

SUBJECT: (AVIATION ACCIDENT) AFTER-ACTION REPORT

Describe such items as how the organization was organized, relationships to other organizations, what the organization's mission was, how many of the organization's personnel were involved, what other resources were provided, transportation and equipment requirements, date arrived/departed, daily activities, and any other information the organization feels important to add to this document. This outline is not intended to limit the content of the report. Attach as separate enclosures discussion of specific aspects of the operation that were either successful or problematic.

The following format is provided:

Topic:

Discussion:

Recommendations:

Enclose any programs, associated ceremonial material, or video documentation.

APPENDIX F

Victim Identification Information

The local medical examiner or coroner has the legal responsibility to identify the victims of an aviation disaster. In addition, he or she is legally responsible for determining cause and manner of death and completing death certification. Medical examiner and coroner offices vary greatly in terms of staff and facility size. Some offices may be able to handle an aviation disaster with existing staff and facilities, while other offices, particularly those in rural areas, may require assistance. The medical examiner or coroner should have a written mass fatality plan that will give a basic framework for a response and whether assistance will be required.

The Aviation Disaster Family Assistance Act of 1996 designates the NTSB to coordinate Federal assistance in response to aviation accidents. The responsibilities of the NTSB transfer to the FBI if the cause of the disaster is officially declared a criminal act.

The NTSB or the FBI can, at the request of the medical examiner or coroner, request the services of the DMORT to assist with fatality management and identification of victims. The NTSB or FBI can also request the delivery of the DMORT portable morgue. In addition, the Office of the Armed Forces Medical Examiner (OAFME) can provide assistance to the FBI for medicolegal investigation issues.

The process of victim identification in a transportation disaster is thorough, deliberate, and based on proven scientific methods. As a rule, personal effects removed from the remains are considered to be a presumptive method of identification used to suggest who the deceased may be. Positive victim identification requires comparison of antemortem (before death) records and samples, such as dental and medical radiographs, with similar information collected from the remains. Exact matches of unique biological characteristics found in both the antemortem and postmortem records leads to a positive identification. Such methods include comparison of dental records and radiographs, comparison of fingerprints, comparison of bone structure in radiographs, comparison of healed fractures in radiographs, unique medical features (such as implants/prosthetics), and comparison of DNA.

In aviation disasters involving fragmented remains, identification is followed by the process of reassociating remains. Reassociation takes more time and is more complex than identification. Although a victim may be identified quickly using a single tooth, the ability to bring together the disassociated remains of victims relies primarily on DNA. DNA identification involves comparing DNA samples of the deceased to antemortem samples from relatives or a sample of DNA from the deceased obtained from clothing, a hairbrush, or a similar item containing skin or hair cells.

Once a positive identification has been made, the medical examiner office or a designee will notify the victim's legal NOK. At this point, the NOK decides on how and when the remains will be returned for burial/final disposition. Crisis support care and other support mechanisms will be available to the family during this process.

APPENDIX G

Victim Support Tasks–Checklists

Victim Support Tasks
National Transportation Safety Board Tasks
<input type="checkbox"/> Coordinate Federal assistance and serve as a liaison between the air carrier and family members.
<input type="checkbox"/> Provide an NTSB toll-free number and e-mail address (www.assistance@ntsb.gov) to family members for obtaining information on the victim recovery and identification effort, accident investigation, and other concerns.
<input type="checkbox"/> Request a copy of the passenger manifest from the air carrier.
<input type="checkbox"/> Review with the air carrier the logistical needs of families, giving special consideration to security, quality of hotel rooms and facilities, and privacy for family members.
<input type="checkbox"/> Integrate local and Federal government officials and air carrier staff to form a JFSOC to coordinate services and activities for families.
<input type="checkbox"/> Coordinate assistance efforts with local and State authorities, including the medical examiner, local/county/State law enforcement, emergency management agency, hospitals, and other emergency support personnel.
<input type="checkbox"/> Maintain communications with the air carrier to receive updates regarding the notification status of the victims' families.
<input type="checkbox"/> Conduct daily coordination meetings with the air carrier and local and Federal government representatives to review daily activities, resolve problems, and synchronize future family support operations and activities.
<input type="checkbox"/> Provide and coordinate family briefings both with families at the accident city and with families who remain at home.
<input type="checkbox"/> Discuss with the medical examiner the subject of victim identification, in particular the use of DNA analysis. Explain that the NTSB typically uses the Armed Forces DNA Identification Laboratory for DNA identification.
<input type="checkbox"/> Discuss with the medical examiner the capabilities of his or her office staff to conduct victim identification. Discuss the use of DMORT and the standard procedures used by DMORT in its work in support of NTSB responses.
<input type="checkbox"/> At the discretion of the NTSB IIC, coordinate a visit to the accident site for family members.
<input type="checkbox"/> Provide information releases to the media, in coordination with NTSB Office of Public Affairs, pertaining to the types of Federal support available to assist family members.
<input type="checkbox"/> Maintain contact with family members to keep them informed about the victim recovery and identification effort, accident investigation, and other accident-related concerns. <ul style="list-style-type: none"> ○ Inform family members of the release dates for preliminary, factual, and probable cause statements. ○ Inform family members of the date, time, and location of the public hearing, if applicable. ○ Inform family members of the date, time, and location of the Board meeting, if applicable.
<input type="checkbox"/> If the accident is determined to be the result of a criminal act, the NTSB TDA staff may assist the FBI OVA in family assistance support.
<input type="checkbox"/> Consolidate and review the AAR to resolve problem areas and to update operating plans and procedures.

Victim Support Tasks

Air Carrier Tasks

- Complete required accident notification as detailed in 49 CFR 830.5
- Notify the NTSB Communications Center of the accident and provide the following:
 - Location or general vicinity of the accident
 - Number of passengers on board
 - Number of crew on board
 - Number of injuries and fatalities (if known)
 - Flight number
 - Flight origination
 - Flight connection points
 - Flight's final destination
 - Demographics of passengers (if known)
 - Flight's designation as domestic or international
 - Name and telephone number of the carrier's representative in charge of—
 - Carrier's humanitarian response
 - Passenger manifest reconciliation
 - Family notification process
 - Name, telephone number and location of the facility designated for use as the FAC and JFSOC
- Provide a reliable publicized toll free telephone number with sufficient capacity to handle the anticipated call volume from victims' families and friends.
- Coordinate public notification of the toll-free number with various media (television, radio, Internet) emphasizing the following:
 - The number should only be used by people who have a reason to believe a family member or friend was a passenger on the accident flight.
 - Initial calls to the air carrier will provide basic accident information and establish point of contact information for affected family members and friends in order to initiate humanitarian support.
 - When referring to the toll-free telephone number, the following information should always be provided:
 - Name of the carrier(s) involved
 - The accident flight number(s)
 - The flight's airport of origination
 - The flight's connection point(s)
 - The flight's final destination
- Modify normal "on-hold" messages. Eliminate music, sales information and similar non-accident-related messages.
- Provide timely notification to family members and friends prior to releasing passenger names to the public. Refer to AIR 21.
 - Request family members to designate one primary point of contact for information sharing.
 - Remember that the air carrier is under no obligation to release the names of victims if family members request otherwise.
- Ensure notification of family members and friends of American Red Cross family care and

Victim Support Tasks	
Air Carrier Tasks	
	crisis assistance available at the FAC.
<input type="checkbox"/>	Ensure notification of family members and friends of American Red Cross family care and crisis assistance available after their return home (if applicable).
<input type="checkbox"/>	Ensure that requests for crisis assistance are forwarded to the American Red Cross representative at the FAC.
<input type="checkbox"/>	Provide media representatives with continuous updates regarding the following: <ul style="list-style-type: none"> ○ Progress of the notification process <ul style="list-style-type: none"> ▪ The number of victims' family members notified as of a certain time ▪ The number of families remaining to be notified ○ This process continues until all victims' families have been notified
<input type="checkbox"/>	Provide the NTSB, upon request, with the most current reconciled copy of the passenger manifest. <ul style="list-style-type: none"> ○ Each copy of the manifest should be numbered or annotated indicating the date and time so that it is distinguishable from previous copies
<input type="checkbox"/>	Secure facilities at departure, arrival, and connecting airports for family members and/or friends who may be gathering. <ul style="list-style-type: none"> ○ This facility is designed to allow family members to grieve in private, shielding them from the media and solicitors; it serves as a secure location where families can receive continuous updates regarding the reconciliation of the passenger manifest and other accident information.
<input type="checkbox"/>	Ensure all facilities chosen for use as the Friends and Relatives Reception Center, FAC, and JFSOC are ADA accessible.
<input type="checkbox"/>	Secure a venue for use as the FAC (see appendix B) <ul style="list-style-type: none"> ○ Consider the quality of the rooms, size of the facility, privacy for the family members and/or friends, ability to secure the facility, proximity to the accident site, and proximity to medical treatment facilities.
<input type="checkbox"/>	Secure a venue for the JFSOC.
<input type="checkbox"/>	Make provisions for the JFSOC including, but not limited to, the following: <ul style="list-style-type: none"> ○ Space ○ Communications ○ Logistical support ○ Details of the set-up of the JFSOC are provided in appendix C.
<input type="checkbox"/>	Provide logistical support to family members who desire to travel to the accident city (or to a hospital location) that includes, but is not limited to, transportation, lodging, meals, security, communications and incidental expenditures.
<input type="checkbox"/>	Assist family members as they travel to and from the accident city by informing flight crews and airport personnel about family members aboard particular flights. <ul style="list-style-type: none"> ○ At departure, connecting, and arrival airports, family members should have air carrier personnel meet and assist them while on airport grounds. ○ If necessary, seek assistance from other carriers with a larger presence at the airport. ○ Assist family members as they depart the accident city and provide a contact person who will continue to be the air carrier's interface with them after they return home.
<input type="checkbox"/>	Provide a contact person to meet family members as they arrive and accompany them at the accident city.

