

## Support Annex 9. Mass Fatality Incidents

### 1. Authority

Oregon law (ORS 146.090) states that the Chief Deputy Medical Examiner shall investigate and certify the cause and manner of all human deaths:

- Apparently homicidal, suicidal or occurring under suspicious or unknown circumstances;
- Resulting from the unlawful use of controlled substances or the use or abuse of chemicals or toxic agents;
- Occurring while incarcerated in any jail, correction facility or in police custody;
- Apparently accidental or following an injury;
- Bay disease, injury or toxic agent during or arising from employment;
- While not under the care of a physician during the period immediately previous to death;
- Related to disease which might constitute a threat to the public health; or
- In which a human body apparently has been disposed of in an offensive manner.

See Chapter 1, Appendix 1A, for Oregon Revised Statutes, Chapter 431 and 433: Authority of the Health Department and Health Officer.

### 2. Purpose

**2.1** The purpose of this annex is to provide guidance in the establishment of a central facility to receive, identify, process, store, and eventually provide for disposition of, human remains. This is part of an overall plan to establish lines of control, authority, and responsibility in the event of a mass casualty incident. It is also the intent to address the leadership, supervision, function, and personnel needed to perform the tasks required to operate a mass casualty morgue.

**2.2** In general, multiple agencies have concurrent scene responsibility and authority. Such will vary according to function and time. For example, while police maintain security and fire departments control rescue, the Medical Examiner's Office coordinates dead body recovery and disposition.

Regardless of the number or type of agencies that respond, the ultimate responsibility for the incident rests with the Incident Commander (IC).

**2.3** It is the intent of this Emergency Casualty Morgue Operations section to conform the legislative intent of ORS 401, whereby local government(s) will plan, prepare, and assume the responsibility for the response, direction, and control of emergencies within their own jurisdictions. Oregon statutes specifically state that..."each county shall have a plan for emergency response to

natural or man-made disasters...” Therefore, this document is part of the Coos County EOP.

### **3. Situation and Assumptions**

#### **3.1 Situation**

In the event of a catastrophic event caused by natural, technological, or bioterrorism, multiple fatalities would occur. It is the responsibility of the County Medical Examiner’s Office to identify deceased persons and investigate the cause and manner of death including the collection of forensic evidence and release of bodies to families or legal disposition of the remains. Many decisions, such as the handling of remains, the decontamination of bodies, clothing, bedding or other surfaces as well as the safety of the Chief Deputy Medical Examiner (CDME) staff, will need to be made collaboratively with the County Health Department. Therefore, the primary public health role in handling mass fatalities is one of collaboration and consultation with the CDME’s Office.

#### **3.2 Assumptions**

**3.2.1** In the event that a mass casualty/fatality disaster should occur within Coos County the Homicide Investigation Team (H.I.T.) shall be immediately activated. This team shall consist of the Chief Deputy Medical Examiner, District Attorney, Law Enforcement officer from the Sheriff’s Office, City of Bandon, Coquille, Myrtle Point, Coos Bay, North Bend, Powers, Coquille Tribal, SCINT, and a Trooper from Oregon State Police, when available. The response team is responsible for the initial scene evaluation and for the establishment and coordination of all other phases of the recovery effort.

**3.2.2** Most jurisdictions do not have facilities in which large numbers of bodies may be properly maintained and processed. This is certainly true of Coos County. Accordingly, arrangements must be made to use existing facilities as temporary morgues. Historically, in the response to a mass casualty incident in which there were large numbers of fatalities, armories, meat packing plants, refrigerated vans, and airplane hangers have been used very successfully as temporary morgues.

**3.2.3** The set-up and operation of a multiple casualty morgue, like all other emergency services, requires personnel to staff the various disciplines involved. Also of major concern is the availability of the necessary equipment and materials to perform the functions of those involved disciplines.

**3.2.4** It is also understood that in the event of an actual disaster, the State Medical Examiner’s Office would be actively involved.

### **4. Concept of Operation**

#### **4.1 General**

**4.1.1** A mass fatality disaster is defined as an occurrence of multiple deaths that overwhelms the usual routine capabilities of the community.

**4.1.2** Mass fatality response is separate from and secondary to search and rescue operations. Response activities should occur only after all survivors of the incident moved to safety.

