

Ohio Emergency Operations Plan
Tab D to Emergency Support Function #8
Public Health and Medical Services

Acute Mass Fatalities Incident Response Plan

Lead Agency: Ohio Department of Health (ODH)

Support Agencies: Adjutant General’s Department, Ohio National Guard (ONG)
American Red Cross (ARC)
Association of Ohio Health Commissioners (AOHC)
Ohio Board of Embalmers and Funeral Directors (OBEFD)
Ohio Emergency Management Agency (OEMA)
Ohio Environmental Protection Agency (OEPA)
Ohio Funeral Directors Association – Mortuary Response Team (OFDA-MRT)
Ohio Hospital Association (OHA)
Ohio Department of Administrative Services (DAS)
Ohio Department of Alcohol and Drug Addiction Services (ODADAS)
Ohio Department of Mental Health (ODMH)
Ohio Department of Transportation (ODOT)
Ohio Pathologists Association (OPA)
Ohio State Coroners Association (OSCA)
Ohio State Highway Patrol (OSHP)
Salvation Army (SA)

I. PURPOSE

The purpose of the Mass Fatalities Plan (Plan) to the Ohio Emergency Operations Plan is to outline the organizational and operational concepts, responsibilities, and actions of state Agencies, Boards and Associations to support acute mass fatality incidents related to the following operations:

A. Scene Operations

1. Initial evaluation of incident fatalities
2. Fatality documentation
3. Human remains, evidence and personal effects recovery
4. Transportation of remains from scene to morgue operations
5. Decontamination of remains, if needed
6. Temporary disposition of contaminated remains, if needed.
7. Resource request prioritization within area command environment.

B. Morgue Operations

1. Identification of morgue operations sites.
2. Temporary human remains storage.
3. Forensic analysis of human remains to determine cause/manner of death, and identification, if needed.
4. Collection and comparison of ante-mortem and post-mortem for victim identification (fingerprints, DNA, x-ray, dental, medical records, distinguishing features, etc.).
5. Minimum of completion of certifier section of death certificate.
6. Release and return of human remains and personal effects to families or the proper authority (coroners, sheriff) if family is not available.

C. Ante-Mortem Data Management

1. Family assistance center operations (interviewing families, information collection for victim identification and death certificate completion and/or other support services)
2. Communication and transfer of data from and between hospitals, physicians, coroners, ODH and other officials.
3. Transportation/carrier incident management

D. Release of Remains

1. Preparation of Provisional/Certificates of Death and obtaining Burial-Transit Permits
2. Return of human remains and personal effects to families or the proper authority (coroners, sheriff) if family is not available.

E. Fatality Surge

1. Enhancement of existing resources to respond to a surge in the number of fatalities
2. Activation of volunteer emergency sub-registrars.
3. ODH will activate its regional network(s) as necessary for the gathering and preparation of death certificates. ODH's Pandemic Influenza Mass Fatalities Aftermath Plan includes information on what measures will be taken to respond to fatality surge that is applicable to all mass fatality incidents.

II. SCOPE

This Plan is applicable to acute mass fatality operations within the State of Ohio to be carried out by the identified state agencies and non-governmental agencies and organizations. Acute incidents are those that are sudden and short-lived. Acute mass fatality incidents do not include deaths due to prolonged, non-acute incidents such as pandemics.

County Coroners have jurisdiction over acute mass fatalities within their jurisdiction. When a County Coroner deems that the number of fatalities exceeds local resources and capabilities to effectively handle a mass fatality incident, they may request that the County EMA Director request state-level assistance or request mutual aid from another jurisdiction. When requested,

appropriate State-level Emergency Support Functions (ESFs) will be notified of possible activation early in the incident assessment phase.

State-level response to non-acute mass fatalities is covered under a separate Plan, Tab n to ESF-8 of the Ohio EOP, the Non-Acute Mass Fatality Incident Response Plan.