Victim Support Tasks	
Air Carrier Tasks	
<ul style="list-style-type: none"> ○ This person will be responsible for assisting the family while at the accident city and should continue to be the air carrier interface with them until they return home. ○ Once the family returns home, the air carrier may decide to designate a single contact person for all family members. <ul style="list-style-type: none"> □ This point of contact should be available via a toll-free phone number. 	
<ul style="list-style-type: none"> □ Maintain daily contact with family members who do not travel to the accident city by providing a contact person from the air carrier until the on-site investigation has concluded. 	
<ul style="list-style-type: none"> □ Designate an individual who will be the air carrier's representative to the Director of the NTSB TDA. <ul style="list-style-type: none"> ○ This individual will travel to various locations, such as the accident site, morgue, JFSOC and FAC with the Director of the NTSB TDA. ○ The designated individual should have the authority or ready access to those who have sufficient authority to make decisions on behalf of the air carrier. 	
<ul style="list-style-type: none"> □ Establish an exclusive badge system to appropriately identify family members. 	
<ul style="list-style-type: none"> □ Participate in daily coordination meetings to review daily activities, resolve problems, and synchronize future family support operations and activities at the FAC. <ul style="list-style-type: none"> ○ This information is helpful in planning logistical support (such as meals, lodging, and transportation) and allows for an update of current and future support operations. ○ The type of information typically discussed during the daily coordination meetings is located in appendix D. 	
<ul style="list-style-type: none"> □ Make provisions for private areas within the hotel for medical examiner personnel and the DMORT FAC Team to collect antemortem information and DNA reference samples from family members. <ul style="list-style-type: none"> ○ Provide quiet space and communications for DMORT and medical examiner personnel to telephonically collect antemortem information from family members who are not at the FAC. ○ Plan and provide for a sufficient number of rooms for DMORT/crisis counseling use. Based on NTSB experience the number of rooms required ranges from 4 to 12, depending on the number of fatalities. ○ Be aware that crisis counseling and DMORT facilities are also used as venues to inform families when positive identification has been made. By having the medical examiner or DMORT team representative located within the FAC, transportation of victims' remains and other logistical considerations can be better coordinated. Support requirements for planning purposes are in appendix C. 	
<ul style="list-style-type: none"> □ Provide DOS representatives the necessary information regarding foreign passengers to facilitate interaction with appropriate foreign government embassies. 	
<ul style="list-style-type: none"> □ Establish a liaison with the American Red Cross at each medical treatment facility to monitor the status of injured victims and to provide assistance to their families. 	
<ul style="list-style-type: none"> □ Develop procedures for the handling of personal effects released by the NTSB or the FBI if the aviation disaster is declared a criminal act. <ul style="list-style-type: none"> ○ Consider utilizing a third party that has experience in the return of personal effects associated with aviation disasters. ○ The proper handling and management of personal effects cannot be discounted. ○ As required by law, provisions will be made for unclaimed possessions to be retained 	

Victim Support Tasks	
Air Carrier Tasks	
	for at least 18 months from the date of the accident.
	○ The NTSB has developed guidelines for the on-scene search for personal effects.
<input type="checkbox"/>	Consult with family members about any air carrier–sponsored monument, including any inscriptions.
<input type="checkbox"/>	Provide reasonable reimbursement to the American Red Cross for the services provided to the family, air carrier, and supporting personnel.
<input type="checkbox"/>	Provide the same support and treatment to families of non-revenue passengers or any other victim of the accident (for instance, ground fatality) as is provided for revenue passengers.
<input type="checkbox"/>	If the NTSB conducts a public hearing or comparable proceeding at a location more than 80 miles from the accident site, ensure that a simultaneous transmission of the proceeding is available to family members at a location open to the public at both the origin city and destination city of the accident flight.
<input type="checkbox"/>	In the event of an accident outside of the United States, AIR 21 legislation requires “An assurance that the air carrier, in the event that the air carrier volunteers assistance to United States citizens within the United States with respect to an aircraft accident outside of the United States involving major loss of life, the air carrier will consult with the Board and the Department of State on the provision of the assistance.”
<input type="checkbox"/>	In the event the investigation determines the accident is the result of a criminal act, coordinate with FBI OVA in arranging meetings with family members to explain their rights as victims of a Federal crime.

Victim Support Tasks	
American Red Cross	
<input type="checkbox"/>	Deploy an American Red Cross CRT to serve as the functional leadership of family care and crisis intervention during the aviation accident. The CRT will support the local American Red Cross response and manage any spontaneous volunteers.
<input type="checkbox"/>	Assign a representative to the JFSOC to coordinate American Red Cross related issues and family requests for assistance.
<input type="checkbox"/>	<p>Coordinate and manage the numerous organizations and personnel offering counseling, religious, and other support services to the operation. A staff processing center, operated away from the FAC, should be created to screen, monitor, and manage personnel (employee and volunteer staff). The staff processing center will also be responsible for developing an exclusive badge system for personnel, matching volunteer skills with organizational needs, assigning work schedules, briefing and debriefing of support staff, and planning for future activities.</p> <ul style="list-style-type: none"> ○ Qualified local resources should be integrated with American Red Cross personnel for crisis and grief counseling, food services, administrative assistance, and other support services to family members and support organizations. ○ Crisis and grief counseling for family members who do not travel to the accident city should be coordinated with air carrier personnel.
<input type="checkbox"/>	Employ an accounting system to accurately record cost data in specific cost categories for reimbursement by the air carrier.
<input type="checkbox"/>	Assess the needs and available resources of other crisis support agencies, coordinate with them to ensure ongoing emotional support for workers during the operation, and provide debriefings before departure.
<input type="checkbox"/>	Establish a liaison with the air carrier at each supporting medical treatment facility to monitor the status of injured victims and to provide assistance to their families.
<input type="checkbox"/>	Coordinate with the air carrier to establish areas in the FAC for families to grieve privately.
<input type="checkbox"/>	If deemed necessary, deploy a CRC to coordinate on-site childcare services for families who arrive with young children.
<input type="checkbox"/>	If deemed necessary, deploy a SRT to coordinate on-site spiritual care.
<input type="checkbox"/>	If desired by the families, coordinate the planning for a suitable interfaith memorial service within the first few days following the accident.
<input type="checkbox"/>	If deemed necessary, arrange a memorial service for any future burial of unidentified remains.
<input type="checkbox"/>	Provide families, at their request, with referrals to mental health professionals and support groups in their local area.
<input type="checkbox"/>	Provide additional support to affected special needs or demographically/culturally diverse populations as deemed necessary.

Victim Support Tasks – Victim Identification Services	
Department of Health and Human Services	
Assistant Secretary for Preparedness and Response	
<input type="checkbox"/>	At the time of an accident and following notification by the NTSB, activate the appropriate DMORT team personnel, supplies, and equipment to assist in the management of victim identification.
<input type="checkbox"/>	Assign a representative to the JFSOC to address DMORT-related issues.
<input type="checkbox"/>	Assign necessary DMORT team members to assist the medical examiner with victim identification and mortuary services. The configuration of the team and skills required will be determined by the details of the accident and the capabilities of the local medical examiner.
<input type="checkbox"/>	Follow the “DMORT Standard Operating Procedures for National Transportation Safety Board Activations.”
<input type="checkbox"/>	Provide, if necessary, a morgue facility, a DMORT Portable Morgue Unit (DPMU), and the necessary equipment and supplies to augment the local medical examiner’s capabilities.
<input type="checkbox"/>	Monitor the status of all incoming antemortem records to include dental, medical, and DNA data to ensure that all records have been received. If not, take steps to obtain the records and radiographs.
<input type="checkbox"/>	Employ a standard antemortem questionnaire and disposition of remains form that can be adapted to meet local medical examiner and State requirements. The disposition of remains form will be used to obtain directions from the lawfully authorized NOK regarding what he/she desires the medical examiner to do with remains that may later be identified as those of their family member. Information collected from family members is strictly confidential and is ultimately under the control of the medical examiner.
<input type="checkbox"/>	Using a specially trained FAC team, interview family members who are both on site and off site for information regarding antemortem identification and disposition of remains.
<input type="checkbox"/>	Coordinate with the medical examiner to integrate qualified non-DMORT personnel who are providing assistance to the medical examiner’s office into the morgue operation.
<input type="checkbox"/>	If necessary, assist the medical examiner in notifying family members of positive identification, including an explanation of how identification was determined.
<input type="checkbox"/>	Ensure the accuracy of the chain of custody by performing a check of documentation and remains prior to the release of remains to the designated funeral director.
<input type="checkbox"/>	Assist the medical examiner with reassociation of remains following the identification process. This may occur weeks or months after the accident.
<input type="checkbox"/>	Through the FAC team, provide the NTSB with contact information for the NOK (addresses, telephone numbers, e-mail addresses) and the NOK’s relationship to the victim.

