

# **Solano County Emergency Operations Plan**

## **Mass Fatality Annex**



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Solano County  
Office of Emergency Services  
530 Clay Street  
Fairfield, CA 94533  
707.784.1600



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# Section 1. Introduction

## 1.1 Purpose

The *Mass Fatality Annex* to the Solano County Emergency Operations Plan (EOP) is designed to provide management objectives for response and mass fatality coordination guidance for the EOC in the event of a disaster in Solano County. It also provides agency roles and responsibilities and overall responsibilities of the County EOC during an emergency event involving mass fatalities in the County or in nearby jurisdictions when mutual aid has been requested. This annex outlines how Solano County will endeavor to manage the coordination before, during and after the emergency and addresses only general strategies used for any emergency. Specific tactical actions are described in individual agency procedural guidance.

Fatality management is a core capability of Department of Homeland Security (DHS) Target Capability List. The capability is defined as follows: Provide fatality management services, including body recovery and victim identification, working with State and local authorities to provide temporary mortuary solutions, sharing information with mass care services for the purpose of reunifying family members and caregivers with missing persons/remains, and providing counseling to the bereaved.

The overall intent of this annex is to support the provision of an acceptable standard of services for mass fatality management during a disaster.

## 1.2 Quick Reaction Guide

See the quick reaction checklist under separate cover.

## 1.3 Scope

This annex is intended to address the need to coordinate and manage mass fatality services following a disaster. Specific requirements of effective mass fatality response include functions at the incident site, the temporary morgue and the Family Assistance Center (FAC). Functions at these sites include:

### Incident site:

- Scene documentation
- Collection and recovery of the dead
- Collection and recovery of victim's personal effects
- Collection and recovery of items of evidence

### Temporary Morgue:

- Decontamination of remains and personal effects (if required)
- Storage, documentation, recovery and transportation of forensic and physical evidence
- Determination of the nature and extent of injuries
- Identification of fatalities using scientific means
- Certification of the cause and manner of death
- Processing and returning human remains and personal effects of the victims to the legally authorized person(s) (if possible)

**Family Assistance Center:**

- Interaction with and provision of legal, customary, compassionate and culturally competent services to the families of the deceased
- Provision of mental health support services to the victims and the disaster workers

This annex is not intended to provide specific guidance to field fatality management personnel, morgue workers or Family Assistance Center staff members; such services are provided by trained responders working under agency-specific operating procedures. Rather, this annex is intended to provide mass fatality management guidance for the County and the Emergency Operations Center (EOC) generally, and the Coroner/Fatalities Management Unit specifically, so that staff can support the field operations, provide accurate information to the Public Information Officer (PIO)/Joint Information Center (JIC), update situation status at the EOC, and appropriately support staffing of mass fatality response functions and request mutual aid as needed.

This annex provides the following information:

- Quick Guides to follow when the County needs to activate the mass fatality management function, improve coordination and implement coordination of support for families of victims and collection of forensic data
- Authorities and References for implementation of mass fatality services in the County
- Assumptions and considerations that were made in developing this annex and that are valid when activating the mass fatality management function
- Roles and responsibilities of agencies and organizations in preparing for and conducting mass fatality operations
- Concept of operations to coordinate mass fatality activities as a function of the County EOC

Tasks identified in this annex are to be addressed as needed and are not necessarily contingent on the EOC being activated. When the EOC is activated, the responsibilities for mass fatality coordination fall to the Coroner/Fatalities Management Unit of the Law Enforcement Branch of the Operations Section.

This annex has been developed in alignment with several other State and Federal emergency plan, including mass fatality specific procedures and operations. Several of the plans included in the development of this annex are listed below.

**National Response Framework (NRF) Emergency Support Function (ESF) #8.** This Solano County functional annex aligns with the ESF #8 of the National Response Framework for Public Health and Medical Services. Federal Mutual Aid aligns with this function.

**State of California Emergency Plan Law Enforcement Function.** The 2007 State of California Emergency Plan assigns the Coroner operations as a responsibility of the Law Enforcement Function. State Mutual Aid aligns with this function.

In Solano County, Public Health and Medical Services, Law Enforcement (Solano Sheriff's Office) and Health and Social Services (Mental Health) will work together to support effective mass fatalities operations in the County.

The California State Emergency Plan (State Plan) assigns the lead for Public Health and Medical Services coordination to the California Health and Human Services Agency, and specifically the Department of Public Health (CDPH) and the Department of Mental Health (CDMH). Their role is to coordinate activities and services statewide in support of local jurisdiction resource needs for preparedness, response and recovery from emergencies and disasters.