**4.1.3** Primary concerns of a mass fatality incident response are recovery, identification of human remains and assistance to affected families.

**4.1.4** Responsibility for collection, identification, storage and dispatch of deceased victims lies with the Coos County Chief Deputy Medical Examiner

**4.1.5** Upon notification of a mass fatality incident, the Coos County Chief Deputy Medical Examiner will notify personnel responsible for reporting to the scene of a disaster.

**4.1.6** Responsibility for collection, identification, storage and dispatch of deceased victims lies with the Coos County Chief Deputy Medical Examiner. Coos County may request assistance from the State of Oregon's Medical Examiner if/when local resources become exhausted.

## **4.2 Direction and Control**

Coos County Chief Deputy Medical Examiner is responsible for the collection, identification, storage and dispatch of the deceased. The County Chief Deputy Medical Examiner can request assistance from the State of Oregon's Medical Examiner. The State of Oregon may request assistance from federal agencies such as the Disaster Mortuary Operations Response Team (D-Mort).

The direction and control of procedures in relation to the care of deceased victims shall follow this chain of events:

### **4.2.1 Identification**

**4.2.1.1** Before any bodies are moved, suitable stakes and markings will be placed marking the location of the body, the position of the head, and the direction the body was lying.

**4.2.1.2** At this point, photographs should be taken from several angles. The photographs will include the victim identification number which should be on a flag or other suitable device affixed to the location marking stake.

**4.2.1.3** Identification of victims shall be made by the use of accepted forensic methods by the Chief Deputy Medical Examiner's Office and can be supplemented by (if necessary):

- Oregon State Medical Examiner
- Law enforcement fingerprint identification teams
- Funeral home personnel

**4.2.1.4** The victim identification number is one that will be assigned by the team leader and shall be written on the locating flag in waterproof and permanent ink or paint in a color that contrasts highly with the color of the flag. The discovery's name or identifier (unit #) should also be included.

**4.2.1.5** It is recommended that all remains or parts of remains be tagged with metal tags. The remains will then be placed in a body bag which will be marked with the appropriate ID number written with indelible ink on white adhesive tape and placed on both ends of the bag.

**4.2.1.6** Do not assume that unattached body parts belong together unless you know this to be the case. Otherwise, these parts should be packaged separately and assigned a separate ID number.

#### **4.2.1.7** Flags

**4.2.1.7.1** A colored flag, marking the position of the head of the remains, should be highly visible. Use only ONE COLOR for the remains flags. The flag should be twelve inches square and of a material which can be written on with indelible ink and which will stand up to varying weather conditions.

**4.2.1.7.2** The flag should be attached to a stake which is approximately four feet long and of a material sturdy enough to allow the stake to be driven into the ground far enough to ensure that it will remain standing.

**4.2.1.7.3** If a remains flag must be removed in order that access be obtained to another body, care should be taken that the pictures of the first position of the flag be thoroughly documented before removal.

**4.2.1.7.4** Personal effects flags should be of a smaller size than remains flags (six inches square is recommended) and of a contrasting color. These flags are used to mark the spot of any personal effects detached from the remains and placed before the personal effects are removed. Be sure to document, by photograph and drawing, the location and number assigned to that particular article.

#### **4.2.2** Collection

**4.2.2.1** The Chief Deputy Medical Examiner will be notified immediately in the event of an emergency situation involving fatalities. The Chief Deputy Medical Examiner's office will dispatch the appropriate staff to the scene.

**4.2.2.2** Collection of deceased victims on scene, from hospitals, and other designated collection points shall be accomplished through the use of enclosed vehicles.

**4.2.2.3** Victims will be taken to a designated identification point as established by the Chief Deputy Medical Examiner's Office.

**4.2.3 Temporary storage facilities may include:**

- CDME's morgues
- Area Funeral Homes
- Area hospital/medical center morgues'
- Refrigerated truck trailers
- Cold storage facilities

**4.2.4 Internment**

**4.2.4.1** Upon positive identification of victims, bodies will be released to funeral homes specified by the deceased's family.