Victim Support Tasks (If Required)	
Department of Defense (if required)	
<input type="checkbox"/>	Provide the use of a military installation, such as The Charles C. Carson Center for Mortuary Affairs, located at the Dover Air Force Base, in support of mortuary operations.
<input type="checkbox"/>	Provide personnel from the Office of the OAFME and AFDIL to assist in the identification effort and to conduct appropriate DNA comparison testing on specimens submitted by the medical examiner. OAFME and AFDIL personnel may be asked to travel to the accident site to assist with victim identification.
<input type="checkbox"/>	Provide available medical and dental records and DNA reference samples of fatally injured passengers who may have antemortem records based on prior or current military service.

**Victim Support Tasks – Assisting Families of Foreign Victims
(If Required)**

Department of State

- | |
|--|
| <input type="checkbox"/> Assign a representative to the JFSOC to coordinate DOS-related issues with other members of the operations center staff. Assist in obtaining dental and medical records and DNA reference samples from foreign families. Respond to family member requests for information and assistance as appropriate. Additional personnel may be needed for accidents involving significant numbers of foreign passengers, particularly those involving international flights. |
| <input type="checkbox"/> Provide official notification to foreign governments of citizens involved in the accident. Such notifications will take place after obtaining necessary information about foreign passengers from the air carrier. |
| <input type="checkbox"/> Assist the air carrier in notifying U.S. citizens who may reside or are traveling outside the United States that a member of their family has been involved in an aviation accident. |
| <input type="checkbox"/> Provide interpretation/translation services (via DOS staff or a contracted provider) to facilitate communications with the victim's family and all interested parties. For family briefings held at the FAC or similar location or activity, simultaneous interpretation/translation in multiple languages may be required. |
| <input type="checkbox"/> Assist the air carrier, the Federal support staff, and other pertinent parties in maintaining contact with foreign families not traveling to the United States. |
| <input type="checkbox"/> Assist foreign air carrier employees and families of foreign victims with entry into the United States and with the extension or granting of visas to eligible applicants. |
| <input type="checkbox"/> Facilitate necessary consulate and customs services for the return of remains and personal effects to the country of destination. |
| <input type="checkbox"/> Assist the medical examiner in acquiring the necessary information to facilitate the identification of foreign victims and to complete death certificates. |

**Victim Support Tasks – Communications
(If Required)**

Department of Homeland Security / Federal Emergency Management Agency

- Assign a representative to the JFSOC to coordinate with other members of the operations center staff and local and State officials concerning emergency management-related issues.
- Provide voice and data communication assets to facilitate communication from the accident site to the NTSB communications center.
- Upon the request of the NTSB Office of Public Affairs, provide personnel to assist in public information dissemination, to include assistance in establishing and staffing external media support centers at the accident site, wreckage hangar, FAC, airport, and other areas that may attract media interest.

**Victim Support Tasks – Assisting Victims of Crime
(If Required)**

Department of Justice

- Provide to the NTSB, upon request, an FBI Disaster Squad with sufficient personnel to obtain fingerprint identification of accident fatalities. This team will work with the medical examiner and the DMORT personnel at the morgue location.
- Provide to the NTSB, upon request, an FBI ERT and other FBI Laboratory assets to assist with victim recovery operations under the direction of the medical examiner.
- Provide to the NTSB, upon request, FBI Office for Victim Assistance VARDT members to assist in unique circumstances, such as simultaneous accident responses.
- The following responsibilities will be implemented only if the air carrier disaster is officially declared a criminal act:
 - Coordinate Federal assistance and serve as the liaison between the air carrier and family members.
 - Provide an FBI toll-free number for family members to obtain information on the victim recovery and identification effort, investigation, and other concerns. This number will normally be provided to families on site during the initial family briefing and repeated in subsequent briefings. The FBI will coordinate with the air carrier to have air carrier family representatives provide the toll-free number to the families who do not travel to the accident city.
 - Establish a special web page for victims' families for the purpose of sharing updated information and maintaining ongoing communication with victims and families throughout the duration of the investigation.
 - Review with the air carrier logistical family support with special consideration toward security, quality of rooms and facilities, and privacy for family members.
 - Oversee the establishment and management of the JFSOC and the FAC. Information on FAC operations can be found in appendix B.
 - Integrate local and Federal government officials and air carrier staff to form a JFSOC to facilitate close coordination of services and activities.
 - Assist the air carrier, if requested, with finding NOK to be notified.
 - Conduct daily coordination meetings with the air carrier and local and Federal government representatives to review daily activities, resolve problem areas, and to synchronize future family support operations and activities. Examples of information needed for the daily coordination meeting is in appendix D.
 - Provide and coordinate family briefings for family members at the accident city and for those who remain at home. Conduct in-person family briefings at the FAC. Conduct briefings for off-site families via telephone conference bridges. Information regarding family briefings can be found in appendix C.
 - Provide information to victims and families regarding their rights and available services as victims of a Federal crime.
 - Maintain contact with family members to keep them informed about the progress of the investigation and to continue to meet their future needs.

APPENDIX H

Frequently Asked Questions

Manifest Inquiries

Who can request a copy of the manifest?

Legally, the NTSB is the only Federal agency to which an air carrier is required to provide a copy of the manifest. If the disaster involves a flight segment for which the last point of departure or the first point of arrival is in the United States, the air carrier must also transmit a copy of the manifest to the Department of State within 3 hours of the accident.

When must I provide a copy of the manifest?

A copy of the manifest is given, upon request, to the NTSB. Please ensure each updated version of the manifest is marked in a manner that it can be easily differentiated from other versions. Markings such as “Version # 1,” “Version # 2,” “Final” or other qualifiers (for instance, date and time stamp) are important to avoid confusion.

What if the TSA or an airport police officer wants the manifest?

Since the events of 9/11/2001, the NTSB and air carriers have agreed that air carriers may give a copy of the manifest to the FBI’s Airport Liaison Agent (ALA) at any airport in the United States. The agent will then distribute the manifest, as necessary, to other agencies. If you do not know your ALA, please contact your local FBI office or your airport police department.

Does my airport fire department need a copy of the manifest?

The airport fire department is required to know the number of passengers and crew on the aircraft and to be given the cargo manifest. The air carrier is not required by law to give the passenger manifest to the fire department.

Does the NTSB release the manifest to the press?

The NTSB never releases the manifest to the press.

If a U.S. air carrier crashes overseas, am I required to give a copy of the manifest to the NTSB?

In such an event, a U.S. air carrier is required by law to provide a copy of the manifest to the Department of State within 3 hours of the accident. The NTSB may also ask for a copy.

I am having problems with agencies that believe they have a right to a copy of the manifest. Can the NTSB help me?

Please call the NTSB Office of Transportation Disaster Assistance at (202) 314-6185 and a specialist will be assigned to help you.

Air Carriers

Who constitutes a family member? Is there a specific definition?

U.S. Federal and State laws define who constitutes a family member for legal purposes. These legal definitions vary from State to State. Traditionally, family members included spouse, children, mother, father, brother, and sister. Terms such as stepparents, stepsiblings and life partners have become more common in recent years in defining some family environments. In order to provide support and assistance to victims and their families, air carriers should be prepared to work with various family situations.

During the initial hours of an aviation disaster, the air carrier must verify a significant amount of information regarding the passengers. If a family member calls during the verification process, what information should he or she be given?

Air carriers must establish contact with the family of a victim as soon as possible following an accident. Be aware that, in some cases, a family member may establish contact with the air carrier before the air carrier has been able to contact that family. The air carrier must, upon the request of the family of a passenger, inform the family of whether the passenger's name appears on a preliminary manifest for the accident flight (as stipulated in AIR 21; see appendix A).

Should the air carrier contact any other family members?

If the initial family member contacted is unable to understand the information the air carrier is providing, it may be necessary to notify another family member. Another family member may also assist in other situations, such as non-English speaking families.

Is there a requirement by an air carrier to release the names of the passengers and crew to the media?

There is no legal requirement for the air carrier to release the names of passengers and crew to the media. The media should be informed about the number of families that have been notified during the initial notification process. However, as the air carrier completes the notification process to passenger and crew family members, the air carrier is encouraged to obtain an estimate on how much time will be needed for the family to contact other family members. There should be consideration in delaying the release of any names until these family members have been contacted.

How often should air carriers update family members on the progress of initial events?

Family members should be contacted regularly, even if there is no updated information. If the air carrier tells a family member that the carrier will call back by a specific time, that call must be made as promised. Once the NTSB and the families arrive at the FAC, regular briefings will be scheduled by the NTSB.

Are there any steps an air carrier can take to limit the number of inquiry calls that follow a disaster?

When providing the media with a toll-free number, the air carrier must stress that the number is *only* for those family members and friends who have reason to believe their loved one was on board the accident flight. The air carrier should ask the media to continually emphasize the name of the carrier; flight number and/or code share flight number; and airport origination,

connection, and final destination to prevent confusion and misinformation, and ultimately to reduce call volume.

For air carrier personnel, the air carrier should also rely upon an internal “call home” system. After an accident, flight crews and other employees should be advised of the accident through the company’s internal communications network. They should be asked to call home and check in with their family members.

Are there any special considerations for family members traveling to the accident city?

By law, air carriers must ensure that family members are provided with transportation to the accident city and other immediate needs, such as lodging. The air carrier should be sensitive to requests for more than one family member or for a non-family member to travel to the accident city. If at all possible, a family member should not travel alone to the accident city.