The State Plan assigns the Emergency Medical Service Authority (EMSA) as the lead State agency for medical response. As such, both EMSA and CDPH share responsibility for the lead in the State's Medical Health Branch and working within the State Medical and Health Mutual Aid System.

## **1.4 Policy**

It is the policy of the County to develop plans and procedures to address the coordination of mass fatality services for citizens and visitors to the County who have been impacted by a disaster, both in the support of the recovery of fatalities and in support of providing services to families of victims. The County will also support the collection and dissemination of forensic data, as needed.

If local resources are not sufficient, the County will access additional resources via mutual aid in the California Governor's Office of Emergency Services (Cal OES) region, and from Federal sources as needed, according to the Standardized Emergency Management System (SEMS)/National Incident Management System (NIMS).





## Section 2. Authorities and References

Authorities regarding mass fatality management and coordination include the following:

### 2.1 Federal

- The Robert T. Stafford Disaster Relief and Emergency Assistance Act, P.L. 93-288, as amended (42 U.S.C. §§ 5121-5206)
- National Incident Management System (NIMS)
- National Response Framework, 2008 (Sets forth roles and responsibilities of Federal and certain non-Federal entities after catastrophes overwhelm state and local government.)
- Presidential Policy Directive / PPD-8: National Preparedness
- Homeland Security Act of 2002
- Post-Katrina Emergency Management Reform Act of 2006
- Government Code Title I, Div. 4, Ch. 8, Sec. 3100-3101 (Public Employees as Disaster Service Workers) (This ensures implementation of the Federally funded crisis counseling provisions, especially in support of Family Assistance Centers)

### 2.2 California

- California Emergency Services Act, California Government Code, Sections 8550-8668
- California State Emergency Plan
- Standardized Emergency Management System (SEMS) - Chapter 1 of Division 2 of Title 19 of the California Code of Regulations
- California Master Mutual Aid Agreement
- California Coroner Mutual Aid Plan
- California Government Code Section 27490-27512; Coroner's Authorities

### 2.3 Solano County

- Solano County Emergency Operations Plan (EOP)
- Solano County Sheriff's Office Pandemic Response Plan

### 2.4 Local Government

- 2011 Public Health - Seattle & King County Tool Kit, "Creating and Operating a Family Assistance Center – a Toolkit for Public Health" <http://www.apctoolkits.com/family-assistance-center>



## Section 3. Assumptions and Considerations

This *Mass Fatality Annex* is developed to support the County EOC and to provide guidance to those responsible for coordination services for field/response teams. The Sheriff/Coroner is ultimately responsible for the Solano County Operational Area mass fatality management resulting from a disaster. The Sheriff/Coroner may not be assigned to the EOC, but rather will have responsibilities at the fatalities incident site, at the temporary morgue and/or at the Family Assistance Center. The Sheriff/Coroner will appoint a representative as the Operational Area Coroner/Fatalities Management Unit. Leader to coordinate County and city resources, request and respond to mutual aid services, and support the American Red Cross, volunteers and private practitioners. The Coroner/Fatalities Management Unit leader will respond to the EOC when activated.

Hospitals and medical centers have their own plan for mass fatality management. This annex is designed to support public safety in coordinating their mass fatality response to a disaster. The public safety and local hospitals will communicate to coordinate family assistance, reporting, crisis information and other sensitive data.

There are not sufficient numbers of trained staff and volunteers to provide support to a temporary morgue and a Family Assistance Center in the aftermath of a local disaster. However, there are sufficient numbers of trained personnel available from the region (via a request to the Regional Emergency Operations Center (REOC)) that can activate to the County and support crisis counseling efforts. In very large events, mutual aid from Federal agencies will be needed.



## Section 4. Roles and Responsibilities

### 4.1 Overview

Providing mass fatality services during a disaster in the County is a responsibility of the Solano County Sheriff/Coroner. However, there are many situations that would exceed the County's capabilities to conduct all phases of a mass fatality response (the three phases being field incident management, temporary morgue operations and the Family Assistance Center). State and/or Federal government services will likely be needed to augment County services. Requests for assistance will be initiated through the County Operational Area to the REOC. Should the REOC be unable to procure the resources, it will push requests forward to the State Emergency Operations Center (SOC) or Federal coordination centers.