III. SITUATION & ASSUMPTIONS

A. Situation

General Situation

1. The Ohio Revised Code does not discuss or set forth the responsibilities or duties of either local health department Medical Directors or the Director of Health in a mass fatality situation.
2. ODH is the primary agency for Tab n to ESF-8 of the Ohio EOP, the Acute Mass Fatality Incident Response Plan of the Ohio Emergency Operations Plan. Various sections of this Annex set forth the responsibilities of the Primary Agency and Support Agencies to this Tab.
3. State agency personnel, and the staff of other agencies and non-governmental agencies will work together, at the scene, at the Family Assistance Center, at the incident morgue, and at the State EOC to manage the safe recovery of the deceased with dignity and respect and will provide care to the living.
4. The need for, and the amount and type of specific support services and resources will vary with the type of incident. For example, an explosion can create fragmented remains over a wide area, which may increase the number of personnel needed for a search and recovery team.
5. For some public health emergencies, such as a chemical weapons attack, or plane crash, there may be no warning, causing multiple casualties and fatalities within a short period of time.

Hazards

6. The State of Ohio faces a number of hazards which may cause emergency situations.
7. Hazards that could result in acute mass fatalities include:
 - a. Tornado
 - b. Earthquake
 - c. Terrorism, including the use of biological, chemical, radiological or incendiary devices
 - d. Fire
 - e. Hazardous Material releases and contaminations

- f. Transportation Accidents.
- g. Fast-developing epidemics due to infectious agents (naturally occurring or as result of a bioterrorism attack)
- h. Nuclear or radiological disasters
- i. Toxic release of substance in air or water
- j. Explosions
- k. Building collapse
- l. Other miscellaneous hazards

County Coroners

- 8. County Coroners have jurisdiction for acute mass fatality events at the local level.
- 9. County Coroners are responsible for care of the dead in coordination with local law enforcement agencies. County Coroners may appoint deputies and delegate the same authorities to those deputies.
- 10. If the Coroner is not able to appoint an alternate Coroner, the Ohio Revised Code calls for the Central Committee of the current Coroner's political party will select an individual to act in place of the coroner if the coroner is unable or unavailable to perform his duties.
- 11. If a Coroner's Office is incapacitated, then alternate coroner services will be established pursuant to ORC 313.04, which states that when unable to discharge the duties of their office, a Coroner may appoint a person with the necessary qualifications to act as coroner during such absence, service or disability.
- 12. County Coroners and the Incident Commander will determine whether local resources and capabilities, will be, or have been exceeded, and if so, determine what response is necessary.

Death Registration

- 13. Ohio's death registration system can handle a surge of up to 50% of the current average number of deaths without activation of a regional system. The Electronic State's Death Registration System (EDRS) will be used to collect data for death registration and to monitor the surge. If registration resources are affected by the event or the deaths exceed the surge capacity, a regional system of registration will be used.
- 14. Family Assistance Centers (FAC) will be the locations for the preparation of necessary paperwork related to the final distribution of remains, and will be the point of coordination for the return of remains to the family's chosen funeral director.

DMORT

- 15. Disaster Mortuary Operational Response Teams (DMORT) are teams of forensic specialists who respond to mass fatality events through the National Disaster Medical System. DMORT teams are composed of private citizens, with specific expertise. All

States recognize team members' licensure and certification. The DMORTs are directed by the NDMS in conjunction with a Regional Coordinator of the ten Federal regions. Region V DMORT covers 5 states, including Ohio.

16. DMORT teams will be requested by the State EOC. DMORT does not establish command and control over the fatality management operation, but will be integrated into the local ICS structure.
17. DMORT, when activated, will be available to assist under the direction of County Coroners.
18. One of the DMORT teams is a WMD team, which is capable of decontaminating chemically contaminated remains and monitoring them to ensure they are free of chemical agents.
19. When activated, the regional DMORT team provides victim identification and mortuary services. Their capabilities include:
 - a. Incident morgue facilities operation
 - b. Victim identification Autopsy and Pathologic examination
 - c. DNA Specialists
 - d. FAC specialists
 - e. Fingerprint Specialists
 - f. Forensic dental pathology
 - g. Forensic anthropology
 - h. Human remains preparation and processing
 - i. Disposition of remains as established by an MOU with NDMS.

