

# District Eight Medical Examiner's Office Fatality Management Plan

Version 4, May 10, 2010



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# **District Eight Medical Examiner's Office Fatality Management Plan**

## **I. Authority**

Under Florida State Statute, Chapter 406.11, specific death scenarios fall under the jurisdiction of the Medical Examiner. Such scenarios include deaths resulting from accidents, homicides, suicides, and those constituting a threat to public health. The range of circumstances includes both man-made and natural disasters. Alachua, Baker, Bradford, Dixie, Gilchrist, Levy and Union Counties are serviced by the District 8 Medical Examiner's Office.

## **II. Responsibility**

The District Eight Medical Examiner is responsible for developing and maintaining the Fatality Management Plan.

## **III. Plan Revision History**

Version 1, July 11, 2008

Version 2, March 12, 2009

Version 3, November 17, 2009

Version 4, May 10, 2010

## **IV. Purpose**

The purpose of this plan is to educate staff of the Office of the Medical Examiner on issues involved with and response actions to take when faced with a surge of deaths due to a disaster situation. It assumes established policies and procedures of the office will be followed unless modified for the purpose of the event.

## **V. Situation and Assumptions**

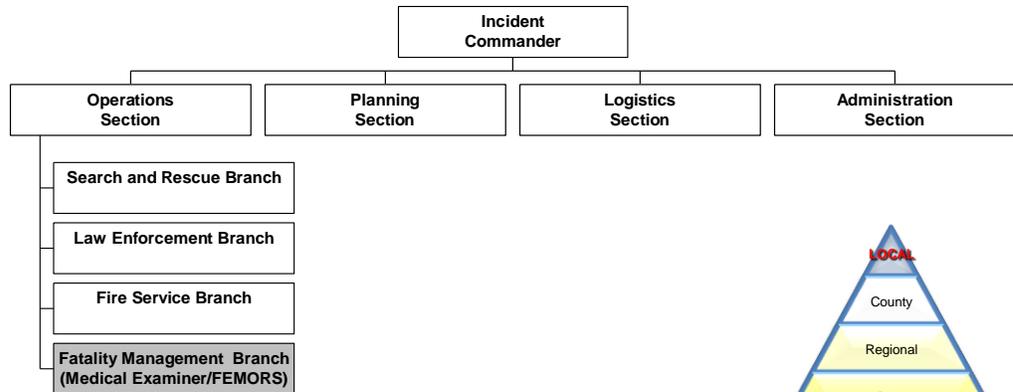
### **A. Situation**

1. Under the District 8 Medical Examiner's emergency response systems, it is reasonable to assume that, by the time the Medical Examiner's Office begins its operations, an initial site survey will have been initiated, security of the site and access procedures have been established, recovery of the survivors is near completion, a reasoned estimate of the number of fatalities has been established and other governmental resources have been mobilized.
2. Incidents that produce a sudden surge of mass fatalities place a special burden on a local jurisdiction.
3. District 8 has a refrigerated cooler capacity of 12 bodies and typically examines 2 bodies on average per day for normal caseload.
4. If District 8 resource capability is exceeded (estimated at over 10 deceased victims), the Medical Examiner can request additional resources including

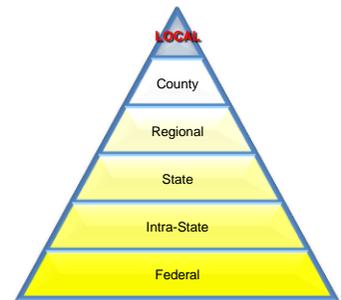
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personnel and equipment by channeling those requests through the local Emergency Operations Center of the county in which the incident occurs..

5. Medical Examiner will participate in the overall disaster response using the Incident Command System (ICS) as codified by the National Incident Management System (NIMS). The Medical Examiner, or designee, serves as the Fatality Management Branch Director in a full ICS structure.



6. Levels of assistance, whether local, regional, state or federal all serve to support the Medical Examiner.



7. The Medical Examiner's Office facility may become unusable during the disaster either because of infrastructure damage or a need to continue routine casework. In such circumstances a temporary morgue site will be selected. In either case, the location used for processing victims is referred to as the *incident morgue*.
8. Human remains will be recovered and transported to the incident morgue for examination and identification purposes as well as safeguarding personal effects.
9. Upon completion of examination the Medical Examiner's Office will release the remains for final disposition in accordance with law.