**4.2.4.2** If no preference is noted, bodies will be released to local funeral homes on a rotation basis.

**5. Phases of Emergency Management****5.1 Mitigation**

**5.1.1** Pre-designation of temporary morgue sites

**5.1.2** Development of mutual aid agreements

**5.1.3** Developed lists of local funeral homes

**5.1.4** Specialized training and education

**5.2 Preparedness**

**5.2.1** Planning, training, and exercising

**5.2.2** Updating and revising plans

**5.3 Response**

Initial evaluation of scene/determination of equipment needs by the response team to include the following:

**5.3.1** Identification of staging areas

**5.3.2** Coordination for transportation of equipment and personnel

**5.3.3** Provisions for family reception area/ determine location for family assistance center. Consideration should include the need to possibly house family members.

**5.3.4** Public information activities

**5.3.5** Search and body recovery/ the number of fatalities

**5.3.6** Body identification/ the condition of human remains

**5.3.7** Logistical support

**5.3.8** Identification of possible chemical, biological, nuclear, and/or primary and secondary incendiary hazards.

**5.3.9** Equipment needed to ensure the safety of responders

**5.3.10** Accessibility of the scene and equipment necessary to begin recovery operations.

**5.3.11** Determine location for Critical Incident Stress Debriefing for responders.

**5.3.12** Determine the need to call in D-mort

**5.3.13** Determine location and staffing needs for temporary morgue

**5.3.14** Have needed supplies and equipment delivered to site

## **5.4 Recovery**

Major recovery components include: Establishing Morgue Operations; Family assistance Center; Critical Incident Stress Debriefing; Scene Security; Scene Access; Scene Operations; Body Recovery; and Transportation of Remains.

### **5.4.1 Continuation of response activities as needed**

#### **5.4.2 Morgue Operations**

Once the responders are at the staging area, a briefing will be held by the mortuary team coordinator (CDME) or a representative of the ME's office and assignments to duties and work areas will be given.

##### **5.4.2.1 Morgue Operations Director**

- Reports to the Chief of Operations
- Responsible for directing all morgue operations and re-reporting status

##### **5.4.2.2 Identification Officer**

- Reports to Morgue Operations Director
- Responsible for all operations relating to establishing the identity of human remains

##### **5.4.2.2.1 Stations reporting to the Identification Officer are:**

- Anatomical charting/autopsy Forensic pathologist & Assistants
- Fingerprinting Fingerprint technicians
- Dental Forensic Odontologist & Assistants
- Radiology Technicians & Assistants
- Photography Photographers & Assistants

- Optional stations Toxicology & Anthropology

#### **5.4.2.3** Records Officer

- Reports to Morgue Operations Director
- Responsible for collecting and coordinating all logs associated with morgue operations

#### **5.4.2.4** Personal Effects Officer

- Reports to the Identification Officer
- Responsible for cataloging, storage, and disposition of all personal effects as they arrive at the morgue

#### **5.4.2.5** Preparation Officer

- Reports to Morgue Operations Director
- Responsible for the preparation of human remains for release to funeral home. This process may include embalming, and or containerizing, dependant on the nature, size, and location of the disaster, and the number and condition of human remains.

#### **5.4.2.6** Next of Kin Reception Officer

- Reports to Morgue Operations Director
- Responsible for providing a reception area for next of kin and all related needs (telephone, Red Cross assistance, counseling, etc.) Works closely with Identification Officer and Family Assistance Center.

#### **5.4.2.7** Morgue Resource Officer

- Reports to the Morgue Operations Director
- Responsible for obtaining all equipment, supplies, and other resources related to morgue operations

#### **5.4.2.8** Security Officer

- Reports to Morgue Operations Director
- Responsible for all security operations

### **5.4.3** Compilation of reports and records

### **5.4.4** Family Assistance Center

**5.4.4.1** A family assistance center shall be established

**5.4.4.2** The FAC must be physically separated from the disaster scene

**5.4.4.3** Utilize the FAC annex of the EOP.

**5.4.4.4** Responsibilities of the center shall include:

- Gathering of ante mortem information
- Sharing information with families

- Developing an official notification process
- Helping to provide information and services to families in the days following the incident

#### **5.4.4.5 Family Assistance Center (FAC) Team Leader**

- Reports to the Chief of Operations
- Responsible for the CDME's portion of FAC operations
- Communicates and liaises with the Records Officer to ensure all possible ante mortem information is gathered and disseminated in a timely manner.
- Responsible for ensuring that family notification occurs as soon as a positive identification of remains is established and for ensuring the privacy and security of families.