B. Assumptions

1. This Plan assumes that a local- or state-level emergency is anticipated or has been declared. The emergency can be the result of an intentional or unintentional occurrence, or as a result of a natural disaster.
2. All mass fatality incident responses will be conducted in accordance with the Incident Command System and the National Incident Management System..
3. Any major disaster may result in extensive property damage and the possibility of a large number of deaths, which may require extraordinary procedures.
4. Behavioral health issues will be apparent in mass-fatality incidents, causing increased demand for behavioral health treatment and intervention support services to local Behavioral and Mental Health Boards.
5. Mortuary service resources located throughout the state will be available for use during emergency situations; however, some of these resources may be adversely impacted by the emergency.

6. Victims of attacks from some communicable biological agents may serve as carriers of the disease with the capability of infecting others.
7. A chemical accident or terrorist attack that results in fatalities will influence the processing of remains.
8. Following an event that results in mass fatalities, fear and panic can be expected from the public, casualties, health care providers, and the worried well.
9. A terrorist act will require the Federal Bureau of Investigation (FBI) to be in control of evidence and investigation.
10. Proper and timely completion of death registrations will be accomplished through use of the Electronic Death Registration System.
11. The Death Registration System may become overwhelmed. ODH will act to streamline the process when necessary. This may be done by evoking the use of Provisional Death Certificates on a short term basis as well as activating the Sub-Registrar pool of available resources.
12. It is estimated that approximately 500 cremations per day can be performed in Ohio. In an emergency, other resources for performing human cremations may include pet facilities and facilities that perform multiple-body cremations.
13. Local-jurisdiction planning for a mass fatality event will be coordinated with existing Coroner authority, local EMA plans and ODH's regional disaster preparedness planning efforts and activities, and be consistent with this Annex.
14. Existing storage capacity in morgues in Ohio may be exceeded during mass casualty events. DAS will assist in identifying buildings/facilities within Ohio with refrigeration capabilities and other capabilities that would make them useful in mass fatalities incidents.

IV. CONCEPT OF OPERATIONS

Law Enforcement and Security

- A. During a public health emergency involving mass fatalities, many entities at many levels will be involved. Local law enforcement departments and county coroners are responsible for investigating acute deaths that are not due to natural causes or that do not occur in the presence of an attending physician. Local law enforcement is also responsible for security at the incident scene, the morgue site and at family assistance centers. State-level law enforcement resources may be assigned to assist through ESF-13 – Law Enforcement.

Disposition of Human Remains

- B. County coroners, pursuant to ORC 313, are responsible for determining cause and manner of death, authorizing autopsies to determine the cause of death, authorizing forensic investigations to identify unidentified bodies, and authorizing removal of bodies from incident sites.
- C. Remains will be recovered and evacuated, while preserving the scene, to the incident morgue for identification and to safeguard personal effects found on and with the dead. When authorized by officials and the family, the mortuary response team shall prepare, process and release the remains for final disposition.
- D. Once remains have been positively identified, the next of kin or their representative will be contacted. The Coroner; or at the direction of the Coroner, the mortuary response team, will coordinate the release of the remains and personal effects to the next of kin or their representative. If the remains are unidentified, the Coroner will make the decision and provide direction regarding the disposition of the remains.
- E. If ordered to be a necessity by the Director of the Ohio Department of Health or a county Health Director, mass burials will be performed under the direction of the Coroner. Mass burials will be performed only as a last resort. All human remains subject to mass burials will be individually contained and identified for possible future disinterment and reburial.

In carrying out mass burials and cremations, Sec 4717.13 of the Ohio Revised Code will be complied with regarding the use of tags encased in durable and long-lasting material that contains name, date of birth, date of death and SS# durably accompanying the deceased, and the prohibitions of operators of crematory facilities from simultaneously cremating more than one body in the same cremation chamber or cremating human bodies in the same cremation chamber used for animals.

- F. The County Coroner's office is responsible for determining cause and manner of death, authorizing autopsies to determine the cause of death, authorizing forensic investigations to identify unidentified bodies, and authorizing removal of bodies from incident sites. Information regarding the status of morgue operations will be coordinated by and through the Coroner.
- G. In a mass fatality incident, situations may arise where family and others are not available to decide on the disposition of the deceased. The state code assigns jurisdiction and responsibility for the disposition of unclaimed bodies to Townships. Under an emergency order from ODH that authorizes the temporary interment of the deceased, the Ohio Revised Code calls for Townships to fund temporary interment of the deceased and county Coroners to coordinate with local funeral homes on the logistics for temporary disposition and temporary individual containment interment of the deceased in cases where family/others are not available and where the system can not keep up with the demand for burial of the deceased.