Some family members may request to travel to the accident city via an alternate air carrier, an aircraft type other than the accident aircraft, or an alternate mode of travel (for instance, rental car, bus, or train). The air carrier should attempt to honor such requests.

What types of training can help teach air carrier employees how to assist families following an accident?

Air carriers will train employees and agents who are responsible for assisting survivors and family members following an accident. Employees should be sensitized in a number of areas, including the range of physical and emotional reaction to trauma, family member and victims’ needs for accurate and timely information, the varying needs of different populations, and the importance of providing compassionate and non-judgmental support during this difficult and complex time.

Because employees may encounter physical and psychological stress reactions during an accident response, training should include methods for taking care of themselves during and after the response. The training should also include how to support co-workers who may be having difficulties and how to effectively exit the response assignment and return to their normal duties. Recurrent annual training maintains skills and a level of readiness.

In addition, NTSB TDA holds courses at the NTSB Training Center on a variety of family assistance topics. More information about the NTSB Training Center and course offerings can be found at the following website: www.ntsbt.gov/TC.

Does an air carrier need to file a family assistance plan?

All carriers are required to file their assurance with both the NTSB and the U.S. Department of Transportation. Send assurances to: National Transportation Safety Board, Office of Transportation Disaster Assistance, Attention: Erik Groszof, 490 L’Enfant Plaza East, S.W., Washington, D.C., 20594. Fax Number: (202) 314-6638. Phone: (202) 314-6185. E-mail: erik.groszof@ntsbt.gov.

What issues should an air carrier consider in managing personal effects?

Due to the physical dangers and psychological impact that the recovery and management of personal effects can have on air carrier employees, it is strongly suggested that a professional third party be employed. Air carriers need to allow family members the opportunity to view unassociated personal effects. This can be done via a catalog or a CD containing photographs of these items. Family members should be notified before the catalog or CD is sent to them for their review. A claim for specific personal effects can be placed with the air carrier or the third party vendor.

Air carriers are required to maintain possession of all unassociated personal effects for a minimum of 18 months following the accident. It is recommended that family members be notified prior to the destruction of any personal effects in the air carrier's possession, allowing them one final opportunity to claim previously unclaimed personal effects.

NTSB and FBI ERT have developed "best practice" guidance for surveying and searching for personal effects at accident sites. A copy can be obtained from the NTSB TDA office.

How should an air carrier plan to demobilize its family assistance response efforts?

In accordance with common disaster management procedures, air carrier family assistance managers should plan their demobilization during the beginning of the response. Demobilization planning allows managers and staff to focus their activities with an understanding of when the work will end. Since the response will eventually end, knowing the process of how to close down the response is essential to an effective overall response.

What changes did AIR 21 and VISION 100 make to the Aviation Disaster Family Assistance Act?

Pursuant to AIR 21:

- The restrictions on solicitation by attorneys and their agents is increased from 30 to 45 days following the accident.
- Local authorities cannot block the use of mental health and counseling services for 30 days following the date of the accident. The NTSB can extend that period for another 30 days if necessary.
- An assurance that "upon request" of the family, the air carrier will inform the family of whether the passenger's name appeared on a preliminary passenger manifest of the accident flight.
- An assurance that the air carrier provides adequate family assistance training to employees and agents of the carrier.
- If an air carrier volunteers to assist U.S. citizens within the United States with respect to an aircraft accident outside of the United States involving major loss of life, an assurance that the air carrier will consult with the NTSB and the Department of State.

Pursuant to VISION 100:

- Requirements and procedures for air carriers when dealing with non-government owned property damaged or destroyed during an aviation accident.
- Establishes clear lines of communication between the land/property owner and the air carrier underwriter.

- If the NTSB conducts a public hearing or comparable proceeding at a location greater than 80 miles from the accident site, the air carrier must ensure the proceeding is simultaneously broadcast at locations open to the public at both the origin and destination cities of the accident flight (if the city is located in the United States).

American Red Cross

Why was the American Red Cross selected?

The NTSB designated the American Red Cross because it meets the legislated requirement for an independent non-profit organization with experience in disaster response and post-trauma communications with families.

What is the Critical Response Team (CRT)?

At the accident city, the local American Red Cross chapter initiates the American Red Cross response in accordance with local planning. These activities may be supported as needed by other American Red Cross chapters from the surrounding area. The CRT is composed of trained and experienced American Red Cross disaster management specialists, who are mobilized within 4 hours, travel to the accident city, and augment the local American Red Cross response.

Is there any requirement for an air carrier to meet with the American Red Cross before a disaster occurs?

There are no mandates for an air carrier to meet with the American Red Cross before a disaster. However, it is important that local air carrier station management and American Red Cross chapters coordinate their local planning activities where appropriate to ensure each group's awareness of the other's plans. This will enhance the coordination of the immediate response. An annual meeting can eliminate any misunderstandings or confusion over the provision of services.

What other services can the American Red Cross provide to an air carrier, family members, or the community where the disaster occurred?

The American Red Cross can provide crisis support for local agencies, air carrier personnel, and family members. If needed, they will assist with family member referrals for additional mental health services.

The CRT also comprises two specialized teams: the CRC and the SRT. The CRC deploys trained experienced disaster childcare professionals to deliver specialized childcare, typically in the FAC. The SRT deploys trained experienced spiritual care professionals to coordinate, establish, and maintain spiritual care services.

How do other service providers interact with the American Red Cross?

The American Red Cross is responsible for establishing a staff-processing center to ensure the best use of all resources. Providers can contact the American Red Cross through the processing center or their local American Red Cross chapter in advance if interested in assisting.

The American Red Cross can also assist in managing “spontaneous volunteers” who frequently present themselves following an accident.

U.S. State Department

What is the role of the U.S. State Department during an aviation disaster (domestic or foreign air carrier) in the United States or its territories?

The U.S. Department of State is responsible for providing official notification to foreign governments whose citizens were involved in the accident. Notifications take place after necessary information about foreign passengers is obtained from the air carrier. The State Department can also assist the air carrier in notifying U.S. citizens who may reside or are traveling outside the United States that a member of their family has been involved in an aviation accident.

For foreign carriers, the State Department can assist by alerting the U.S. Citizenship and Immigration Services (USCIS) that a corporate “Go Team” is en route to the accident city. They can assist with obtaining required visas or other documents needed to gain entry into the United States. Assistance can also be given to family members en route to the accident city. The State Department will work with USCIS to ensure that entry into the United States by these families is done in a timely, compassionate, and professional manner.

Additional information on State Department roles and responsibilities can be found at <http://www.state.gov/documents/organization/86830.pdf>.

Family Assistance Center

What is the difference between the Friends and Relatives Reception Center and the FAC?

Friends and Relatives Reception Centers are located at the arriving and departing airports and are temporary locations for family members to gather until an FAC is established. The FAC is established at a hotel or similar facility in the accident city and is the focus for the assistance and information family members will receive during the initial phases of the accident response.

Who is responsible for the FAC?

The air carrier is responsible for securing a facility and all reasonable operational expenses to accommodate family members traveling to the accident city. Agencies providing support and services to families will work together to ensure families are assisted. The NTSB has the overall responsibility for the effective operation of the FAC, but it relies upon the cooperation and support of all contributing organizations.

How will professionals and other service agencies in the local community be incorporated into the family assistance response?

The American Red Cross is the designated non-profit organization responsible for family care and crisis intervention. In this capacity, it manages the recruitment, training, and support of all volunteers, including those in the local community, through a Staff Processing Center. It is the

intent of the American Red Cross and the NTSB to integrate local professionals and organizations affiliated with a disaster response agency/organization.

Who is considered a family member for access to the FAC?

“Family member” is defined in broad terms for the purpose of FAC access. Many individuals consider themselves to be the “family” of the victim, even though the law does not formally recognize the relationship. Keep in mind that the goal of the FAC is to support and provide assistance to those associated with the victim(s) impacted by the aviation disaster.

How do families not traveling to the accident city obtain information and support?

There are several ways for families who do not travel to the accident city to obtain information and support. Air carriers should maintain contact with non-traveling families and provide them the same types of support as received by families at the FAC. The American Red Cross can also provide support through their chapters in the local community. A toll-free conference call bridge is used during most family member briefings. The NTSB establishes an accident-specific website for family members along with the existing assistance@ntsb.gov email address.

How will the air carriers, local emergency responders, American Red Cross, and other Federal agencies coordinate the services delivered to family members?

The JFSOC coordinates all family member activities and resolves family assistance concerns and challenges during the on-scene phase of the response. Facilitated by NTSB TDA, the JFSOC includes representatives from each organization providing assistance to ensure efficient use of resources, sharing of information, and the provision of appropriate and professional services to families.

How do the family members find answers to their individual questions?

It is recommended that family members first ask their air carrier escort/representative for answers to their questions. If he or she cannot provide an answer, the question can be channeled to the JFSOC via the representative’s supervisor. Families are encouraged to ask questions at the regularly scheduled family briefings.

NTSB TDA is responsible for maintaining contact (including answering individual questions) with victims and family members following the on-scene phase of the investigation. All necessary contact information will be provided during the final family briefing.

Airports, Emergency Personnel and First Responders

What areas of consideration should airports have in planning to assist families during the first few hours of an aviation disaster?

Although not currently required, airports should have plans to assist victims and their families during the initial hours following an aviation accident. Airport emergency planning is especially critical for smaller air carriers or charter operations that have a limited presence at the airport.

