MASS FATALITY MANAGEMENT:
Local & Regional Planning

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Session Outline

- Very Short Introduction to Mass Fatality Management
- Why Plan for Mass Fatalities?
- Historical Review
- Planning Assumptions
- Planning Partners
- Planning Process
- Confessions of Planner
- Available Planning Resources
Very Short Introduction to MFM
MFM Response Components

Incident Site
Morgue Operations
Family Assistance Center
Victim Identification

For more in-depth information, please attend “Mass Fatality Incident Response Operations” Wednesday at 1pm in 101B!
Incident Site

- Security and access control
- Search and rescue
- Investigation and evidence collection
- Human remains recovery
- Personal effects
Morgue Operations

- Temporary morgue vs. Existing facility
- Closed vs. Open populations
- Presumptive vs. Positive identifications
- Requires subject matter expertise
- Collection of postmortem data
Family Assistance Center

- Family briefings
- Support services/mass care
- Antemortem information
  - Family interviews
  - Medical records
  - DNA reference collection
- Death notification and disposition arrangements
Victim Identification

- Reconciliation of antemortem and postmortem data

- Data management is an essential component
  - DMORT VIP (Victim Identification Program)
  - UVIS (Unified Victim Identification System)
Why Plan for Mass Fatalities?
FEMA Core Capabilities

- Published September 2011
- “Establish and maintain operations to recover a significant number of fatalities over a geographically dispersed area.”

- Capabilities
  - Body recovery
  - Victim identification
  - Temporary interment/storage solutions
  - Coordination with mass care services
  - Family assistance
  - Behavioral health care
Public Health Preparedness Capabilities

- Published in June 2011
- **Capability 5: Fatality Management**
  - Function 1: Determine *role* for public health in fatality management
  - Function 2: Activate public health fatality management operations
  - Function 3: Assist in the collection and dissemination of *antemortem data*
  - Function 4: Participate in survivor *mental/behavioral health services*
  - Function 5: Participate in fatality *processing and storage operations*
Healthcare Preparedness Capabilities

- Published in January 2012
- **Capability 5: Fatality Management**
  - Function 1: Coordinate with agencies to assist in temporary storage of human remains
  - Function 2: Coordinate with agencies to assist in the establishment of a Family Assistance Center
  - Function 3: Coordinate with agencies to provide mental/behavioral health resources
Functionalities

- Victim identification
- Temporary storage of human remains
- Family assistance center operations and antemortem data collection
- Mental/behavioral health services
Historical Review
How did we get here?

<table>
<thead>
<tr>
<th>Year</th>
<th>Events</th>
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</table>
| 2009 | • Regional Catastrophic Preparedness Team prioritized Mass Fatality Management planning  
     • Family Assistance Center CONOPS developed |
| 2010 | • MFM Planning Team formed in the H-GAC Region  
     • Project Deliverables: Local & Regional Planning, Training, and Exercises |
| 2011 | • Local mass fatality management plan approved  
     • Plan template developed for county/jurisdictional use |
How did we get here?

2012
- Regional CONOPS approved
- Field Operating Guides developed
- Regional training plan implemented for 2012-2013
- Family Assistance Center Workshop held in Houston

2013
- Training and exercise on regional plan
- Sustainment created through HCIFS’ creation of the “Forensic Emergency Management Division”
H-GAC Region Project

- H-GAC Region
- 167 Municipalities
- Over 6 million people
- ~28% growth between 2000-2010
- 64 medicolegal authorities
- Natural hazards
  - Hurricanes, wildfires, tornadoes
- Technological hazards
  - Petrochemical industry, transportation, etc
H-GAC Region Project

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Planning Assumptions
Planning Assumptions

- During planning, assumptions are made by all parties – not necessarily a negative
- The question is...are we making the right assumptions?
A few assumptions we made...

- Many of the functions that are required for mass fatality response are similar to daily operations
- Family assistance is the most daunting
- DMORT is not the immediate answer
- Need a flexible and scalable response
- Must integrate with state and federal planning initiatives for an easier transition
- This product might not work for other regions
Who should be involved?

- Medicolegal Authority
  - Justice of the Peace
  - Medical Examiner
- Local Elected Officials
- Emergency Management
- Public Information Officers
- Law Enforcement
- Fire/EMS/Hazmat

- Legal Counsel
- Healthcare
- Mental Health Providers
- Non-Governmental Agencies
- Religious Organizations
- State/Federal Agencies
- Private Industry
- Education systems
Advisory Groups
Planning Process
Before you start writing...

- Population demographics
  - Ethnicity
  - Languages
  - Religions

- MFI-specific threats and hazards
  - Natural
  - Manmade

- Resources (equipment and personnel)
  - What you have
  - What you don’t have
Plan Structure

- Separate Emergency Operations Plan
  - Attachment to Appendix H: Public Health & Medical
- Use Comprehensive Preparedness Guide (CPG) - 101 as a guidance document
- No need to reinvent the wheel
  - Compatibility helps with regional and state integration
  - Easier to educate and train on similar plans
  - A lot of the work has already been done for you!
Different Types of Documents

- Local-level plan
- Local-level plan template
- Field Operating Guide
- Regional Concept of Operations
Plan Components

- Authorities, Purpose, Scope, Definitions, Acronyms
- Situation and Assumptions
- Concept of Operations
  - Activation and Notification
  - Triggers
  - ICS-compliant Organizational Chart
Establishment of MFM Command Post

Medicolegal Authority requests activation of local Mass Fatality Management Plan

Medicolegal Authority notifies Incident Command Post and Local OEM of activation of Mass Fatality Management Plan

Local OEM establishes FM Branch under the Operations Section

Assessment Team determines if incident meets MFI activation threshold

Medicolegal Authority is notified by Law Enforcement, Fire, and/or Emergency Management

Medicolegal Authority (or representative) reports to Incident Command Post

Does incident meet MFI activation criteria?