### **5.4.5 Critical Incident Stress Debriefing Team**

**5.4.5.1** The team leader reports to the Chief of Operations.

**5.4.5.2** Responsible for establishing a stress debriefing program and for ensuring that all responders receive necessary counseling.

**5.4.5.3** The team leader will monitor the mental health of workers and take actions as indicated.

**5.4.5.4** He/she will also interact with other mental health professionals to ensure smooth operations.

### **5.4.6 Scene Security**

Security at the scene of mass fatality disasters is critical to the success of all operations. The scene must be clearly delineated and rules of access must be established and strictly enforced in order to perform the following missions:

- Maintain scene integrity
- Maintain chain of custody of evidentiary items
- Prevent scene workers from being disturbed
- Control unauthorized volunteers who may rush to the scene in an attempt to render aid
- Maintain the dignity and privacy of families
- Prevent public/media from witnessing/publicizing the condition of remains

### **5.4.7 Scene Access**

**5.4.7.1** Establish an I.D. procedure for everyone entering or leaving the scene

**5.4.7.2** Maintain an accurate count of all workers

**5.4.7.3** Change I.D. procedure daily to foil unauthorized person attempting to gain entry.

**5.4.7.4** Armed guards should protect remains in order to prevent tampering/ looting.

**5.4.7.5** Establish traffic patterns for all incoming and outgoing vehicles

### **5.4.8 Scene Operations**

**5.4.8.1** A grid should be prepared prior to the start of recovery operations. This may be done by computer gridding, laser equipment, or through the use of surveying equipment.

**5.4.8.2** All items/remains should be flagged, numbered, and photographed in place.

**5.4.8.3** The locations of items/remains and their assigned number should be located on the grid map prior to collection.

**5.4.8.4** All responders must exercise UNIVERSAL PRECAUTIONS for infectious disease control.

**5.4.8.5** Personal effects and property disposition:  
The collection, identification, and disposition of the personal effects of deceased victims in a mass fatality incident are conducted concurrently with the collection, identification, and disposition of human remains.

**5.4.8.6** Procedure for property recovery:

- Should be handled by recovery personnel concurrently with the recovery of remains.
- Careful collection and location plotting of personal effects found at a disaster site is crucial to the preservation of clues of ownership.
- Property found on remains must stay with the recovered remains. When property is found close to remains it must be tagged to identify its location in relationship to the remains. Personal effects should be photographed prior to removal.
- Items should be placed in clear plastic bags for easy identification. An identification number should be placed on each bag.
- A special secure area is needed for processing unidentified (as to ownership) personal effects. Special security is required in this area.
- When recording items use basic descriptions. Never make assumptions as to what an item is. A ring should be described as “yellow metal with a clear stone” not “gold with a diamond”.
- If possible all personal effects should be released with proof of identification to next of kin. All unidentified personal effects should remain under control of the CDME or his designee.

## 5.4.9 Basic Equipment for Morgue Operations

### 5.4.9.1 Refrigeration

- Refrigerated truck or van (possibly several) to transport victims from disaster site to the morgue.
- Refrigerated trailer(s), refrigerated railroad car(s), or refrigerated van(s) to store bodies and or remains at the morgue.

### 5.4.9.2 Power source

Use of readily available commercial power is recommended, but a stand-by generation set is still a **must**, especially in the event of a natural disaster that may increase in scope.

### 5.4.9.3 Communication Equipment consisting of:

- Transceiver base
- Portable units (mobiles)
- Phone system with multiple extensions or the capability to be expanded with a minimum of effort and time.
- Cellular phone(s)

### 5.4.9.4 Lighting

- General work area
- Examination area
- Landing area (this area needs lights and flares for both illumination and wind direction indicators.
- Parking area and entrance area

### 5.4.9.5 X-Ray

Portable x-ray units will be needed in each morgue facility and each should be accompanied by a portable generation set capable of operating the X-ray unit.

### 5.4.9.6 Cameras

Photographic equipment must be on hand to record and document the injuries, position found, and condition of each body or separated body part. This equipment will include digital cameras with trained operators.