Consider providing family members a private and secure area to gather (Friends and Relatives Reception Area) while awaiting information from the air carrier. Air carrier clubs, conference rooms, or restaurants can serve this purpose. If located within the sterile area, entry procedures must be established with the Transportation Security Administration (TSA) and Federal Security Director prior to an accident. Police officers should be used to secure the room and the

immediate area from the general public. Local Red Cross chapters should be included in planning sessions as they can provide disaster mental health and medical services personnel, as well as other needed local resources, to assist air carrier staff with families at this location.

When selecting the location, consideration should be given to the following:

- Proximity to restrooms and other amenities
- Privacy from the general public
- Privacy from the media
- Availability of television access to family members, if desired
- A location that does not overlook the accident site (if at all possible)

What areas of consideration should be given when airports are reviewing their airport emergency plans?

If an airport's plan calls for sealing off access to the airport or terminals during an emergency, local air carrier management should provide a list of employees required to have access to the airport or terminal(s) during such a period. Airport Operations Access (AOA) badges for these individuals should be issued with a unique indicator. Some airports have used the following indicators: "COMMAND POST," "EMERGENCY ACCESS," "INCIDENT RESPONSE," "DISASTER RESPONSE," or a large letter "E." Once chosen, the format is relayed to law enforcement agencies securing the airport, thus allowing air carrier/airport personnel wearing a badge to gain access even when roadways are closed.

To reduce confusion by responding mutual aid agencies, airports should consider placing large signs at their predetermined staging and emergency access areas and gates. These signs should be reflective, preferable white wording on a red background, using simple text; for example, **ARFF STAGING AREA "A"** or **MUTUAL AID ACCESS GATE #5**. Airports should review and contact emergency service agencies within a 5-mile radius of the airport to receive aircraft emergency ingress/egress familiarization and training. Airport fire services can coordinate with air carriers to arrange familiarization tours of various air carrier aircraft types.

Pre-accident meetings with local emergency planners; hospitals; the American Red Cross; city, county, and State police and fire services; and clergy help to familiarize response groups with one another.

Are there any special considerations about moving wreckage after life-safety efforts have been completed?

Once the emergency response moves from rescue to recovery, the area should be sealed off until an NTSB representative arrives on the scene. If at all possible, pieces of wreckage should not be moved. If the wreckage must be moved, it is critical to document the process in writing. Additionally photographs of the wreckage should be taken before and after disturbing the items.

In some accidents, the NTSB will request the assistance of the FBI Evidence Response Team (ERT) to document the scene and conduct the recovery operation. The FBI ERT is available nationwide and offers a standard level of documentation and recovery to the NTSB.

For more information, a brochure, titled “Responding to an Aircraft Accident: A Guide for Police and Public Safety Personnel,” is available from the NTSB TDA website, www.ntsbt.org/family.

If the accident is caused by a criminal act, who will be in charge?

For aviation accidents caused by intentional criminal acts, the FBI is the lead investigative Federal agency. The NTSB may support the FBI with technical expertise. Because of the importance of evidence preservation and documentation, local authorities must ensure that all wreckage is preserved and not moved unless necessary for life-safety activities.

Medical Examiners, Coroners, and Forensic Responders

What is the process for the notification of identification and release of victims’ remains?

Once the identification process is complete, the NOK is notified by the medical examiner or the DMORT Family Assistance Team. The notifying agency will make arrangements for the release of remains to the funeral home selected by the NOK. Victims’ remains will be transported from the morgue by a funeral home vendor contracted by the air carrier to the funeral home selected by the NOK. Contact information for the funeral home selected by the NOK is obtained during the antemortem interview or during the notification of identification process.

Generally, victims’ remains are released on an individual basis, as they are identified; however, in some circumstance, remains are released at the end of the identification process, once all identifications have been made. This decision is made by the presiding medical examiner, and the NOK is informed of this process.

What is the process of identifying victims using DNA evidence?

Victim identification based on DNA evidence requires a comparison of DNA data obtained from a victim’s remains to data obtained from a reference sample. Personal items or prior medical specimens from the victim can be submitted as a direct reference sample. If submitted, it is imperative to verify that the DNA from the personal item belongs to the victim. If direct reference samples are not available, family reference samples obtained from close biological relatives are utilized. When obtaining a family reference sample, it is important to understand and document the biological relationship between the victim and the individual providing the reference sample (for instance, biological mother, father, children, brothers, or sisters). DNA identifications cannot be accomplished without the reference sample. For more information, see appendix I , which lists several resources regarding victim identification using DNA evidence.

Why does the victim identification process take so long? What factors influence the process?

Victim identification requires comparing information collected from the remains of the victim (postmortem data) to information available from the victim when he or she was alive (antemortem data). Scientific methods, such as comparing dental radiographs taken while the victim was alive with radiographs taken from the deceased victim, are the preferred methods for victim identification. Other scientific methods include fingerprint examinations, comparison of radiographs, and DNA analysis. In general, five factors influence the victim identification process.

1. **The number of fatalities.** As the number of fatalities increases, the amount of time and resources required to identify victims also increases, due to the investigative effort needed to obtain antemortem information and to conduct postmortem analysis.
2. **An open or closed victim population.** A disaster comprises a closed victim population if the number of victims and their names are known (for example, a manifested air carrier accident). Conversely, an open population is one in which neither the number of victims nor their names are known (for example, an explosion in a public building). Disasters involving open victim populations require more time and resources to resolve because authorities must distinguish those *actually* missing from those *initially reported* missing. The antemortem data collection process only begins once a victim is known to be missing.
3. **The availability of antemortem information.** Not all fatal victims have easily accessible or available antemortem information. For example, a victim who has never visited a dentist will not have dental records. Authorities must know where to look for antemortem records; this information is usually provided by family members. The absence of useful antemortem data, or the presence of incorrect data, will slow the victim identification process.
4. **The condition of remains (for instance, thermal damage, fragmentation, and commingling).** Complete bodies are more easily recovered and identified than remains impacted by fire, decomposition, fragmentation, and commingling. For fragmented remains, the reliance on DNA methods increases, requiring additional time and resources. Additionally, given an open population with fragmented remains, the standard of care is to identify all remains, since the number and names of the dead are not known. With a closed-population investigation, the goal is to account for all potentially identifiable remains for each victim. Often this approach does not require analysis of all remains, just those that have the potential to be identified.
5. **Challenges in search and recovery operations.** Remote terrestrial or underwater recovery operations require specialized support and more time, thus delaying the collection of postmortem data.

What are some of the concerns during the search and recovery process?

The physical location of the accident site determines the resources required and the procedures employed for search and recovery operations. The personnel and equipment needed for scene documentation and recovery operations vary significantly depending on whether the accident occurred on land or over water. The NTSB has authority for the aircraft wreckage, the medical examiner/coroner has authority for the human remains and associated personal effects, and the air carrier has responsibility for unassociated personal effects. Accident scene activities are

coordinated with the NTSB Major Investigations Division (AS-10). The NTSB coordinates with other agencies as necessary.

Who pays for victim recovery and identification costs?

The costs related to victim recovery and identification can be high and are directly related to the number of victims, the condition of remains, and the medical examiner's policies regarding identification of remains. Typically, the air carrier underwriter will pay reasonable costs for victim recovery and identification. However, the underwriter is not required to pay for such costs. As with any emergency response, the costs of the response are often shared among the local, State, and Federal agencies, in addition to the underwriter.

What methods are used to identify aviation accident victims? Does the NTSB require that certain methods be used?

Under their legal responsibilities, the medical examiner conducts victim identification and determines the cause and manner of death. Although there are no enforceable national standards in the forensic field for victim identification, the expectation by family members and society is that all reasonable methods will be used to complete identifications in a timely and professional manner. Biologically based methods (such as fingerprints, dental records, DNA, medical implants with unique serial numbers) are considered by courts of law as primary methods of positive identification. Other methods may result in a presumptive identification, and this information may lead to a positive identification.

How is antemortem information obtained from family members?

The medical examiner is responsible for obtaining medical record information from family members. However, in the event that the local jurisdiction does not have enough staff to interview family members, trained DMORT members can be used to assist the local jurisdiction in interviewing family members. DMORT and other agencies can also be used to collect antemortem DNA reference samples from family members. If reasonable, family members may be asked to bring the contact information of the decedent's dentist and/or doctor when they travel to the FAC.

Is the NTSB responsible for making positive identification of disaster victims?

The medical examiner is responsible for making positive identification of victims. The NTSB can provide additional resources to assist the medical examiner. These resources include the DMORT team, the FBI Evidence Response Team, other FBI Laboratory assets and pertinent Department of Defense laboratories and personnel.

How are personal effects (PE) managed?

In general, PE are collected at the accident scene, catalogued, and cleaned to make them safe. If requested by the NOK, the item can be restored to its original condition. The goal of the PE process is to return all items to the family members in the condition they choose.

There are three classes of PE:

1. **Associated PE** are items recovered at the accident scene that are in physical contact with the victim's remains (for instance, a wedding ring on a hand). The medical examiner has authority over the collection, chain of custody, and final disposition of these items.

Medical examiner staff or designated personnel (for instance, FBI ERT) document and collect associated PE during the recovery of human remains. Once collected, the medical examiner can transfer custody of the associated PE to a third party contracted by the air carrier to manage the overall PE process. The NOK decides when and whether associated PE is returned and provides instructions for the restoration of the items, if desired.