In the case of a transportation accident on State or Federal highways, or due an aircraft crash, both the *State of California Emergency Plan* and the National Response Framework are activated to meet their respective responsibilities for mass fatality management under their jurisdictional plans. (For aircraft crashes, the National Transportation Safety Board (NTSB) will assign staff to field investigations, morgue detail and Family Assistance Centers.)

The Solano Sheriff's Office is assigned to the Solano EOC Coroner/Fatalities Management Unit, and is responsible for designating staff and training representatives of their agency, ensuring that appropriate Action Guides and Standard Operating Procedures (SOPs) for field activities are developed and maintained. Agencies must also identify staff and maintain notification procedures to ensure appropriately trained agency personnel are available for extended emergency duty in the County EOC, field disaster sites, temporary morgue and Family Assistance Center.

### 4.2 Roles and Responsibilities Reference Matrix

Table 4-1 shows the primary entities that will be involved with Mass Fatalities Management during a disaster situation in the County; it is not inclusive of all the possible entities that could be involved. For example, in a large regional disaster, other County entities, as well as the State and Federal Government may also be responsible for providing response and fatality management services.

**Table 4-1: Roles and Responsibilities Table in Support of Mass Fatality Management Operations**

<b>Roles and Responsibilities Table</b> <b>In support of Mass Fatality Management Operations</b>						
<i>P – Primary</i> <i>S – Secondary</i>						
Cooperating Agency	EOC Coroner/Fatalities Management Unit -	Field Incident Management	Temporary Field Morgue	Family Assistance Center	Mass Fatality Field Support/Logistics	Public Information
<b>Solano County</b>						
Sheriff /Coroner	P	P	P	P	P	
DHSS Public Health Division		S	S	S		
DHSS Mental Health Division			S	S		
Solano OES	S	S		S	S	S
Solano PIO		S		S		P
<b>California</b>						
Cal OES	S	S		S	P/S	P/S
Dept Justice, Bureau Forensic Services		P/S	S			S
Dept Public Health			P/S			
National Guard					P/S	
<b>Federal</b>						
NTSB	P/S	S			P/S	P/S
DMORT (HHS)	S	S	S	S	S	
DOD					S	
American Red Cross		S		S	S	
Federal Bureau of Investigation		P/S	P/S		S	S

## 4.3 Local Government Entities

The following local government entities have a role in preparedness and implementation during a disaster requiring mass fatality services. Some have a primary role and are always activated, and some provide support as needed and are called upon by their emergency managers.

### 4.3.1 Solano County Sheriff/Coroner

On a day-to-day basis, the Sheriff/Coroner is responsible for conducting investigations to determine the manner of death, notifying the next-of-kin, processing death certificates, overseeing indigent burials, managing the proper movement of human remains and operates the central morgue where remains are housed and autopsies take place. The Sheriff/Coroner is also involved in community education and death reduction efforts.

In a mass fatality disaster, these same skills are needed, but expanded in scope to deal appropriately with the scale of the disaster and numbers of fatalities. The County Sheriff/Coroner takes the lead in managing the mass fatality operations, including: field investigations; temporary morgue operations (the Solano Central Morgue will likely be overwhelmed in a mass fatality incident); and Family Assistance Center (FAC) Services. The Sheriff/Coroner acts as an Area Commander, and will need significant staff to manage and service each of the three operations. The Sheriff's Office also provides chaplains to the Family Assistance Center.

There are numerous scenarios when the State or Federal agencies also assume authority for mass fatality incidents. In these cases, the Solano County Sheriff/Coroner will work in a Unified Command with their colleagues. Examples include mass fatalities incidents occurring on State or Federal highways, incidents involving crash of commercial airlines, incidents recognized as initiated by terrorists or incidents which are Federally declared disasters.

The Coroner/Fatalities Management Unit of the Law Enforcement Branch of the County EOC will activate in any incident involving multiple disaster related fatalities. The Coroner/Fatalities Management Unit will coordinate in the EOC to request skilled staff and volunteers. If the disaster-related mass fatality operations needs are beyond the resource capacity of the Sheriff/Coroner, they will call up trained staff and medical professionals from the community or selected and trained employees from other Solano County Departments. They will follow EOC procedures to request mutual aid from other counties through the Coastal Region Emergency Operations Center (REOC).

### 4.3.2 Public Health Department

Solano County Public Health Department (SPHD) provides trained workers and staff to support survivors and mass fatality response staff, including trained medical personnel, public health nurses and other staff as requested through the EOC. A Public Health representative is located in the Public Health Unit of the Medical and Health Branch of the Operations Section in the EOC.