- H. County Coroners will coordinate mortuary service providers to collect bodies of victims from the scene and from hospitals, morgues, incident morgue facilities and other locations, and will coordinate with next of kin for the disposition of remains.

Logistics and Resource Acquisition

- I. When the County Coroner determines that the number of fatalities exceeds local resources and capabilities to effectively handle the situation, they may request that the County EMA Director request state-level assistance.
- J. When faced with a fatality surge that stresses the capacity for carrying out cremations in a region or localized area, DAS and OBEFD will survey crematory facilities to identify the maximum number of cremations that can be performed.
- K. When faced with a fatality surge that stresses the capacity for carrying out cremations in a region or localized area, DAS and OBEFD will identify crematory facilities, embalming facilities, and funeral homes within or accessible to the region.
- L. When faced with a fatality surge that stresses the capacity for carrying out cremations in a region or localized area, DAS and OBEFD will survey crematory facilities, embalming facilities, and funeral homes to identify storage capacity, refrigeration, backup generator, and number of hearses/vehicles available to transport bodies.

Family Assistance Centers

- M. Family Assistance Centers (FAC) will be set up at locations convenient to mass fatality incidents, but removed from the mainstream of activities. A staff of trained funeral service professionals will assist appropriate agencies in dealing with families of the deceased.
- N. The purpose of an FAC is to provide a secure, comfortable location for the collection of information on the deceased to assist in their identification and for the provision of comforting services to families of the deceased. A comprehensive VIP interview form will be completed by each family with assistance from an FAC Team Member.
- O. The Ohio Department of Health will lead efforts to work with other agencies including the Ohio Funeral Directors Association, Ohio Board of Embalmers and Funeral Directors, Ohio Highway Patrol, the Ohio Department of Administrative Services, and the State Fire Marshal's Office to ensure proper credentialing of persons who volunteer to assist at the scene or at an FAC. DAS will work with the Office of Information Technology to determine the availability of existing systems to prepare ID's and developing of a database to massage registration data by profession, etc.
- P. Under direction of the Coroner, Family Assistance Center staff will ensure that proper victim identification forms and ante-mortem interviews are completed and will ensure the use of current VIP interview forms.

Behavioral Health

- Q. If local resources are unable to adequately respond to need, state agency-level behavioral and mental health support agencies will assist in securing these services through mutual aid in support of local Behavioral and Mental Health Boards and other local entities that provide ongoing and acute services.

Security

- R. Coroners and law enforcement will work together to ensure security at the scene, the morgue site, and at family assistance centers.

Public Information

- S. The JIC may be requested to produce press releases or conduct press conferences in response to needs identified by the Incident Commander or other entities. Authorized JIC supporting agencies and individuals will be limited to providing public health information and will coordinate with other agencies, including the Agency PIOs, County Coroners and/or his assistant(s) to provide joint press releases at the JIC, if established.

Mutual Aid and External Resources

- T. When mass fatalities have occurred, it may be necessary to obtain additional mortuary service assistance either through mutual aid or the application of resources through this Annex.
- U. The OFDA-MRT operates the Ohio Portable Morgue Unit (OPMU) that is insured and maintained by the OFDA-MRT and is available via a formal EMA/Coroner Request.
- V. All equipment in the Ohio PMU is compatible with the Federal equipment and will help to provide a seamless integration should an event go from a state level to a federal level during its evolution. The OPMU is a depository of equipment and supplies for deployment to a disaster site required to set up a temporary morgue. It contains a complete morgue with designated workstations for each processing element and prepackaged equipment and supplies.
- W. If state-level resources and capabilities are exceeded, the state will, through the EOC, obtain necessary resources through enacted MOUs, Inter-agency agreements, EMAC and other agreements.

Death Registration and Vital Statistics

- X. The ODH Office of Vital Statistics will assist with administrative tracking of the disposition of remains as deemed necessary by the Director of Health due to the number of fatalities utilizing the EDRS system. Reports generated by the EDRS system will be available to all necessary entities through the Regional Vital Statistics Centers.