### B. Assumptions

1. Most local jurisdictions are not equipped to handle such an operation and would experience difficulties in coping with the disaster.
2. Emergency responders must take special care to avoid destroying evidence that could be used to identify victims or for legal proceedings.
3. When required, incident morgue sites will be selected and activated under the direction of the District 8 Medical Examiner. Remains will be recovered and taken to the incident morgue site for identification, examination, and

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preservation in preparation for final disposition. Personal effects on remains will be collected and kept in a secure location. Necessary information about each victim will also be compiled and processed for the District 8 Medical Examiner.

4. When registered burial sites are exhausted or the number of decedents is massive, and *as a last resort only*, alternate temporary internment or methods for disposal of remains will be determined by city, county, and/or state officials.
5. By virtue of federal regulations, man-made mass fatality incidents involving most commercial transportation methods mandate a response by National Transportation Safety Board (NTSB) officials as the responsible authority under the Aviation Disaster Family Assistance Act of 1996.
  - Depending on the mass fatality circumstances, it is likely that either the Florida Emergency Mortuary Operations Response System (FEMORS) or the federal Disaster Mortuary Operational Response Team (DMORT) resources will be activated to assist District 8 Medical Examiner's Office.
  - Either team's assistance could also involve mobilizing disaster portable mortuary unit (DPMU) facilities necessary to cope with the mass fatality situation.

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### **VI. Organization/Notification**

#### **A. Organization**

1. Health Departments and local Emergency Operations Centers operate at the county level in each of Florida's 67 counties.
2. Medical examiners operate under a district system whereby they exercise authority for a single county or multiple counties. The District Eight (8) office covers Alachua, Baker, Bradford, Dixie, Gilchrist, Levy and Union Counties.
3. The Florida Medical Examiners Commission (MEC) provides oversight for districts throughout the state. In the absence of other reporting procedures, the Commission serves as the information clearinghouse on the status of reported fatalities due to a disaster. The Declared Disaster Death Count Reporting Procedure of the MEC is issued upon a declaration of emergency and shall be followed. This means the District 8 staff will notify the MEC staff twice daily (by 9:00 AM and by 4:00 PM) and provide information on the number of deaths attributed to the disaster.
4. Florida's Department of Health is designated as the lead agency for providing health and medical services under Emergency Support Function 8. Various state agencies and organizations may be contacted for coordination of services including:
  - Florida Emergency Mortuary Operations Response System (FEMORS)
  - Department of Law Enforcement
  - Department of the Environment
  - Department of Corrections
  - Attorney General
  - Bureau of Vital Records and Statistics
  - Department of Transportation
  - National Guard Assets
5. Florida Emergency Mortuary Operations Response System (FEMORS) is a team of qualified "reserve" forensic professionals who can be deployed by Emergency Support Function 8 to supplement the needs of the medical examiner(s) affected by a mass fatality event. FEMORS is a sponsored activity of the University of Florida in collaboration with the Maples Center for Forensic Medicine.
6. The Regional Office of the U. S. Department of Health and Human Services (HHS), through its Assistant Secretary for Preparedness and Response (ASPR), known as Federal Regional Emergency Support Function 8, will maintain coordination with the State Emergency Support Function 8 desk and serve as

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liaison with the Federal Department of Health and Human services lead representative present at the State Emergency Operations Center.