YES

NO

Abort process and continue to monitor situation

Disaster declared and MFM Plan Activation approved by City Mayor/County Judge (or designee)

Establishment of MFM Command Post

Medicolegal Authority requests activation of local Mass Fatality Management Plan

Local OEM establishes FM Branch under the Operations Section

Local Medicolegal Authority determines additional resources are needed from the region

Local OEM sends MFM resource request through the MACC (or DDC)

UACC approves activation of Regional Mass Fatality Management CONOPS
For ease of discussion the individual sections are referred to as teams although the team may consist of only one person and a single person may serve more than one team function based upon the scale of the operation.

*Not all logistical and operational branches are reflected in this chart.

**The responsibilities reflected in the Fire, Search and Rescue, and Law Enforcement Branches are limited to mass fatality management and do not reflect other disaster response requirements.
Plan Components

- Incident Management
- Incident Site Management
- Morgue Operations
- Family Assistance Center
- Victim Identification
- Federal, State, and Local Interface
Morgue Flow Process

Refrigerated Storage

- PPE (Don)
  - Intake & Admin
  - Photography & Personal Effects
  - Pathology
  - Radiology

- PPE (Doff)
  - DNA
  - Anthropology
  - Odontology
  - Fingerprints

Corridor
Intake & Admin
Pathology
Radiology
Fingerprints
Odontology
Anthropology
DNA
Photography & Personal Effects
# Family Assistance Center Layout

<table>
<thead>
<tr>
<th>FAMILY WAITING AREA (Dining, Briefings, etc.)</th>
<th>CHILDCARE</th>
<th>FAMILY INTERVIEW AREA</th>
<th>CASE MANAGEMENT (DNA Collection)</th>
<th>DATA MANAGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>HELP DESK &amp; CASE ASSESSMENT</td>
<td>FAMILY INTERVIEW AREA</td>
<td></td>
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### Secure Entrance
- RECEPTION & REGISTRATION
- COMMAND CENTER & CONFERENCE ROOM
- BEHAVIORAL HEALTH & SPIRITUAL SERVICES
- QUIET ROOM
- FIRST AID
- CALL CENTER (may be offsite)

### Public Entrance
- HOUSTON REGIONAL CATASTROPHIC PREPAREDNESS INITIATIVE
Plan Linkages

- Annex B: Communications
- Annex G: Law Enforcement
- Annex H: Health and Medical Services
- Annex I: Public Information
- Annex O: Human Services
- Annex Q: Hazardous Materials & Oil Spill Response
- Annex R: Search and Rescue
- Annex V: Terrorist Incident Response
- Other plans: Logistics, Volunteer Coordination, Alternate Care Sites, Mass Casualty, etc
Confessions of Planner
Things that Worked

- Build on momentum of exercises, trainings, and real world events (Ike, H1N1, school shootings)
- Taking meetings on the road
- Borrow from trusted partners
- Be helpful, be nice
Lessons Learned the Hard Way

- Planners typically do not have the answers
  - Admit when you don’t know the answer
  - Find out who does
  - Don’t be afraid to write something down that might not be quite right; your partners will help you get there

- Plan ownership
  - Grant-funded plans – who owns them?
Available Planning Resources
Borrow from your neighbors.

- NY-NJ-CT-PA Regional Mass Fatality Management Plan
- FEMORS Mass Fatality Response Guide
- State of Texas Mass Fatality Management Toolkit
- National Association of Medical Examiners Mass Fatality Plan
Template

- Forward
- How to Use This Template
- Pre-Planning Considerations
- Planning Checklist
- Jurisdictional Template
Pre-Planning Considerations

1. Review Hazard Vulnerability Assessment

2. Review Core/Target Capabilities Assessment

3. Identify Plan Stakeholders

4. Determine Pre-existing Response Plans

5. Plan Incorporation
Planning Checklist

- Addresses the following questions:
  - Who are the planning stakeholders?
  - What are the agency responsibilities?
  - What resources – people and stuff?
  - Who are the regional partners?
  - What DO I know?
  - What DON’T I know?
SECTION 9: INCIDENT SITE MANAGEMENT

☐ Who is the medico-legal authority: Medical Examiner or Justice of the Peace?
☐ If JPs, who provides routine pathology support functions?
☐ What Evidence Response Teams/Crime Scene Investigation Units capabilities are within the jurisdiction?
☐ What Hazmat capabilities are within the jurisdiction?
☐ What search and rescue capabilities are within the jurisdiction?
☐ What PPE resources are within the jurisdiction?
☐ What fingerprint expertise capabilities are within the jurisdiction?
☐ What photography capabilities are within the jurisdiction?
☐ Who has capability and experience with transporting cadavers?
☐ Are there existing jurisdiction contracts for body transportation?
☐ Who has temporary refrigerated storage capabilities?
☐ Are there suitable locations within the jurisdiction designated for temporary interment?
Thank you for your time!

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