- Y. Personal physicians, health care facility (acute and long term care) physicians, may be involved, at least in some stages, with death registrations and certification in a mass fatality event. Other physicians who might also be involved in a mass fatality event include the local Health Commissioner (or Medical Director), Institutional Agency Medical Directors, Emergency Medical Services Medical Directors, as well as the Director of ODH.
- Z. Disaster conditions permitting, an estimate of the number of confirmed deaths must be made. This information will be retrieved from the state EDRS system. An estimate of the overall number of fatalities will be made by the Incident Commander in consultation with the Coroner and the estimate will be provided to the JIC.

V. ASSIGNMENT OF RESPONSIBILITIES

A. Primary Agency

- 1. Ohio Department of Health (ODH)
 - a. When available burial resources and systems can not keep up with demand, issue orders for temporary interment of the deceased.
 - b. Lead efforts to work with other support agencies to ensure proper credentialing of persons who volunteer to assist at the scene or at an FAC.
 - c. Provide assistance to ensure that proper victim identification forms are used and that ante-mortem interviews are completed using the proper VIP forms at FACs.
 - d. Assist with administrative tracking of the disposition of remains utilizing the Electronic Death Registration System.
 - e. Make available reports generated by the EDRS system to all necessary entities through the Regional Vital Statistics Centers.
 - f. Support the use of the EDRS among local Health Commissioners, Medical Directors and Institutional Agency Medical Directors
 - g. Disaster conditions permitting, provide assistance to make estimates of the number of confirmed deaths using the EDRS system and information from the Incident Commander in consultation with the Coroner and provide the estimate to the JIC for proper dissemination.

B. Support Agencies

- 1. Ohio Funeral Directors Association – Mortuary Response Team (OFDA-MRT)
 - a. When authorized by the Coroner, assist with the preparation processing and release of human remains for final disposition.

- b. In coordination and at the direction of the County Coroner, assist in the release of human remains and personal effects to the next of kin or their representative.
- c. If ordered to be a necessity by the Director of the Ohio Department of Health or a county Health Director, assist County Coroners in administration necessary to carry out mass burials under the direction of the Coroner.
- d. When necessary, assist the County Coroner's office in determining the cause and manner of death, authorizing autopsies to determine the cause of death, authorizing forensic investigations to identify unidentified bodies, and authorizing removal of bodies from incident sites.
- e. When family and others are not available to decide on the disposition of the deceased, and where the burial system can not keep up with the demand for burial of the deceased, under an emergency order from ODH that authorizes the temporary interment of the deceased assist County Coroners in coordination with local funeral homes on the logistics for temporary disposition and temporary individual containment interment of the deceased.
- f. Coordinate with mortuary service providers to collect bodies of victims from the scene and from hospitals, morgues, incident morgue facilities and other locations, and coordinate with next of kin for the disposition of remains.
- g. When faced with a fatality surge that stresses the capacity for carrying out cremations in a region or localized area, assist in the surveying of crematory facilities, embalming facilities, and funeral homes within or accessible to the region and assist in the determination of the maximum number of cremations that can be performed.
- h. When faced with a fatality surge that stresses the capacity for carrying out cremations in a region or localized area, assist in the surveying of crematory facilities, embalming facilities, and funeral homes to identify storage capacity, refrigeration, and number of hearses/vehicles available to transport bodies.
- i. Assist in the establishment of FACs at locations convenient to mass fatality incidents, but removed from the mainstream of activities. Assist appropriate agencies in providing services to families of the deceased.
- j. Assist in providing services to establish FACs as secure, comfortable locations for the collection of information on the deceased to assist in their identification and for the provision of comforting services to families of the deceased.
- k. Provide assistance to ensure that proper victim identification forms are used and that ante-mortem interviews are completed using the proper VIP forms at FACs.
- l. Provide management in the deployment and operation of the Ohio Portable Morgue Unit (OPMU).