7. The Federal Emergency Support Function 8 representative shall respond to requests from the State Emergency Support Function 8 desk to ensure that all requested federal assistance possible is made available to the State. Various Federal agencies and organizations may be contacted for coordination of services including:
  - Department of Health & Human Services (HHS), Assistant Secretary for Preparedness and Response (ASPR)
    - HHS-ASPR National Disaster Medical System (NDMS)
    - Disaster Mortuary Operational Response Team (DMORT)
    - Weapons of Mass Destruction (WMD) Team of DMORT
  - Department of Homeland Security, Nuclear Incident Support Teams
  - Department of Justice (DOJ)
  - Federal Bureau of Investigation (FBI)
  - Department of Health & Human Services (HHS) Centers for Disease Control & Prevention (CDC)
  - Environmental Protection Agency (EPA)
  - Department of Transportation (DOT)
  - American Red Cross (ARC)
  - Agency for International Development
  - Office of Foreign Disaster Assistance
  - Urban Search & Rescue (US&R)
  - Florida National Guard (FNG)
  - Department of Veterans Affairs (VA)
  - Department of Justice (DOJ), Office of Justice Programs, Office for Victims of Crime (OVC)
  - Department of Defense (DoD)
  - National Transportation Safety Board (NTSB), Office of Transportation Disaster Assistance (OTDA)
  - Interpol
  - The Salvation Army
  - The International Critical Incident Stress Foundation, Inc.

### **B. Notifications**

1. Disaster notification to the Medical Examiner will normally come through routine law enforcement, emergency operations center channels such as:
  - ESF 4 – Firefighting,
  - ESF 9 – Search and Rescue,
  - ESF 6 – Mass Care,
  - ESF 8 – Health and Medical, or
  - ESF 16 – Law Enforcement.

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However, news media broadcasts in advance of a request to respond to transport human remains may also occur. In rare cases, it is possible that the medical examiner would be the first to recognize a cause of death indicating a potential WMD release. In such an event, the Medical Examiner would be the one to initiate notification to the appropriate authorities.

2. The on-call Medical Examiner would be the first person formally notified of a potential mass fatality disaster either by a Medical Examiner investigator or a similar counterpart with the County's emergency response system. As soon as the on-call Medical Examiner suspects that the disaster plan will be implemented, in whole or in part, the Chief Medical Examiner, Director of Investigations and the Senior Investigator will be notified of the situation.
3. Each Medical Examiner staff member will have a notification form (Attachment A) readily accessible at their workstations, and in the shared network drive (folder: 14 SOP Files/Disaster Plan District 8) in the event they may be the recipient of the initial telephone call. Information to be relayed immediately to the on-call Medical Examiner or the Chief Medical Examiner includes:
  - The type of incident: e.g., aircraft crash, hotel fire, theme park catastrophe, explosion, etc.
  - Location of the incident.
  - Time of Occurrence.
  - Status of the recovery of the survivors, if any. (e.g., not yet begun, on going, completed)
  - The approximate number of dead.
  - Known hazards to Medical Examiner responders.
  - If known, the location of the disaster command post, the identity of the commander and telephone numbers that will directly link Medical Examiner responders to the command post.
4. Notification to the Director of Investigations and the Senior Investigator, if not already completed, will be made by the Chief Medical Examiner. Information provided will include a Situational Report (SitRep) and the following:
  - Personnel required to report for duty.
  - The time and place personnel are required to muster.
  - Recommended supplies.
  - Special instructions, e.g., authorized routes to the scene, known hazards.
5. For potential Haz-Mat events, assistance and coordination must be made with ESF-10 (Fire Rescue) and the applicable County's Environmental Protection Divisions and Health Departments in the identification of biological, chemical, or radiological hazards that present a threat to responders and the human remains recovered, if any, from the disaster.

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6. Medical Examiner notification to the local (normally Alachua County) Emergency Operations Center via ESF-16, Law Enforcement desk is the first step in obtaining supplemental resources. Routinely, such a call is transferred to the ESF-8, Health and Medical desk. If not already activated by another method of notification, this action results in contact through the State Warning Point to activate the State Emergency Operations Center. (In the event communications contact between the Medical Examiner and the local Emergency Operations Center is lost due to disrupted systems such as after a hurricane, every effort should be made to reestablish communications as soon as possible.)
7. During an activation of the State Emergency Operations Center, the primary and support agencies of Emergency Support Function 8 respond directly to the Emergency Services Branch Chief who reports to the Operations Section Chief.
  - A disaster event involving the use of radioactive materials will trigger activation of THE STATE OF FLORIDA RADIOLOGICAL EMERGENCY MANAGEMENT PLAN (ANNEX A - to The State of Florida Comprehensive Emergency Management Plan at <http://floridadisaster.org/cemp.htm>).
  - A disaster event involving Weapons of Mass Destruction will trigger activation of THE STATE OF FLORIDA TERRORISM INCIDENT RESPONSE PLAN (ANNEX B - to The State of Florida Comprehensive Emergency Management Plan at <http://floridadisaster.org/cemp.htm>).
8. State Emergency Operations Center activation of Emergency Support Function 8 may result in immediate activation of a FEMORS Go Team that can initiate contact within 4 hours to offer assistance to the Medical Examiner in assessing the scope of the disaster and identifying assets required to process remains.
9. The Regional Office of the United States Public Health Service, known as Federal Regional Emergency Support Function 8, will be notified by the state EOC of the event status and briefed on any anticipated need for federal assistance. If federal assistance is anticipated, the Regional Emergency Support Function 8 representative will maintain coordination with the State Emergency Support Function 8 desk and serve as liaison with the Federal agencies.