If the mass fatality disaster is related to an infectious disease, the County Health Officer has the responsibility and authority to declare a health emergency and becomes an integral representative of the County EOC and its decision making. In the case of an infectious flu disease outbreak such as pandemic influenza, the roles and authorities of the Public Health Officer and the SDPH are outlined in the *Solano County Public Health Pandemic Response Plan*.

### **4.3.3 The Solano County Mental Health Division**

The Solano County Mental Health Division (SCMHD) is a division of Solano County Department of Health and Social Services (DHSS). In a mass fatality incident SCMHD would have responsibility for activating and providing trained staff to the Family Assistance Center, especially for crisis and grief counseling, and family support services. They may also be assigned to the temporary morgue to support trained staff and volunteers.

In a large scale mass fatality disaster, the Mental Health Unit of the EOC will activate, coordinating SCMHD mental health services in conjunction with the objectives of the Operational Area. Activation of the Mental Health Unit would usually include assurance that mental health response related messages need to be provided to the PIO; resource needs must be communicated to the American Red Cross and other partners; and all situation status data will be provided to the Medical Health Branch of the EOC and the SCMHD Director and staff.

The Mental Health Unit of the EOC will maintain a liaison with the State Department of Mental Health that can provide technical assistance and access mutual aid from other counties. All requests for mutual aid will be made through the EOC processes.

The SCMHD Director and needed staff will activate to implement activation and response requests for additional crisis counseling and mental health client services needed in relation to the disaster. If the disaster-related mental health needs are beyond the resource capacity of the Division, the SCHMD Director (or designated Coordinator) may call up trained volunteer mental health professionals from the community or selected and trained employees from other DHSS Divisions.

### **4.3.4 Solano County Office of Emergency Services**

During a disaster event, OES will provide leadership in the Solano EOC and support the decision making, coordination and situation status development for the Coroner/Fatalities Management Unit, as it will for all staff. If there is a need for mass fatality site operations, a temporary morgue or a Family Assistance Center, OES will support the coordination of the multiple EOC functions that will be needed to provide appropriate services for the County.

OES will ensure that the PIO position is established at the EOC, and will establish a Joint Information Center (JIC), or liaise with a regional, State or Federal JIC, if required.

## **4.4 California Government Services**

### **4.4.1 California Governor's Office of Emergency Services**

The California Governor's Office of Emergency Services (Cal OES) is responsible for standing up a REOC and/or SEOC to support the operational areas with coordination of mutual aid requests, gathering situation status information, providing public information support, and for providing technical expertise as needed. Cal OES directly reports to the Governor, providing updates and requesting resources as needed.

### **4.4.2 California Department of Justice, Bureau of Forensic Services**

The Bureau of Forensic Services (BFS) provides State and local law enforcement agencies with forensic sciences, criminal investigation, intelligence and training. They support crime scene investigation, DNA analysis, data gathering at the Family Assistance Center, and media support.



#### **4.4.3 California Department of Public Health**

The California Department of Public Health (CDPH) provides technical assistance to the Operational Area as requested during any mass fatality incident. During a mass fatality incident that is caused by a pandemic or other influenza, CDPH will have additional responsibilities for decision making, data collection, laboratory services, healthcare facility readiness and action steps regarding the control of the outbreak and the number of fatalities. They will also be available for support to incident sites (field operations, morgue, and Family Assistance Centers) and provide support regarding the control of an outbreak. Such authorities are outlined in the *State of California Emergency Plan*.

#### **4.4.4 California National Guard**

The CA National Guard, when called up by the Governor, can provide supply the incident with transportation services, storage units for the deceased, and equipment needed to collect and identify remains.

### **4.5 Federal Partners**

#### **4.5.1 National Transportation Safety Board**

In the event of an aviation or passenger rail accident, the National Transportation and Safety Board (NTSB) will be the lead agency in establishing and operating a FAC. NTSB will coordinate assistance efforts with local and State authorities, including the medical examiner, local/County/State law enforcement, an emergency management agency, hospitals and other emergency support personnel.

During incidents in which NTSB does not have a legislated role to coordinate FAC services, the NTSB may serve as a technical advisor to assist local jurisdictions with FAC operations.