- m. Disaster conditions permitting, provide assistance to make estimates of the number of confirmed deaths using the EDRS system and information from the Incident Commander in consultation with the Coroner and provide the estimate to the JIC for proper dissemination.
2. Central Ohio Chapter, American Red Cross (ARC)
 - a. Assist appropriate agencies in interviewing and otherwise assisting families of the deceased at FACs.
 - b. Assist in efforts to maintain a secure, comfortable location for the collection of information on the deceased to assist in their identification and for the provision of comforting services to families of the deceased at FACs.
 - c. If local resources are unable to adequately respond to need, assist in providing disaster mental health support services to victims' families.
 - d. In the event of an Aviation Disaster, the Federal Family Assistance Plan for Aviation Disasters assigns Victim Support Task 3 (VST-3) - Family Care and Mental Health to the American Red Cross. The family care and mental health components include all support services that could help survivors, family members and response workers deal with trauma and activities that occur following a disaster.
 3. Salvation Army (SA)
 - a. Assist appropriate agencies in interviewing and otherwise assisting families of the deceased at FACs.
 - b. Assist in efforts to maintain a secure, comfortable location for the collection of information on the deceased to assist in their identification and for the provision of comforting services to families of the deceased at FACs.
 - c. If local resources are unable to adequately respond to need, assist in providing disaster mental health support services to victims' families.
 4. Ohio Department of Mental Health (ODMH)
 - a. If local resources are unable to adequately respond to need, assist in securing support services to local mental health and behavioral health Boards.
 5. Ohio Department of Alcohol and Drug Addiction Services (ODADAS)
 - a. If local resources are unable to adequately respond to need, assist in securing support services to local alcohol and drug addiction services agencies.

6. Ohio State Coroners Association (OSCA)
 - a. When necessary, assist county coroners with the investigation of deaths that are not due to natural causes or that do not occur in the presence of an attending physician.
 - b. When authorized by officials and the family assist with the preparation processing and release of human remains for final disposition.
 - c. In coordination and at the direction of the County Coroner, assist in the release of human remains and personal effects to the next of kin or their representative.
 - d. If ordered to be a necessity by the Director of the Ohio Department of Health or a county Health Director, assist County Coroners in administration necessary to carry out mass burials under the direction of the Coroner.
 - e. When necessary, assist the County Coroner's office in determining the cause and manner of death, authorizing autopsies to determine the cause of death, authorizing forensic investigations to identify unidentified bodies, and authorizing removal of bodies from incident sites.
 - f. When family and others are not available to decide on the disposition of the deceased, and where the burial system can not keep up with the demand for burial of the deceased, under an emergency order from ODH that authorizes the temporary interment of the deceased assist County Coroners in coordination with local funeral homes on the logistics for temporary disposition and temporary individual containment interment of the deceased.
 - g. Coordinate with mortuary service providers to collect bodies of victims from the scene and from hospitals, morgues, incident morgue facilities and other locations, and coordinate with next of kin for the disposition of remains.
 - h. Provide assistance to ensure that proper victim identification forms are used and that ante-mortem interviews are completed using the proper VIP forms at FACs.
 - i. Provide assistance to ensure that County Coroners and law enforcement work together to provide security at the scene, the morgue site, and at family assistance centers.
 - j. Disaster conditions permitting, provide assistance to make estimates of the number of confirmed deaths using the EDRS system and information from the Incident Commander in consultation with the Coroner and provide the estimate to the JIC for proper dissemination.
7. Ohio State Highway Patrol (OSHP)
 - a. When needed and with proper authority, assist local law enforcement with security at the incident scene, the morgue site and at family assistance centers through ESF-13.

- b. Assist with the evacuation of human remains and preservation of a mass fatality scene, and assist the County Coroner in safeguarding personal effects found on and with the dead.
 - c. Provide assistance to ensure that County Coroners and law enforcement work together to provide security at the scene, the morgue site, and at family assistance centers.
- 8. Adjutant General's Department, Ohio National Guard (ONG)
 - a. When needed, if available and with proper authority, assist local law enforcement with security at the incident scene, the morgue site and at family assistance centers through ESF-13.
- 9. Ohio Department of Administrative Services (DAS)
 - a. When faced with a fatality surge that stresses the capacity for carrying out cremations in a region or localized area, assist in the surveying of crematory facilities, embalming facilities, and funeral homes within or accessible to the region and assist in the determination of the maximum number of cremations that can be performed.
 - b. When faced with a fatality surge that stresses the capacity for carrying out cremations in a region or localized area, assist in the surveying of crematory facilities, embalming facilities, and funeral homes to identify storage capacity, refrigeration, and number of hearses/vehicles available to transport bodies.
 - c. Provide assistance to ensure proper credentialing of persons who volunteer to assist at the scene or at an FAC. Work with the Office of Information Technology to determine the availability of existing systems to prepare ID's and to manage a database to sort/arrange registration data by profession, etc.
 - d. If state-level resources and capabilities are exceeded, provide assistance through the EOC to obtain necessary resources through enacted MOUs, Inter-agency agreements, the EMAC and other agreements.
- 10. Ohio Environmental Protection Agency (OEPA)
 - a. If requested by the Director of the Ohio Department of Health or a county Health Director, assist County Coroners in ensuring the environmental regulations are followed in carrying out mass burials under the direction of the Coroner.