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## VII. Response Activities

### A. Actions

1. Once notification is made of an event with a potential for 10 or more deceased victim this Plan will be put into operations.
2. The Medical Examiner should attempt to assess the scope of the event and anticipate levels of additional resources that might be needed. This could include:
  - Modification of routine workflow within the facility to permit processing and segregation of daily casework from disaster-related victims,
  - Possible supplemental space and equipment requirements for refrigerated storage,
  - Temporary staff and supply increases to respond to the surge event,
  - If the facility has been damaged by the event, consideration of location for placement of a temporary base of operations either adjacent to, or remote from, the damaged morgue facility,
  - Special processing complications such as protection from chemical exposure for responders and decontamination of recovered remains prior to transportation to morgue or temporary morgue site,
  - Supplemental or temporary morgue operations either in concert with the existing medical examiner facility or at a remote location,
  - Victim Information Center (often referred to as the Family Assistance Center/FAC or for tracking missing person data) operations at a site removed from both the disaster site and morgue facility,
  - Records management and computer networking for managing data generated about missing persons and human remains to be processed and identified,
  - Alternate methods for final disposition in the event routine next-of-kin selection of funeral service providers is not available.
3. Upon notification by a Medical Examiner of a request for assistance, Emergency Support Function 8 may activate FEMORS to assist the Medical Examiner.
4. The Medical Examiner, or designee, will report assessment results to Emergency Support Function 8 to specify:
  - Estimated number of human remains to be processed, if possible.
  - Types and number of personnel and equipment that will be needed.
  - Staging area(s) for arriving assets.
  - Any special safety issues that might impact responding personnel.
5. In the event the resources required for response to the disaster exceed the capabilities of FEMORS, or if decontamination of human remains is needed, Emergency Support Function 8 will initiate contact with the Federal ESF-8

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representative to request the assistance of the DMORT and/or Weapons of Mass Destruction (WMD) team.

6. It is recommended that 24/7 contact methods be available and kept up to date by quarterly review for local, state, and federal resources necessary for the successful management of a mass fatality incident.

### B. Direction and Control

1. The Medical Examiner, or designee, serves as the Fatality Management Branch Director and reports to the Operations Chief in the established Incident Command System structure.

2. The five primary functions of the District 8 Fatality Management responsibilities are:

- Command
- Recovery
- Morgue
- Victim Information
- Identification



3. After the sick and injured are removed from the disaster site, the Medical Examiner is in charge of the human remains at the site until the deceased and accompanying personal effects/evidence are removed with dignity and care.
4. The deceased will be left in place until an adequate death scene investigation can be conducted and the Medical Examiner determines they can be moved.
5. Security must be established and maintained at the disaster site. Admission to the disaster area should be restricted to authorized personnel.
6. The establishment and operation of an incident morgue is under the direction and control of the Medical Examiner. If the determination is made that the number of victims is greater than the local facility capacity, a temporary incident morgue should be opened.

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### VIII. Decision Trigger Point Assumptions

**A. Capacity Maximized** -Deaths (expected) up to 10 with intact morgue facilities:

1. Incident Morgue will be the normal Medical Examiner 8 Office.
2. Victim Information Center will operate out of the modular building (doctor's offices).
3. Refrigerated trailers (2) will be requested via the local EOC.
4. Victims will be stored and processed as staffing permits.
5. Local volunteers may augment staff.