#### **4.5.2 Department of Health and Human Services National Disaster Medical System, Disaster Mortuary Operations Response Team**

A Disaster Mortuary Operations Response Team (DMORT) may be activated in the event of a mass-fatality incident if Solano County's Sheriff/Coroner resources are overwhelmed to assist with victim identification and mortuary services. DMORT may provide the complete suite of mortuary operations resources and staff members to an incident. They can also establishment and provide support staff to the incident FAC. The DMORT would need to be requested by the California State Operations Center (SOC) once all local and State resources were overwhelmed. A Presidential disaster declaration is required before DMORT can be activated.

#### **4.5.3 Federal Bureau of Investigation**

After an incident, the Federal Bureau of Investigation (FBI), a member of the US Department of Justice (DOJ), may be able to aid in fingerprint collection and supplementing laboratory assets. In the event that an incident is officially classified as a criminal act the FBI assumes a leadership role in unified command and may coordinate communications with families and friends to gain and provide information about the incident. The FBI will also be the lead agency on coordinating Crime Victim Assistance for families.

#### **4.5.4 FEMA Urban Search and Rescue (USAR) Teams**

USAR teams will also play a role in finding and retrieving victims in a mass fatality incident. USAR and their canine members will search for bodies in collapsed buildings and rubble.

### **4.6 Non-Profit Organization - American Red Cross**

In the event of a legislated aviation or passenger rail accident, the American Red Cross is the lead agency of family care and crisis intervention after the accident. They will coordinate and manage the numerous organizations and personnel offering counseling, religious and other support services to the operation. If necessary, they will also deploy a Critical Response Childcare Team to coordinate on-site childcare services.

In other mass casualty or mass fatality incidents, the American Red Cross may be called on to help to provide Mental Health and Spiritual Care support to the FAC or provide other assistance depending on local resources and local plans.

## Section 5. Concept of Operations

The County Sheriff/Coroner and staff respond in a coordinated fashion to a mass fatality incident in the County. In an incident involving only a few individuals, the County Sheriff/Coroner may have the capacity to manage the situation. However, in an incident involving up to or more than ten (10) individuals, the County will need the support of other local, State and Federal staff to support the operations, including supporting the Family Assistance Center, the temporary morgue site, field site management and public information.

### 5.1 Pre-Response/Initial Actions

The Solano Sheriff's Office and the County OES work with County agencies, non-governmental partners and stakeholders to determine the disaster services support needed for mass fatality incidents. Skilled service providers are located within the County government and at local hospitals.

### 5.2 Activation

This annex will be implemented under any of the following circumstances:

- The Office of Emergency Services requests that the plan be implemented
- The County has declared a disaster that involves mass fatalities
- The Sheriff/Coroner determines it is appropriate to implement the annex
- Mutual Aid requests from other local jurisdictions in the Cal OES Region have requested support

The Coroner/Fatalities Management Unit in the Law Enforcement Branch of the Operations Section is activated during any mass fatality incident. Additional law enforcement personnel can be contacted via internal communications or dispatch.

### 5.3 Mass Fatality Response Functions

The key response functions for mass fatality management include:

- EOC coordination via the Coroner/Fatalities Management Unit
- Management of the mass fatality incident scene
- Establishing a temporary morgue (if Solano County Central Morgue is at capacity)
- Establishing a mass fatality Family Assistance Center
- Providing media with accurate messaging
- Provide mutual aid, as needed

#### 5.3.1 Activate the EOC Coroner/Fatalities Management Unit

The Solano Sheriff's Office staff members will fill the duties of the Coroner/Fatalities Management Unit in the Law Enforcement Branch of the Operations Section in the County EOC. The staff members will follow the Position Guide provided as an attachment to this annex, and ensure staff and division resources are coordinated for maximum support of disaster victims and their families. Assuming the Sheriff Office Coroner will likely be in the field, the Chief Deputy Coroner and/or the Coroner Supervisor can be assigned to the County EOC.

### **5.3.2 Management of the Mass Fatality Incident Scene**

Incident Command is used to manage all field tactical components of the mass fatality emergency. The Sheriff/Coroner serves as the Incident Commander (or a member of Unified Command). The Operations Section is responsible for developing key branches, including an incident site recovery branch, a security branch, a mortuary branch (that manages the admitting, processing and disposition of remains at the temporary morgue), and the Family Assistance Center Branch.

The mass fatality incident scene management is focused on recovery of human remains. The scene location is gridded to support accurate recording of locations. Description of all remains must be documented and photographed. Recovery of all remains is not only important in identifying the deceased, but is also essential forensic data for understanding the cause of the disaster.