### 5.4.9.7 Records

If records are to be kept on a computerized system, a computer and its appropriate peripheral equipment is needed. If the record keeping system is to be manual, then an adequate supply of appropriate blank forms, pens, pencils, typewriters, and other items as necessary must be kept at hand.

### 5.4.9.8 Maintenance

- High-powered vacuum cleaners
- Mops and mop buckets
- Cleaners and disinfectants
- Waterproof aprons, boots, and gloves

- Air/room deodorizers

#### **5.4.9.9 Personnel**

- Gowns, masks, surgical gloves
- Surgical instruments
- Small tape recorders for examination teams
- Pens, pencils, note pads

#### **5.4.9.10 Chemicals**

A supply of embalming chemicals and preparation chemicals will be needed (the total amount, of course, will be dependent upon the number of victims). An estimate of the total amount and type of chemicals needed should be made and a source for additional chemicals should be identified as early in the incident as possible.

### **5.4.10 Recovery of Remains**

The recovery Team focus is to establish the means and methods for the sensitive, respectful care and handling of deceased remains in multi-death disaster situations.

**5.4.10.1** No remains shall be moved, or touched by workers until direction and approval have been given by the CDME, unless necessary for officer safety or to prevent further damage to the remains.

**5.4.10.2** All operations will be coordinated by the CDME or his designee.

**5.4.10.3** A survey of the scene will be made by the CDME or his designee.

The scene survey will include:

- Approximate number of dead
- Condition of the remains
- Environmental conditions
- Type of terrain
- An estimate of the number of personnel necessary to implement an effective recovery plan.

**5.4.10.4** Once workers have reported to the staging area a briefing will be held, assignments made, and if appropriate workers will be divided into teams.

**5.4.10.5** Photographs/video or a sketch will be made of the disaster site.

- If necessary the site will be divided into sections with recovery teams assigned as needed.
- All remains should be photographed and grid marked prior to recovery.

**5.4.10.6** Suitable stakes or flags will be placed at the location of each body or body part and the flags will be numbered.

- These flags should remain in place after collection of the items to be recovered.
- All remains must be identified with a number. Complete bodies should be prefixed with the letter “B”- Body parts should be prefixed with the letter “P”- Personal effects should be prefixed with the letter “E”.

**5.4.10.7** Remains or body parts will be tagged with waterproof tags and records kept as to the location or surroundings in which the remains were found. ALL identification WILL be legible.

**5.4.10.8** Unattached personal effects found on or near the body will be placed in a container, tagged with the corresponding numbers and data reflecting the location and will be secured.

**5.4.10.9** When practical remains and/or body parts will be containerized in a body pouch and corresponding numbers painted on the pouch.

**5.4.10.10** Valuables such as wallets or jewelry that are attached to the body shall not be removed. Such valuables found near the body that have potential identification value should be placed in a container and charted as to the exact location of recovery.

**5.4.10.11** Remains may then be removed as authorized from the initial discovery site to a staging area for transport to the morgue.

#### **5.4.11 Body Removal Guidelines**

**5.4.11.1** When all documentation of the site has been completed and authorization has been received from the CDME or designee, the remains may be removed to the Transportation Area for transport to the temporary morgue facility.

**5.4.11.2** Contact with the Transportation Group Supervisor needs to be made directly to work out details of movement.

**5.4.11.3** The CDME or designee is in charge of removal. All others are there to assist.

**5.4.11.4** All information is to be kept confidential – no one speaks to the media except the authorized media representative. **NO EXCEPTIONS.**

**5.4.11.5** Stay where you are assigned and do not wander around or sightsee. Conduct yourself as though you were on TV because **you might be.**

**5.4.11.6** Do not take souvenirs – no matter how small. They may be something important to the scene or the investigation – or harmful to your person.

**5.4.12 Transportation of Remains**

**5.4.12.1** Evacuation and transportation of the deceased from the disaster site will begin only upon the verified instruction of the CDME or designee. Transportation will be accomplished by the Transportation Group Supervisor and crew with the assistance and cooperation of the CDME and FDA.

**5.4.12.2** Evacuation of the deceased from the actual disaster will be coordinated by the CDME or designee, and where designated, the disaster response team coordinator shall assist.

**5.4.12.3** Before the actual evacuation and/or transportation begins, a briefing should be held to acquaint those involved with expected actions and any specific instructions.