**B. Capacity Exceeded** -Deaths (expected) over 10 (or compromised morgue facilities or body fragmentation has occurred):

1. Contact ESF-16 (Law Enforcement desk) at Alachua County (local) EOC to request FEMORS assessment team.  
**352-264-6500**, 352-264-6565/fax  
Alachua County EOC  
1100 SE 27th Street  
PO Box 548  
Gainesville, FL 32602
2. Incident morgue will be established at a separate location contracted by ESF-8 for that purpose.
3. Victim Information Center will operate out of a hotel contracted by ESF-8 for that purpose.
4. Refrigerated trailers (2 for each 20 victims) will be requested via the local EOC.
5. FEMORS protocols, modified and approved by the Chief Medical Examiner, shall be followed.
6. District 8 staff will be incorporated into the FEMORS ICS organizational chart.

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### **IX. Assignment of Responsibilities**

#### **A. Capacity Maximized -Deaths (expected) up to 10**

1. The Medical Examiner is responsible for managing or designating several operations that target the ultimate goals of identifying the dead, determining the forensic issues related to the cause and manner of death, and returning human remains to families, if possible. In a disaster situation, in addition to routine organization, notification, direction and control, the Chief Medical Examiner has incident specific responsibilities including:
  - site examination and body recovery,
  - morgue examination,
  - long term storage or disposition,
  - victim information center (missing person reporting),
  - logistics coordination,
  - identification/death certificate issuance, and
  - disposition.
2. Routine procedures will be used to transport and process remains.
3. Operational period shall be twelve (12) hours if at all possible.

#### **B. Capacity Exceeded -Deaths (expected) over 10**

1. Scene management of deceased victims will be initiated prior to arrival of state or federal assistance.
2. FEMORS protocols, modified if necessary and approved by the Chief Medical Examiner, shall be followed.
3. Chief Medical Examiner shall direct the mission of the FEMORS team.
4. Chief Medical Examiner shall incorporate his daily staff into the FEMORS operations as deemed appropriate.
5. Operational period shall be twelve (12) hours if at all possible.

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### **X. Additional Fatality Management References**

- A. Aviation Disaster Family Assistance Act of 1996.  
[http://www.nts.gov/publicn/2000/SPC0001\\_toc.htm](http://www.nts.gov/publicn/2000/SPC0001_toc.htm)
- B. The State of Florida Mass Fatality Response Plan Annex (Final Draft January, 2007).  
<http://www.fdle.state.fl.us/Content/getdoc/ff5b917d-0101-4727-85c7-60213cb0d01b/MEC-Florida-Mass-Fatality-Plan-pdf.aspx>
- C. Florida Pan Flu Fatality Management Plan V 1.1 Draft 041108  
[http://femors.org/docs/Florida\\_Pan\\_Flu\\_Fatality\\_Management\\_Plan\\_V1.1\\_Draft041108.pdf](http://femors.org/docs/Florida_Pan_Flu_Fatality_Management_Plan_V1.1_Draft041108.pdf)
- D. FEMORS FOG Fourth Edition, 2009,  
[http://femors.com/docs/FEMORS\\_FOG\\_4th\\_Edition\\_Rev\\_1.pdf](http://femors.com/docs/FEMORS_FOG_4th_Edition_Rev_1.pdf)

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### Attachment A: Disaster Event Notification Form

Each Medical Examiner staff member will have a notification form readily accessible at their workstations, and in the shared network drive (folder: 14 SOP Files/Disaster Plan District 8), in the event they may be the recipient of the initial telephone call.

This information must be relayed immediately to the on-call Medical Examiner or the Chief Medical Examiner:

<b>Date and time of notification</b>	
<b>Person or agency reporting the event</b>	
<b>Person completing this form</b>	
a. The type of incident: e.g., aircraft crash, hotel fire, theme park catastrophe, explosion, etc.	
b. Location of the incident.	
c. Time of Occurrence.	
d. Status of the recovery of the survivors, if any. (e.g., not yet begun, on going, completed)	
e. The approximate number of dead.	
f. Known hazards to Medical Examiner responders.	
g. If known, the location of the disaster command post, the identity of the commander and telephone numbers that will directly link Medical Examiner responders to the command post.	