The scene of the incident must be secured as soon as possible and non-authorized persons should be kept from disturbing the site. No remains or material of any sort should be removed from the site until it has been completely documented and a chain of custody completed. Security also allows the recovery team to work undisturbed, keeps self-presenting volunteers from site entry, and keeps the remains from view of public.

Solano County would expect to request mutual aid right away, as the number of trained persons to support the incident site recovery operations is limited.

### **5.3.3 Establishing a Temporary Morgue**

The County Central Morgue's capacity is 32-36 deceased, and could be quickly exceeded during a mass fatality event. As a planning number, 10 or more deaths that occur as part of a mass fatality situation will trigger the activation of this Mass Fatality Annex. In such cases, a temporary morgue will need to be set up to conduct morgue operations. Key tasks of the temporary morgue include:

- Identifying the human remains using x-rays, forensic dentistry, fingerprinting, pathology and interview data
- Securing, escorting, storing and releasing the property of the deceased
- Photographing and recording the findings of the processing team
- Investigating circumstances of death (cause/manner of death) in support of the Sheriff/Coroner (or Medical Examiner, if assigned)

The morgue must be secured; family members are not allowed into the morgue, but rather should communicate with officials at the Family Assistance Center. The morgue staff members need to work without disruption. All human remains will be controlled by the morgue escort team, from intake, throughout the remains identification process and until the release. No remains are released without the final signature of the death certificate by the Coroner (or Medical Examiner), and the acceptance of the remains by the receiving Funeral Director. The Funeral Director arranges for transport of the remains.

Funeral homes within the County would have space for approximately 100 deceased, and the County has communicated potential needs to various funeral homes, and has received verbal commitments of support.

Solano County Public Health Department will support the Temporary Morgue operations via their internal staff and associates throughout the County.

### 5.3.4 Establishing a Mass Fatality Family Assistance Center

The Family Assistance Center (FAC) is a secure facility established as a centralized location to provide information and assistance about missing or unaccounted for persons and deceased. The Family Assistance Center provides a safe location for families to gather and assures them of access to information, resources and amenities. It also provides a central location for public officials to have access to the families to gather information in support of remains identification.

A family member is any individual that considers them self to be a part of the victim's family, even if there is not a legal familial relationship. This includes individuals other family members characterize as family. This is distinguished from the legal next of kin, who may be the legally authorized individual(s) with whom the Sheriff/Coroner (or Medical Examiner) coordinates or who is authorized to make decisions regarding the decedent.

The Sheriff/Coroner's team will follow field procedures for establishing and operating the FAC. The key operational elements include:

- **Reception and Registration.** Information and documentation is received from visitors regarding the missing or deceased person. Reception provides an overview of the FAC operations to visitors. Reception also assists with assessing visitors immediate needs (e.g., first aid or behavioral health support). Security is provided at the reception area.
- **Family Briefings.** Briefings are a core component of FAC operations and provide the structure of updating family members of deceased and missing persons. These are done in person with the families, but can also be provided to families via conference calls. Families will be made aware of situations before information is released to the media. The briefing will be made by the key individuals in charge of operations, such as the Sheriff/Coroner, Medical Examiner or FAC Director.
- **Victim Identification Services.** These services have the goal to collect antemortem information from families to support the positive identification process. They do this by conducting family interviews, which can typically take 2-3 hours to conduct and to enter the data. The specific antemortem data needed includes: physical descriptions, jewelry, characteristics (tattoos, scars, birthmarks) dental records and a DNA reference sample. Victim Identification Service interviews are typically conducted by a Sheriff/Coroner, Medical Examiner, funeral director, or other person trained to deal with grieving individuals.
- **Behavior Health Services.** Mental Health Services will be provided for families, volunteers and staff members. Service providers assist with the full range of grief reactions. Mental Health Services provide crisis intervention, mediation, management of "at risk" family members and child/adolescent counseling. Spiritual care services will be provided for interdenominational pastoral counseling for all who request support. They may provide a religious service, as requested. Spiritual care team members also provide support to the Mental Health staff, including Psychological First Aid.
- **Call Center Operations.** The objective is to establish a communication link between the FAC and families (or other members of the public), that are seeking information about their loved ones. The call center also collects "missing persons" reports. The call center will coordinate FAC information within the Solano JIC.
- **Other Key services.** The FAC will provide food to family and staff, a comfortable meeting place, translation and interpretation services, childcare services, death notifications and medical/first aid services.