**5.4.12.4** The transfer of remains to the morgue should be handled discretely using closed vehicles if possible.

**5.4.12.5** All names or logos on transport vehicles will be removed or covered.

**5.4.12.6** Transport vehicles should follow the same route and travel at a moderate rate of speed (without lights and siren) to the morgue moving in convoy and escorted by law enforcement.

**5.4.12.7** Whenever possible, there shall be two escort persons in each transportation vehicle for security purposes. The CDME and the FDA recommend no more than two bodies per vehicle, however, if the vehicle can comfortably transport more than this amount, the bodies must all repose on the floor of the vehicle. The remains will not be stacked one on top of another.

**5.4.12.8** Records will be kept at the staging area as to the identity of the driver and the tag numbers of the deceased being transported.

**5.4.12.9** Records will be kept at the evacuation/transportation site as to the identification of the vehicle and its driver as well as the tag or ID number of the deceased being transported. A portfolio containing one envelope of records per body will be given to the driver. This portfolio will be turned over to the morgue facility upon arrival of the vehicle, and an IMMEDIATE INVENTORY OF THE VEHICLE will be conducted to ensure that there is a set of records for each body, and that the ID number on the outside of the bag matches the ID number on the record envelope.

**5.4.12.10** Documentation will also be kept at the morgue. At the conclusion of the incident and the closing of the temporary morgue facility, the Morgue Operations Director will forward copies of all documents of morgue related

activities to the Logistics Section Chief. These documents will then be made available to the Documentation Section

**5.4.12.11** Bodies and body parts should be stored in refrigerated trucks until transported to the morgue.

- These trucks should have metal floors and walls
- No company names should be visible on these vehicles.
- The bags should be opened to verify tag and bag numbers. The bodies or body parts should be logged with the log entry containing bag number, vehicle number, driver's name, and time of dispatch.
- The driver should verify and sign the log entry. The remains are then transported to the morgue.

#### **5.4.13 Return to the Next-of-Kin**

**5.4.13.1** Once the remains have been positively identified, the next-of-kin will be contacted. Contact will be carried out by individuals and/or agencies appointed by the CDME or any agency that would normally carry out this function such as local law enforcement.

**5.4.13.2** The CDME, or a team comprised of DDA members, will coordinate the release of the remains and personal effects to the next-of-kin or their representative.

**5.4.13.3** In situations where there are unidentified remains, the CDME shall make the decision and provide direction regarding their disposition.

#### **5.4.14 Proper Storage of Bodies**

**5.4.14.1** Proper storage of bodies will be in numerical sequence, in orderly rows, and will allow space for professional and technical examination. Normal spacing (if area permits) is 6'6" for each body with 2' between each body in each row and 5' aisles between each row.

**5.4.14.2** It is estimated that the handling of 50 bodies with all the necessary personnel would require approximately 4,500 square feet of floor space with an additional 1,200 square feet for each 25 additional remains.

**5.4.14.3** Proper storage of bodies and/or remains will be under refrigeration. If a chosen site does not have adequate refrigeration, the use of refrigerated vans should be considered. Care should be taken to mask the name on the side of the van from public view as well as any ID or code number on the sides or ends of the van. Upon termination of the incident, these vans will be returned to the private sector, and it should be a priority at that time to ensure that the return is uneventful and does not cause any hardship for the owner.

**5.4.14.4** Due to the nature of the work performed at a morgue facility, it is imperative that a rest area be provided for the staff as well as the aforementioned rest area for the family members of victims.

**5.4.14.5** The staff rest area should be equipped with tables and chairs; refreshments such as coffee, tea, soft drinks, etc.; newspapers; television; and anything else that would help to alleviate some of the stress and tension. Although this work is not of an emergency nature and there does not exist as the same time crunch that the first responders may experience in patient treatment in the field, there is still a lot of stress in dealing with human remains, especially if there are a number of children involved. Be sure that a counselor is available for the staff. Remains are then transported to the morgue.

#### **5.4.15 Facility Maintenance**

Staff should be assigned as the maintenance department responsible for the general maintenance of the morgue facilities (building, adjacent grounds, landing areas, and parking lots). Duties will include set-up, regular cleaning as necessary to maintain sanitary conditions, normal repairs, and dismantling (if necessary) of the facility to ensure their return to a normal state.