2. **Unassociated PE** are not associated with remains and have no identifying information. Such items may include clothing, books, and toiletries. The air carrier has responsibility for the collection, processing, and return of unassociated PE to the NOK. Air carriers typically designate a contractor to take care of these responsibilities. The contractor also catalogues the items, and coordinates the restoration and return with the NOK.
3. **Unassociated PE containing identifying information** (e.g. luggage with an identification tag) also fall under the responsibility of the air carrier and are processed accordingly.

Are there additional resources available for a medical examiner responsible for managing the identification of decedents?

Under the Federal Family Assistance Plan for Aviation Disasters, the NTSB coordinates and integrates the resources of the Federal Government to support the efforts of the local and State government. The National Disaster Medical System (NDMS—a division of the Department of Health and Human Services, Assistant Secretary for Preparedness and Response) is the primary Federal agency to support local jurisdictions responsible for victim identification. Other Federal agencies able to support victim identification are FBI Laboratory assets and the Department of Defense DNA Registry/Armed Forces DNA Identification Laboratory.

Within the NDMS, the DMORT can conduct victim identification and associated mortuary activities. DMORT also has mobile morgues with specialized personnel to organize a morgue operation. The DMORT Family Assistance Center Team is available to interview family members to obtain antemortem information.

Certain State and local jurisdictions also have disaster victim identification teams. Such teams are considered important in the victim identification process.

The medical examiner should contact the NTSB TDA office through the NTSB Communications Center. TDA staff will inquire about the number of fatalities, the condition of the remains, the capabilities of the local jurisdiction to conduct victim recovery and identification and other pertinent information. Based on this discussion, the NTSB will request assistance from the Federal agencies with appropriate resources.

What is the Portable Morgue Unit?

The DMORT Portable Morgue Unit (DPMU) supports the processing and identification of accident fatalities. The DPMU contains prepackaged morgue supplies and equipment that can be set up in an existing facility. Transportable by truck or air, the DPMU is accompanied by a team that unpacks, organizes, restocks, and repacks the supplies and equipment.

What is the FBI ERT?

The FBI Evidence Response Team (ERT) is a group of trained and equipped FBI personnel specializing in organizing and conducting major evidence recovery operations. They manage the identification, collection, and preservation of evidence at crime scenes. In the case of aviation accidents, the ERTs are available to the NTSB to provide a standard level of scene documentation, mapping, photography, videography, and evidence/wreckage recovery. Each of the FBI's fifty-six Field Offices has an ERT, consisting of 8 to 50 members. These teams train to develop and maintain their organizational and forensic skills; most have aviation disaster experience.

What is the FBI Disaster Squad?

The FBI Disaster Squad is a team of trained experts in the area of fingerprint identification who can be activated to support the local medical examiner in the victim identification process. The FBI Disaster Squad has access to the FBI fingerprint database and is able to collect latent prints to assist in identification.

APPENDIX I

Internet Resources for Mass Fatality Response

NTSB Office of Transportation Disaster Assistance

<http://www.nts.gov/Family/family.htm>

Responding to an Aircraft Accident—How to Support the NTSB (Police & Public Safety Personnel)

http://www.nts.gov/Family/LEO_brochure.pdf

Disaster Mortuary Operational Response Team

www.dmort.org

Capstone Document: Mass Fatality Management for Incidents Involving Weapons of Mass Destruction

http://www.ecbc.army.mil/hld/dl/MFM_Capstone_August_2005.pdf

Office of the Armed Forces Medical Examiner

<http://www.afip.org/consultation/AFMES/>

Armed Forces DNA Identification Laboratory

<http://www.afip.org/consultation/AFMES/AFDIL/index.html>

Mass Fatality Incidents: A Guide for Human Identification

<http://www.ojp.usdoj.gov/nij/pubs-sum/199758.htm>

Lessons Learned from 9/11: DNA Identification in Mass Fatality Incidents

<http://massfatality.dna.gov/>

Identifying Victims Using DNA: A Guide for Families

<http://www.ncjrs.org/pdffiles1/nij/209493.pdf>

FBI Office for Victim Assistance (OVA)

<http://www.fbi.gov/hq/cid/victimassist/home.htm>

Providing Relief to Families After a Mass Fatality: Roles of the Medical Examiner's Office and the Family Assistance Center

http://www.ojp.usdoj.gov/ovc/publications/bulletins/prfmf_11_2001/welcome.html

Department of State Foreign Affairs Manual Volume 7 (1830): Aviation and Other Transportation Disasters

<http://www.state.gov/documents/organization/86830.pdf>

APPENDIX J

References

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2. Public Law 104-264, Title VII, Aviation Disaster Family Assistance Act of 1996, October 9, 1996.
3. Public Law 105-148, Foreign Air Carrier Family Support Act, December 16, 1997.
4. Public Law 106-181, Wendell H. Ford Aviation Investment and Reform Act for the 21st Century (AIR 21), Title VI, Sections 401-405, April 5, 2000.
5. Public Law 108-176, Vision 100—Century Of Aviation Reauthorization Act, Section 809, December 12, 2003.
6. Department of Transportation and National Transportation Safety Board, *Final Report, Task Force on Assistance to Families of Aviation Disasters*, October 29, 1997.
7. Interagency Agreement between Department of Health and Human Services, Assistant Secretary for Preparedness and Response, and National Transportation Safety Board, March 29, 2007.
8. Memorandum of Understanding between Department of State and National Transportation Safety Board, June 18, 1997.
9. Memorandum of Understanding between Federal Emergency Management Agency and National Transportation Safety Board, October 24, 1998.
10. Memorandum of Understanding between American Red Cross and National Transportation Safety Board, January 24, 2007.
11. Memorandum of Understanding between Department of Transportation and National Transportation Safety Board, June 19, 1997.

APPENDIX K

List of Acronyms

AAR	After Action Report
ADA	American with Disabilities Act
AFDIL	Armed Forces DNA Identification Laboratory (DOD/AFIP/AFMES)
AFIP	Armed Forces Institute of Pathology (DOD)
AFMES	Armed Forces Medical Examiner System (DOD/AFOP)
AIR 21	Wendell H. Ford Aviation Investment and Reform Act for the 21 st Century
ALA	Airport Liaison Agent (DOJ/FBI)
AOA	Airport Operations Access
ARFF	Aircraft Rescue Firefighting
AS-10	Office of Aviation Safety–Major Investigations (NTSB)
ASPR	Assistant Secretary for Preparedness and Response (DHHS)
CFR	Code of Federal Regulations
CRC	Critical Response Childcare Team (American Red Cross)
CRT	Critical Response Team (American Red Cross)
DHS	Department of Homeland Security
DHHS	Department of Health and Human Services
DMORT	Disaster Mortuary Operational Response Team (DHHS/ASPR/NDMS)
DNA	Deoxyribonucleic acid
DOC	Disaster Operations Center (American Red Cross)
DOD	Department of Defense
DOJ	Department of Justice
DOS	Department of State
DPMU	DMORT Portable Morgue Unit
ERT	Evidence Response Team (DOD/FBI)
FAC	Family Assistance Center
FBI	Federal Bureau of Investigation (DOJ)
FEMA	Federal Emergency Management Agency (DHS)
IIC	Investigator in Charge (NTSB)
JFSOC	Joint Family Support Operations Center
NDMS	National Disaster Medical System (DHHS/ASPR)
NOK	Next of Kin
NTSB	National Transportation Safety Board
OAFME	Office of Armed Forces Medical Examiner (AFIP)
OVA	Office for Victim Assistance (DOJ/FBI)
PE	Personal effects
SIOC	Strategic Information and Operations Center (DOJ/FBI)
SRT	Spiritual Care Response Team (American Red Cross)
TDA	Office of Transportation Disaster Assistance (NTSB)
TSA	Transportation Security Administration (DHS)
TTY	Teletypewriter
USCIS	United States Citizenship and Immigration Services (DHS)
VARDT	Victim Assistance Rapid Deployment Team (DOJ/FBI)

VST

Victim Support Task

APPENDIX D. MASS FATALITY RESOURCES

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Mass Fatality Resources

This appendix presents resources that you may find useful for mass-fatality planning and operations. These references are listed by topic cover a range of topics that may be considered when planning for mass-fatality incidents. Agency resources may also be available for technical assistance and/or support during an incident.