## 5.4 Post-Disaster Services

### 5.4.1 Releasing the Scene and the Closure of Facilities

The incident site will need to be confirmed safe for public reentry. The temporary morgue will be cleaned, disinfected, and certified safe for public reentry. The Family Assistance Center will eventually be closed, but will likely need to be kept open

for until all next of kin have been notified, the deceased have been properly interred, and family member no longer require the service of disaster counseling.

#### **5.4.2 Responder Consultation Follow-up Support**

Debriefing, consultation, or counseling for disaster service providers will be made available. Recipients will typically include staff from law enforcement, fire, emergency medical services, hospitals, public health nursing, public utilities, Red Cross, volunteers and mental health.

Research and experience indicate that staff members working in disaster relief are as vulnerable to the same stress as the victims they seek to help. Contractors, county staff, and Peer Supporters will attend a Critical Incident Stress Management Debriefing (CISM) at the end of their disaster assignment, or more frequently, if appropriate.

If possible, debriefings will be conducted by contractors, Peer Supporters, or SCMHD staff members that were not at the disaster site, morgue or Family Assistance Center themselves. If that is not possible, staff will be encouraged to conduct their own interim debriefings until such time as another person can provide the debriefing. An outside facilitator may be used. Debriefings should be done at the end of each shift, if possible. Ideally CISD's should be done weekly and at the end of the disaster operation.

## Appendix A. Acronyms

Table A-1: Acronyms

<b>BFS</b>	Bureau of Forensic Services, California
<b>Cal OES</b>	California Office of Emergency Services
<b>CDMH</b>	California Department of Mental Health
<b>CDPH</b>	California Department of Public Health
<b>CISM</b>	Critical Incident Stress Management Debriefing
<b>DHS</b>	Department of Homeland Security
<b>DHSS</b>	Department of Health and Social Services (DHSS)
<b>DMORT</b>	Disaster Mortuary Operational Response Team
<b>DOJ</b>	Department of Justice
<b>EMSA</b>	Emergency Medical Service Authority
<b>EOC</b>	Emergency Operations Center, Solano County
<b>EOP</b>	Emergency Operations Plan
<b>ESF</b>	Emergency Support Function
<b>FAC</b>	Family Assistance Center
<b>FBI</b>	Federal Bureau of Investigation
<b>FEMA</b>	Federal Emergency Management Agency
<b>JIC</b>	Joint Information Center
<b>NIMS</b>	National Incident Management System
<b>NRF</b>	National Response Framework
<b>NTSB</b>	National Transportation Safety Board
<b>OES</b>	Office of Emergency Services
<b>PIO</b>	Public Information Officer
<b>REOC</b>	Regional Emergency Operations Center (Inland Region, California)
<b>SCMHD</b>	Solano County Mental Health Division
<b>SCPHD</b>	Solano County Public Health Department
<b>SEMS</b>	Standardized Emergency Management System
<b>SOC</b>	State Operations Center
<b>SOP</b>	Standard Operating Procedure





## Appendix B. Glossary of Useful Terms

<b><i>Antemortem Data</i></b>	Information about the missing or deceased person that can be used for identification. This includes demographic and physical descriptions, medical and dental records, and information regarding their last known whereabouts. Antemortem information is gathered and compared to post-mortem information when confirming a victim's identification.
<b><i>Autopsy</i></b>	An examination of human remains that are recovered from the scene of the incident. Autopsies are generally conducted by a pathologist (commonly a forensic pathologist). The autopsy helps the pathologist to determine the cause and manner of death.
<b><i>Closed Population</i></b>	In the context of a mass-fatality incident, a closed population refers to the number and names of the deceased being known, commonly via a confirmed manifest (e.g., list of passengers on a plane).
<b><i>Death Notification</i></b>	The formal or official notification to the legal next of kin that their loved one is deceased and has been positively identified.
<b><i>Decedent</i></b>	A deceased person.
<b><i>Death certificate</i></b>	A government-issued certificate that serves as the official documentation of the date, location, and the certification of the cause and manner of a person's death. The death certificate is a critical piece of documentation, usually needed to handle a person's life insurance benefits and manage their estate after death.
<b><i>Death Certification</i></b>	The official determination of cause and manner of death. This is usually determined by the pathologist after the autopsy or by a physician responsible for the care of an individual prior to death.
<b><i>Disaster Behavioral Health</i></b>	The provision of mental health, substance abuse, and stress management to disaster survivors and responders.
<b><i>Disaster Mortuary Operational Response Team (DMORT):</i></b>	DMORTs are Federal teams within the National Disaster Medical System (NDMS) that provide support for mortuary operations following a mass-fatality disaster. In addition to the general DMORT teams, the DMORT capabilities include Disaster Portable Morgue Units (DPMU), a Weapons of Mass Destruction (WMD) Team, and a Family Assistance Center (FAC) Team.
<b><i>Family Interview</i></b>	A conversation conducted with family members and/or friends by representatives from the Sheriff/Coroner's Office or FAC staff to collect antemortem information about the missing or deceased person. For example, this may be an interview to complete the DMORT Victim Identification Profile form, which includes demographic and physical descriptions of the individual.
<b><i>Family Assistance (Reception) Center</i></b>	In the immediate hours after a mass-casualty or mass-fatality incident, a Family Reception Center should be established as the centralized location for families and friends to go, before the FAC is operational. Depending on the nature of the incident, this could be established at a community location, a hospital, or a hotel.
<b><i>Human Remains</i></b>	A whole body or any part(s) thereof.