11. Ohio Emergency Management Agency (OEMA)
 - a. If state-level resources and capabilities are exceeded, provide assistance through the EOC to obtain necessary resources through enacted MOUs, Inter-agency agreements, the EMAC and other agreements.
12. Association of Ohio Health Commissioners (AOHC)
 - a. If requested by the Director of the Ohio Department of Health or a county Health Director, assist County Coroners in administration necessary to carry out mass burials under the direction of the Coroner.
 - b. When family and others are not available to decide on the disposition of the deceased, and where the burial system can not keep up with the demand for burial of the deceased, under an emergency order from ODH that authorizes the temporary interment of the deceased assist County Coroners in coordination with local funeral homes on the logistics for temporary disposition and temporary individual containment interment of the deceased.
 - c. Support the use of the EDRS among local Health Commissioners, Medical Directors and Institutional Agency Medical Directors.
13. Ohio Hospital Association (OHA)
 - a. Identify hospitals facilities that can, based on available resources, serve as morgue operations sites to provide forensic examination services.
 - b. Monitor, facilitate and support communication between hospitals and other mass fatality support operations agencies and sites.
 - c. Support the use of the EDRS among local Health Commissioners, Medical Directors hospitals and Institutional Agency Medical Directors.
14. Ohio Board of Embalmers and Funeral Directors (OBEFD)
 - a. If requested by the Director of the Ohio Department of Health or a county Health Director, assist County Coroners in administration necessary to carry out mass burials under the direction of the Coroner.
 - b. When necessary, assist the County Coroner's office in determining the cause and manner of death, authorizing autopsies to determine the cause of death, authorizing forensic investigations to identify unidentified bodies, and authorizing removal of bodies from incident sites.
 - c. Coordinate with mortuary service providers to collect bodies of victims from the scene and from hospitals, morgues, incident morgue facilities and other locations, and coordinate with next of kin for the disposition of remains.

- d. When faced with a fatality surge that stresses the capacity for carrying out cremations in a region or localized area, assist in the surveying of crematory facilities, embalming facilities, and funeral homes within or accessible to the region and assist in the determination of the maximum number of cremations that can be performed.
 - e. When faced with a fatality surge that stresses the capacity for carrying out cremations in a region or localized area, assist in the surveying of crematory facilities, embalming facilities, and funeral homes to identify storage capacity, refrigeration, and number of hearses/vehicles available to transport bodies.
 - f. Disaster conditions permitting, provide assistance to make estimates of the number of confirmed deaths using the EDRS system and information from the Incident Commander in consultation with the Coroner and provide the estimate to the JIC for proper dissemination.
15. Ohio Department of Transportation (ODOT)
- a. When faced with a fatality surge that stresses the capacity for carrying out cremations in a region or localized area, assist in the surveying of crematory facilities, embalming facilities, and funeral homes to identify storage capacity, refrigeration, and number of hearses/vehicles available to transport bodies.
16. Ohio Pathologists Association (OPA)
- a. When necessary, assist county coroners with the investigation of deaths that are not due to natural causes or that do not occur in the presence of an attending physician.
 - b. When authorized by officials and the family assist with the preparation processing and release of human remains for final disposition.
 - c. When necessary, assist the County Coroner's office in determining the cause and manner of death, authorizing autopsies to determine the cause of death, authorizing forensic investigations to identify unidentified bodies, and authorizing removal of bodies from incident sites.