Web Sites

Community/Local Planning

- Public Health Emergency Response: A Guide for Leaders and Responders. US Department of Health and Human Services. August 2007.
<http://www.phe.gov/emergency/communication/guides/leaders/Pages/default.aspx>
- Public Health Emergency Response Guide for State, Local, and Tribal Public Health Directors – Version 2.0. US DHHS/CDC. 2011.
<http://emergency.cdc.gov/planning/responseguide.asp>
- Shelters, CDC Shelter Environmental Health Evaluation Guides.
<http://emergency.cdc.gov/shelterassessment/>

Decontamination

- Decon. “Guidelines for Mass Casualty Decontamination During a HAZMAT/Weapon of Mass Destruction Incident Volumes I and II.” U.S. Army Chemical, Biological, Radiological and Nuclear School/ U.S. Army Edgewood Chemical Biological Center . April 2009.
http://www.ecbc.army.mil/downloads/publications/ECBC_SP_024_Lake.pdf?DocID=59
- Guidelines for Decontamination of Fire Fighters and Their Equipment Following Hazardous Materials Incidents, Chapter 10 from the Hazardous Materials Response Handbook, NFPA, 1997. <http://www.nfpa.org/PDF/Sup10.pdf?src=nfpa>

<http://www.nfpa.org/Codes/CodesandStandards/HazMat/HazMat.asp>
- Radiation Incidents, “Model Radioactive Material or Multiple Hazardous Materials Decontamination Procedure”, Department of Energy.
http://www.em.doe.gov/PDFs/transPDFs/Decon_Procedure.pdf

Federal Agencies

- Agency for Healthcare Research and Quality, Public Health Emergency Preparedness Site. <http://www.ahrq.gov/prep/>
- Agency for Toxic Substances and Disease Registry, Public Health Service, US Department of Health and Human Services. <http://www.atsdr.cdc.gov/>
- Air War College, Homeland Security “Portal.”
○ <http://www.au.af.mil/au/awc/awcgate/awc-hmld.htm>

Decontamination

Federal Agencies (Continued)

- American Red Cross. <http://www.redcross.org/>
- Armed Forces Institute of Pathology. <http://www.afip.org/>
- Armed Forces Radiobiology Research Institute. <http://www.afrrri.usuhs.mil/>
- Bureau of Alcohol, Tobacco, Firearms, and Explosives. <http://www.atf.gov/>
- Centers for Disease Control and Prevention. <http://www.cdc.gov/>
- CDC, Emergency Preparedness and Response <http://www.bt.cdc.gov/>
- CDC, Environmental Health Services Emergency Planning Site <http://www.cdc.gov/nceh/ehs/ETP/default.htm>
- CDC, Epidemic Intelligence Service. <http://www.cdc.gov/eis/index.html>
- CDC, National Center for Preparedness, Detection, and Control of Infectious Diseases (NCPDCID). <http://www.cdc.gov/ncpdcid/>
- CDC, National Center for Immunization and Respiratory Diseases (NCIRD). <http://www.cdc.gov/ncird/index.html>
- Defense Threat Reduction Agency – Chemical-Biological Defense: <http://www.dtra.mil/>
- Department of Education, Emergency Planning. <http://www.ed.gov/emergencyplan/>
- Department of Homeland Security. <http://www.dhs.gov/dhspublic/>
- Department of Transportation, Office of Hazardous Materials Safety. <http://hazmat.dot.gov/>
- EMAC, Emergency Management Assistance Compact. <http://www.emacweb.org/>
- EPA, Emergency Response Team. <http://www.ert.org/>
- EPA, On Scene Coordinator. <http://www.epaosc.net/default.htm>
- Federal Emergency Management Agency. <http://www.fema.gov/>
- Federal Transit Administration, Department of Transportation. <http://transit-safety.volpe.dot.gov/Default.asp>
- Joint Program Executive Office for Chemical-Biological Defense. <http://www.jpeocbd.osd.mil/>

Decontamination

Federal Agencies (Continued)

- National Disaster Medical System, Department of Health and Human Services (DHHS). <http://www.phe.gov/Preparedness/responders/ndms/Pages/ndmsrecruitment.aspx>
- National Institutes of Health. <http://www.nih.gov/>
- National Institute for Occupational Safety and Health. <http://www.cdc.gov/niosh/homepage.html>
- The National Response Center, US Coast Guard. <http://www.nrc.uscg.mil/index.htm>
- The National Response Team, HAZMAT and Chemical Spills. <http://www.nrt.org/>
- The National Toxicology Program, National Institutes of Health. <http://ntp-server.niehs.nih.gov/>
- Occupational Safety and Health Administration. <http://www.osha.gov/>
- OSHA Emergency Preparedness and Response Resources. <http://www.osha.gov/SLTC/emergencypreparedness/index.html>
- US Air Force Counterproliferation Center. <http://cpc.au.af.mil/>
- US Army Homeland Defense/Civil Support Office. <http://www.wood.army.mil/hls/>
- U.S. Army Medical Command. <http://www.armymedicine.army.mil/default2.htm>
- U.S. Army Public Health Command (Provisional). <http://phc.amedd.army.mil/Pages/default.aspx>
- USAMRIID - US Army Medical Research Institute of Infectious Diseases. <http://www.usamriid.army.mil/>
- USAID the Office of U.S. Foreign Disaster Assistance (OFDA). http://www.usaid.gov/hum_response/ofda/ <http://www.cidi.org/>
- US Chemical Safety and Hazard Investigation Board. <http://www.chemsafety.gov/>
- US Northern Command. <http://www.northcom.mil/>
- US Nuclear Regulatory Commission. <http://www.nrc.gov/>

Equipment and Personal Protective Equipment

- NIOSH Respirator_Respiratory Protection “Trusted Source” and one-stop information site. http://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/RespSource.html
- Personal Protective Equipment during Influenza Outbreaks, Q&A, US FDA. http://www.fda.gov/cdrh/emergency/flu_qa.html
- Personal Protective Equipment, Office of Safety, Health and Environment, CDC. <http://www.cdc.gov/od/ohs/manual/pprotect.htm>
- PPE. Risk Assessment of Using Firefighter Protective Ensemble (FFPE) with Self-Contained Breathing Apparatus (SCBA) for Rescue Operations During a Terrorist Chemical Agent Incident Edgwood Chem Bio Ctr. Aug 2003. http://www.ecbc.army.mil/hld/cwirp/ffpe_scba_rescue_ops_download.htm
- Public Health Emergency Response Guide for State, Local, and Tribal Public Health Directors – Version 2.0. US DHHS/CDC. 2011. <http://emergency.cdc.gov/planning/responseguide.asp>
- Respirators. NIOSH Approved Disposable Particulate Respirators (Filtering Facepieces). http://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/
- Respiratory Protection of Healthcare Workers. OSHA video. <http://www.dol.gov/dol/media/webcast/20110112-respirators/>
- Urban Search and Rescue, HAZMAT PPE. NFPA 1951: Standard on Protective Ensembles for Technical Rescue Incidents. <http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=1951>

Federal Plans and Guidance, Laws, Regulations, Public Health Planning and Guidance

- Disaster Planning. “Writing a Disaster Plan: A Guide for Health Departments. UCLA. http://www.cphd.ucla.edu/npdfs/Disaster_Plan_Guide.pdf
- Emergency Preparedness Resource Inventory, Resource Tracking Tool, AHRQ. <http://www.ahrq.gov/research/epri/>
- Lessons Learned Information System (LLIS), DHS. <https://www.llis.dhs.gov/>
- National Health Security Strategy, US DHHS, Dec 2009. <http://www.phe.gov/Preparedness/planning/authority/nhss/Pages/default.aspx>

Federal Plans and Guidance, Laws, Regulations, Public Health Planning and Guidance (Continued)

- National Incident Management System Capability Assessment Support Tool (NIMCAST). DHS. <http://www.fema.gov/nimcast/AssessmentPdfs.doc>
- OSHA 1910.120. Hazardous Waste Operations and Emergency Response. http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9765&p_text_version=FALSE
- OSHA National Emergency Management Plan, December 2003. http://www.osha.gov/OshDoc/Directive_pdf/HSO_01-00-001.pdf
- Public Health Surveillance After a Disaster. CDC Web site (multiple resources). <http://emergency.cdc.gov/disasters/surveillance/>
- “The Public Health Incident Command System (PHICS): A Guide for the Management of Emergencies or Other Unusual Incidents within Public Health Agencies.” Center for Public Health Preparedness, School of Public Health, University at Albany, State University of NY. <http://www.ualbanycph.org/pinata/phics/default.cfm>
- “Public Health Emergency Response Guide for State, Local, and Tribal Public Health Directors” CDC. Oct 2004. <http://www.bt.cdc.gov/planning/responseguide.asp>
- “Public Health Preparedness Capabilities: National Standards for State and Local Planning” CDC. March 2011. <http://www.cdc.gov/phpr/capabilities/>

First Responder Guides/Procedures

- Aircraft Accidents. First Responder Safety at a Small Aircraft or Helicopter Accident. Training Course. FAA.. http://www.faa.gov/aircraft/gen_av/first_responders/
- The Application of HAZWOPER to Worksite Response and Cleanup Activities, OSHA, Dec 2005. http://www.osha.gov/dep/ohe/application_worksiteresponse.html
- Assessments. ATSDR Public Health Assessment Guide. <http://www.atsdr.cdc.gov/HAC/PHAMannual/index.html>
- Best Practices for Protecting EMS Responders during Treatment and Transport of Victims of Hazardous Substance Releases. 2009. <http://osha.gov/Publications/OSHA3370-protecting-EMS-respondersSM.pdf>
- CERT Field Operations Guide. <http://www.training.fema.gov/emiweb/downloads/fog.pdf>
- Connecting Communities: Emergency Preparedness and Security Resources, Federal Transit Administration. <http://www.connectingcommunities.net/resources.html>
- DOD. “Disaster Response Staff Officer’s Handbook”. Center for Army Lessons Learned. Dec 2010. <http://usacac.army.mil/cac2/call/docs/11-07/toc.asp>

First Responder Guides/Procedures (Continued)