<b>Human Remains Recovery</b>	The retrieval of human remains from the scene of the incident.
<b>Legal Next of Kin</b>	The closest blood relative, spouse, or domestic partner (depending on the state), who are legally authorized to make decisions regarding the deceased or the living during medical emergency if the individual is incapacitate. The order of next of kin may vary by state, but frequently includes spouse, then adult children, parents, siblings, etc.
<b>Missing Person</b>	In the context of disasters, an individual whose whereabouts, status, or well-being is unknown.
<b>Open Population</b>	In the context of a mass-fatality incident, an open population refers to the number and names of the deceased being unknown. Incidents with open populations require more resources to determine who has been reported missing and potentially who are among the deceased. The World Trade Center bombings on September 11, 2001 are an example of an open population incident.
<b>Personal Effects</b>	The personal belongings associated with the missing person or decedent.
<b>Positive Identification</b>	Confirming, scientifically, an individual is deceased.
<b>Postmortem Data</b>	Information about the deceased that is used to compare to antemortem data on the missing person, for the purposes of identification.
<b>Psychological First Aid (PFA):</b>	An evidence-informed modular approach for assisting people in the immediate aftermath of a disaster or terrorism. It is used to reduce initial distress and to foster short- and long-term adaptive functioning.
<b>Reunification</b>	The process of reuniting family members with their missing or deceased loved one.
<b>Victim Identification</b>	A database developed and managed by DMORT to manage antemortem and postmortem information for the purposes of helping to facilitate victim identification.
<b>Profile (VIP):</b>	

## Attachment-A: Mass Fatality Response and Management, Online Guidance References

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### ***Disaster Mortuary Operational Response Team - [www.dmort.org](http://www.dmort.org)***

The main page for the Disaster Mortuary Operational Response Team (DMORT), part of the Federal Emergency Management Agency, National Disaster Medical System.

### ***Guidance for Mass Rescue Operations –***

<http://www.uscg.mil/hq/g-o/g-opr/nsarc/nsp.pdf>

This U.S. Coast Guard document guidance should be considered by search and rescue authorities (particularly rescue coordination centers), emergency and disaster response authorities, ship and aircraft owners and operators, and other government and industry persons responsible for planning for mass rescue operations

### ***Dealing with the Stress of Recovering Human Remains***

<http://chppm-www.apgea.army.mil/documents/FACT/36-004-0202.pdf>

The document is a two-page overview of expectations for disaster responders in the handling of human remains, and is produced by the U.S. Army Center for Health Promotion and Preventive Medicine.

### ***Identifying Victims Using DNA: A Guide for Families***

<http://www.ncjrs.gov/pdffiles1/nij/209493.pdf>

The document is a 13-page guide written for family members to answer questions concerning the DNA identification process, the collection of reference samples, and other issues surrounding DNA identification of human remains.

### ***Mass Fatality Incident Management: Guidance for Hospitals and Other Healthcare Entities***

<http://www.aha.org/content/00-10/MFIGuidanceForHospitals808.pdf>

This is an excellent guide published by the American Hospital Association for managing mass fatalities in hospitals and other medical facilities.

### ***Managing Mass Fatalities: A Toolkit for Planning***

<http://apc.naccho.org/Products/APC20091595/Pages/Overview.aspx>

This toolkit is published by the National Association of County and City Health Officials. Toolkit materials are based on lessons learned from actual events, including the Oklahoma City bombing, 9/11, and Hurricane Katrina. The toolkit provides scalable, operational direction and tools to guide jurisdictions in creating a local plan.