#### **5.4.16 Considerations in Choosing a Facility**

**5.4.16.1** The chief requisite in choosing the facility to be used as a temporary morgue is adequacy of accommodation. The structure or area should be centrally located with easy access to the disaster site.

**5.4.16.2** In planning the organization of the morgue facilities, the dominating consideration should be to keep confusion to a minimum and to facilitate quick but accurate identification and disposition of the deceased.

**5.4.16.3** The facility should have a front and rear personnel door and at least one additional door large enough to accommodate the victim transport vehicles that will be used.

**5.4.16.4** There should be a plainly marked information area for the public, easily accessible and where it will not interfere with operations.

**5.4.16.5** A waiting room and public restrooms should be available.

**5.4.16.6** There should be a separate interview area for individuals seeking missing persons.

**5.4.16.7** There should be a private area for viewing of victims.

**5.4.16.8** There should be telephones for the use of the public.

- 5.4.16.9** There should be a separate area for the press and another for the clergy.
- 5.4.16.10** The receiving area should be protected from public view and located to allow easiest flow of traffic.
- 5.4.16.11** The admitting area should be a room large enough to accommodate a desk and an adequate number of workers.
- 5.4.16.12** Medical examination areas should be equipped with good light, stainless steel tables, good ventilation, running water, and good floor drains.
- 5.4.16.13** If possible, an area should be set aside to photograph, X-ray, and fingerprint the victims as well as to conduct dental examinations.
- 5.4.16.14** A separate room for the final preparation of remains prior to release to the families should be provided.
- 5.4.16.15** The facility should also have storage for bodies/remains, and the space should be divided into areas to accommodate the following:
- Male adults
  - Female adults
  - Male children
  - Female children
  - Undetermined sex
  - Partial remains

#### **5.4.17 Mass Burial Guidelines**

**5.4.17.1** Mass burial may become necessary when the number of remains cannot be managed and become a public health concern or when remains cannot be adequately refrigerated or embalmed, identified, or processed in an acceptable time-frame.

**5.4.17.2** Any decision to begin mass burial must be made at the highest level of state government. There direction will be essential before such an effort can be initiated for the public health, safety, and welfare.

**5.4.17.3** The location of any mass burial site must also be agreed upon by the above agencies, taking into consideration the number of remains to be buried, distance, and transportation considerations. An existing cemetery would be ideal and the most logical location for any mass burial.

**5.4.17.4** Consideration may also be given to federal, state, county, or city owned property or rights-of-way such as parks and recreation areas, flood control basins, sides of freeways and river beds, beneath high tension power lines, in rail yards or along rail lines.

**5.4.17.5** Processing of human remains for mass burial will be consistent with the guidelines existing at the time for all FDA member facilities.

#### **5.4.18 After-Action Reports**

An “after action” report will be generated and forwarded to the Operations Section Chief through the Logistics Section Chief. This report will include comments on problems encountered in accomplishing assigned tasks, recommendations for solutions to those problems, general discussion of operations, and lessons learned.

These activities are continued until all possible recoveries have been completed.

## **6. Universal Precautions**

The assumption behind the universal precautions for infectious disease control is that every direct contact with body fluids is infectious. Therefore, every person exposed to direct contact must take precautions.

At a mass fatalities incident this would include all workers involved in search, recovery, transportation, body identification, and disposition. Universal precautions apply to blood, tissue, and body fluids containing visible blood, vaginal secretions, cerebrospinal fluid, amniotic fluid, pleural fluid, synovia fluid, pericardial fluid, and peritoneal fluids.

### **6.1 Universal precautions include:**

**6.1.1** Needles and sharps should never be re-sheathed, bent, broken, cut, or removed from disposable syringes. They should be placed in a rigid puncture resistant disposable container with a lid and a prominent bio-hazard label.

**6.1.2** Hand washing - use hand friction and thorough rinsing after contact with victims.

**6.1.3** Double gloving – use heavy-duty gloves and replace latex gloves if working long periods and washing frequently.

**6.1.4** Facial barriers/respirator full face shields or goggles with a plastic cushion seal over mouth and nose.

**6.1.5** Disposable protective apparel kits are mandated by O.S.H.A. for funeral directors when embalming infectious disease victims. Gowns, aprons, and lab coats should have long sleeves with a closed or full button front.