- EMS Sector Standard Operating Procedures, Supplement 11, Hazardous Materials Response Handbook, NFPA, 1997. <http://www.nfpa.org/PDF/Sup11.pdf?src=nfpa>
- EMS Response Resources. Minnesota EMS. <http://www.emsrb.state.mn.us/bioterrorism.asp>
- Emergency Response Guidebook (First Responder's Guide for HAZMAT operations), DOT. 2008. http://hazmat.dot.gov/pubs/erg/erg2008_eng.pdf
<http://hazmat.dot.gov/pubs/erg/gydebook.htm>
- Intelligence Guide for First Responders. Interagency Threat Assessment and Coordination Group. http://www.ise.gov/docs/ITACG_Guide.pdf
- Public Health Emergency Response: A Guide for Leaders and Responders. US Department of Health and Human Services. August 2007. <http://www.phe.gov/emergency/communication/guides/leaders/Pages/default.aspx>
- Radiation Incidents, "Guidance for Radiation Accident Management - Prehospital Emergency Services" Radiation Emergency Assistance Center/Training Site (REAC/TS). <http://www.orau.gov/reacts/manage.htm>
- Radiation Incidents, "Manual for First Responders to a Radiological Emergency" International Atomic Energy Agency. Oct 2006. http://www-pub.iaea.org/MTCD/publications/PDF/EPR_FirstResponder_web.pdf
- Radiation Incidents, "Pocket Guide for Responders to Ionizing Radiation Terrorism." Armed Forces Radiobiology Research Institute. <http://www.afrrri.usuhs.mil/outreach/pdf/AFRRI-Pocket-Guide.pdf>
- Radiation Incidents, Protection Action Guides, EPA. <http://www.epa.gov/radiation/rert/pags.html>
- Security Personnel. Preparing and Protecting Security Personnel in Emergencies. OSHA. 2007. <http://www.osha.gov/Publications/3335-security-personnel.pdf>

Individual/Public Guides and Information/Volunteers

- Chemical Agents: Facts about Personal Cleaning and Disposal of Contaminated Clothing. CDC. <http://www.bt.cdc.gov/planning/personalcleaningfacts.asp>
- Citizens Corps, FEMA (volunteer efforts). www.citizencorps.gov

Logistics

- Blood Supply Issues. Disaster Operations Handbook: Coordinating The Nation's Blood Supply During Disasters And Biological Events. American Association of Blood Banks. 2008. <http://www.aabb.org/programs/disasterresponse/Pages/default.aspx#2>
- EMAC – CDC and Public Health Site. <http://www.bt.cdc.gov/planning/emac/>
- Homeland Security Standards Database. <http://www.hssd.us/>
- Incident Resource Inventory System. FEMA. <http://www.fema.gov/library/viewRecord.do?id=3532>

Mass Fatalities Management

- Mass Fatalities Management, Virginia Department of Health. <http://www.vdh.state.va.us/medExam/planning.htm>
- Mass Fatality Management (MFM), New York City, Department of Health and Mental Hygiene, Healthcare Emergency Preparedness Program. www.nyc.gov/html/doh/.../hepp-pmip-mfm-factsheet010509.pdf
- The California Mass Fatality Management Guide – California.. www.calema.ca.gov/LawEnforcement/Pages/MassFatalityPlan.pdf
- Journal of Homeland Security, Report of the Joint Task Force Civil Support Mass Fatality Working Group, A Working Group Consensus Statement on Mass-Fatality Planning for Pandemics and Disasters, July 2007. <http://www.homelandsecurity.org/journal/Default.aspx?oid=160&ocat=1>
- Stanley, Sharon A. R. (2010) "Building Mass Fatality Management at the Regional Level for Pandemic and Catastrophic Response," *Journal of Homeland Security and Emergency Management*: Vol. 7: Iss. 1, Article 50. DOI: 10.2202/1547-7355.1682. <http://www.bepress.com/jhsem/vol7/iss1/50>
- Integrating Mass Fatality Management into EMS. <http://www.ems1.com/mass-casualty-incidents-mci/articles/1119342-Integrating-mass-fatality-management-into-EMS/>
- Mass Fatalities Incident Management: *A Statewide Plan and Guidance for Local Jurisdictions, Hospitals, Healthcare Facilities, and other Entities Involved in Fatality Management in the State of Utah, April 2009.* health.utah.gov/.../mass_fatality-management_plan_udac-intro.pdf

Mental Health Issues

- American Academy of Experts in Traumatic Stress. <http://www.aaets.org/>
- American Psychiatric Association, Disaster Psychiatry Page. <http://www.psych.org/Departments/Disaster/Haiti/APA-Disaster-Psychiatry-.aspx>
- Disaster Mental Health Primer: Key Principles, Issues and Questions. CDC. www.bt.cdc.gov/mentalhealth/pdf/primer.pdf
- The Emergency Services and Disaster Relief Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, DHHS. <http://www.mentalhealth.org/cmhs/EmergencyServices/index.htm>
- International Critical Incident Stress Foundation. <http://www.icisf.org/>
- A Manager's Handbook: Handling Traumatic Events. US Government Office of Personnel Management. February 2003. http://www.opm.gov/Employment_and_Benefits/WorkLife/OfficialDocuments/handbooksguides/Trauma/index.asp
- Mass Trauma Mental Health Survey Instrument. CDC. <http://www.bt.cdc.gov/masscasualties/mhsurvey.asp>
- Mental Health and Psychosocial Support in Emergencies. WHO. http://www.who.int/mental_health/emergencies/en/
- Mental health, Field Manual for mental health and human service workers in major disasters, DHHS Publication No. ADM 90-537, Substance Abuse and Mental Health Services Administration, 2000. <http://www.mentalhealth.org/publications/allpubs/ADM90-537/index.htm>
<http://www.mentalhealth.org/publications/allpubs/ADM90-537/Default.asp>

Mental Health Issues (Continued)

- The National Child Traumatic Stress Network.
http://www.ncetsnet.org/ncets/nav.do?pid=hom_main
- OVC Handbook for Coping After Terrorism: A Guide to Healing and Recovery. Office for Victims of Crime, Department of Justice. September 2001.
http://www.ojp.usdoj.gov/ovc/publications/infores/cat_hndbk/welcome.html
- Preparing for the Psychological Consequences of Terrorism: A Public Health Strategy (2003) Institute of Medicine (IOM). <http://books.nap.edu/books/0309089530/html/index.html>
- Psychological and Emotional Effects of the September 11 Attacks on the World Trade Center Connecticut, New Jersey, and New York, 2001. CDC MMWR 6 Sept 2002.
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5135a2.htm>
- SAMHA disaster mental health pubs.
<http://mentalhealth.samhsa.gov/disasterrelief/first.aspx>
- “Surviving Field Stress for First Responders” ATSDR, May 2005.
<http://www.phppo.cdc.gov/phtn/webcast/stress-05/TrainingWorkbookstress-editp1.pdf>
- Traumatic Incident Stress, Information for Emergency Response Workers, NIOSH.
<http://www.cdc.gov/niosh/docs/2002-107/>
- University of South Dakota, Disaster Mental Health Institute <http://www.usd.edu/dmhi/>
- Victim Assistance Online, Professional Resource Center <http://www.vaonline.org/>

Mortuary Affairs

- Disaster Mortuary Teams. <http://www.dmort.org/>
- EMCAPS: Electronic Mass Casualty Assessment and Planning Scenarios. Johns Hopkins/DHS. http://www.pacercenter.org/pages/about_emcaps.aspx
- “Guidelines for Handling Decedents Contaminated with Radioactive Materials” CDC
<http://www.bt.cdc.gov/radiation/pdf/radiation-decedent-guidelines.pdf>
- “Handling of Human Remains from Natural Disasters: FACT SHEET 37-032-1010”. US Army Public Health Command.
<http://phc.amedd.army.mil/PHC%20Resource%20Library/Handling%20Human%20Remains%20FS%2037-032-1010.pdf>
- The International Mass Fatalities Center. <http://www.massfatalities.com/index.asp>
- Interim Health Recommendations for Workers who Handle Human Remains After a Disaster, CDC. <http://emergency.cdc.gov/disasters/handleremains.asp>

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- “Management of Dead Bodies in Disaster Situations.” Pan American Health Organization. 2004. <http://www.paho.org/english/dd/ped/DeadBodiesBook.pdf>
- Management of Dead Bodies after Disasters: A Field Manual for First Responders. Pan American Health Organization, WHO, ICRC. 2006. <http://www.paho.org/english/dd/ped/DeadBodiesFieldManual.htm>
- Management of Human Remains from a CBRN environments. US Army Public Health Command. <http://phc.amedd.army.mil/PHC%20Resource%20Library/HumanRemainsCBRNFS1007.pdf>
- Mass Fatality Incident Management: Guidance for Hospitals and Other Healthcare Entities. LA County. August 2008. <http://ems.dhs.lacounty.gov/ManualsProtocols/MFIM/MFIGuidanceForHospitals808.pdf>
- Mass Fatality Management for Incidents Involving Weapons of Mass Destruction. US Army Research Development and Engineering Command. Aug 2005. http://www.ecbc.army.mil/hld/dl/MFM_Capstone_August_2005.pdf
- “Medical Examiners, Coroners, and Biologic Terrorism: A Guidebook for Surveillance and Case Management” MMWR June 2004. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5308a1.htm>
- Model Procedure for Medical Examiner/Coroner on the Handling of a Body/Human Remains that are Potentially Radiologically Contaminated. Department of Energy. www.em.doe.gov/PDFs/transPDFs/Medical_Examiner_Coroner.pdf
- National Association of Medical Examiners. Multiple guidance documents, Mass fatality plan, etc... http://thename.org/index.php?option=com_docman&task=cat_view&Itemid=26&gid=38&orderby=dmdate_published
- US DOD Joint Mortuary Affairs Center. <http://www.quartermaster.army.mil/mac/>