## **7. Administration and Support**

### **7.1 Resources**

D-Mort Team

Phone:

Contact: Buddy Bell

Coos County H.I.T.

Phone:

Contact: Kris Karcher

Coos County Medical Examiner

Phone:

Contact: James Olson

Out of Josephine County – Grants Pass

Forensic Anthropologist

Phone:

Contact: Lane County Medical Examiner with the Sheriff's  
Office

Jeanne McLaughlin (on the D-Mort Team)

## 7.2 Definitions

*Chief Deputy Medical Examiner's Command Response Team* – A command and initial evaluation team consisting of the Chief Deputy Medical Examiner, Chief of Operations, and Chief Investigator.

*Disaster Mortuary Team – D-Mort*) – A federal disaster mortuary unit provided through the Federal Emergency Management Agency. This team has a response time of approximately eight (8) to twelve (12) hours.

*Mass Fatality* – An occurrence of multiple deaths that overwhelms the usual routing capabilities of the community.

*Medico-Legal Investigator* – A person who is registered with the American Board of Medico-Legal Death Investigators.

## 7.3 Preservation of Records

Vital records should be protected from the effects of disasters to the maximum extent feasible. Should records be damaged during an emergency situation, professional assistance in preserving and restoring those records should be obtained as soon as possible.

## 7.4 Training and Exercises

**7.4.1** Mass fatality response personnel who staff the temporary storage sites or EOC shall receive appropriate training on the operation of those facilities. This training should be arranged by the Mass Fatality Unit Leader.

**7.4.2** Emergency exercises should periodically include a scenario that provides for the demonstration of a mass fatality incident for mortuary services. Mass fatality incidents will be considered for exercise on a three year exercise cycle.

**7.5 External Support**

**7.5.1** Summaries of mutual aid agreements with other governmental entities, volunteer groups and businesses for resource support, as well as contingency planning shall be established. Activation of such agreements and contracts will normally be coordinated through the EOC.

**7.5.2** If mass fatalities requirements cannot be satisfied with local resources, or through mutual aid agreements, assistance can be requested from the State of Oregon. The State of Oregon Medical Examiner can be reached at

**8. Annex Development and Maintenance**

The Coos County Emergency Program Manager and Coos County Chief Deputy Medical Examiner are responsible for updating/revising this annex annually, or as needed.

Each agency will develop and maintain standard operating procedures that address assigned tasks.

**9. Appendices**

- A. Mass Fatality Check-Off Sheet.

## Appendix A. Mass Fatality Check-Off Sheet

- All workers will abide by the universal precautions. (Bio Hazard and PPE)
- None of the remains shall be moved or touched by workers until direction and approval have been given by the medical examiner or the appropriate persons.
- Operations will be coordinated by the medical examiner and, where designated, the mortuary response team's coordinator.
- A survey and assessment of the situation will be made by the medical examiner. They will note the approximate number of dead, condition of the remains, environment condition, terrain type; identify equipment, personnel and supplies needed to implement an effective plan.
- Once workers have reported to the staging area, a briefing will be held, assignments will be divided into sections, with the recovery teams assigned to a particular section.
- Suitable stakes or markings will be placed at the location of each body, and a number will be assigned to each body or collection of body parts as directed by the medical examiner or his/her designated appointee.
- Remains, or remain parts, will be tagged and records kept as to the location and/or surroundings in which the remains were found.
- Unattached personal effects found on or near the body will be placed in a container, tagged with corresponding numbers and data reflecting the location and/or surroundings, and secured.
- When practical, remains and/or remaining parts will be containerized, most probably in a body pouch, and tagged with a corresponding number on each pouch.
- Valuables, such as wallets or jewelry that are attached to the body shall not be removed. Such valuables found on or near the body that has potential identification value should be placed in a container and charted as to the exact location where they were recovered.
- Remains may then be removed, as authorized, from their initial discovery site to a staging area for transporting to a morgue or temporary morgue site. This initial movement may require litters, stretchers, or other specialized removal equipment.
- The mortuary response team shall provide or acquire the key services requested by the medical examiner and shall call upon a support group of related service personnel.