

FATALITY MANAGEMENT

Capability Definition

Fatality Management is the capability to effectively perform scene documentation; the complete collection and recovery of the dead, victim's personal effects, and items of evidence; decontamination of remains and personal effects (if required); transportation, storage, documentation, and recovery of forensic and physical evidence; determination of the nature and extent of injury; identification of the fatalities using scientific means; certification of the cause and manner of death; processing and returning of human remains and personal effects of the victims to the legally authorized person(s) (if possible); and interaction with and provision of legal, customary, compassionate, and culturally competent required services to the families of deceased within the context of the family assistance center. All activities should be sufficiently documented for admissibility in criminal and/or civil courts. Fatality management activities also need to be incorporated in the surveillance and intelligence sharing networks, to identify sentinel cases of bioterrorism and other public health threats. Fatality management operations are conducted through a unified command structure

Outcome

Complete documentation and recovery of human remains and items of evidence (except in cases where the health risks posed to personnel outweigh the benefits of recovery of remains). Remains receive surface decontamination (if indicated) and, unless catastrophic circumstances dictate otherwise, are examined, identified, and released to the next-of-kin's funeral home with a complete certified death certificate. Reports of missing persons and ante mortem data are efficiently collected. Victims' family members receive updated information prior to the media release. All hazardous material regulations are reviewed and any restrictions on the transportation and disposition of remains are made clear by those with the authority and responsibility to establish the standards. Law enforcement agencies are given all information needed to investigate and prosecute the case successfully. Families are provided incident-specific support services.

Relationship to National Response Plan ESF Annex

This capability supports the following Emergency Support Functions (ESFs):

- ESF #4: Firefighting
- ESF #8: Public Health and Medical Services
- ESF #9: Urban Search and Rescue
- ESF #10: Oil and Hazardous Materials Response
- ESF #13: Public Safety and Security

Preparedness Tasks and Measures/Metrics

Activity: *Develop and Maintain Plans, Procedures, Programs, and Systems*

Critical Tasks

Res.C4a 1.1	Identify entity responsible for developing and maintaining plans, procedures, programs and systems across all hazards
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Res.C4a 1.1.1	Involve Medical Examiner/Coroner (ME/C), emergency preparedness, public health, hospitals, and funeral directors, at a minimum, in the development of plans and procedures	
Res.C4a 1.1.2	Develop and maintain comprehensive fatality management mission critical list (i.e., facilities, personnel and agencies)	
Res.C4a 1.1.3	Develop contingency plan for obtaining surge personnel for fatality management	
ResC4a 1.2	Develop plans, procedures, protocols, and systems for Scene Operations	
ResC4a 1.3	Develop plans, procedures, protocols, and systems for Morgue Operations	
ResC4a 1.4	Develop plans, procedures, protocols, and systems for Antemortem Data Management	
ResC4a 1.5	Develop plans, procedures, protocols, and systems for Victim Identification	
ResC4a 1.6	Develop plans, procedures, protocols, and systems for Final Disposition	
ResC4a 1.6.6	Develop contingency plans for final disposition of remains	
ResC4a 1.7	Develop plans, procedures, protocols, and systems for Fatality Surge	
Preparedness Measures		Metrics
A comprehensive fatality management plan is in place		Yes/No
Fatality management plan addresses management of facilities (e.g. morgue locations, portable and temporary morgues, decontamination, storage)		Yes/No
Fatality management plan addresses management of family relations (e.g. notification, grief services, antemortem information)		Yes/No
Fatality management plan addresses victim identification (e.g. conduct DNA, finger/palm/foot print analysis; compare morgue and Family Assistance Center information)		Yes/No
Fatality management plan addresses antemortem data management (e.g. establish record repository and its housing facility, conduct DNA collection of family members, enter interview data into library, balance victim needs with those who have lost family members)		Yes/No
Fatality management plan addresses personnel needs (e.g. medical, psychological, financial assistance)		Yes/No
Fatality management plan addresses documenting on-site Fatality Management operations (e.g. photographing, measuring, obtaining witness statements)		Yes/No
Frequency with which the comprehensive fatality management mission critical list (i.e., facilities, personnel and agencies) is reviewed and updated		Every 12 months
Frequency with which contingency plans with local, State, and private entities regarding final disposition of remains (e.g., contaminated, unclaimed remains) are updated		Every 2 years
Frequency with which contingency plans with local, State, and private entities regarding surge (e.g., pandemic flu, natural disasters, terrorism) are updated		Every 2 years
Frequency with which the collection, storage and management of antemortem data is updated		Every 2 years

Activity: *Develop and Maintain Training and Exercise Programs*

Critical Tasks

Res.C4a 2.1	Develop and implement training programs for fatality management
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Res.C4a 2.2	Develop and implement exercise programs for fatality management	
Preparedness Measures		Metric
Frequency with which training is conducted for augmented fatality management personnel (i.e., law enforcement, fire, dental ID team, anthropologists, funeral directors)		Every 2 years
Frequency with which exercises are conducted contingency plans with local, State, and private entities regarding final disposition of remains (i.e., contaminated, unclaimed remains)		Every 2 years
Frequency with which exercises are conducted for contingency plans with local, State, and private entities regarding surge (i.e., pandemic flu, natural disasters, terrorism)		Every 2 years
Frequency with which training is conducted on the collection, storage and management of antemortem data		Every 2 years

Performance Tasks and Measures/Metrics

Activity: Direct Fatality Management Tactical Operations		
Definition: Direct all internal Fatality Management Operations, coordinating with other capabilities as needed		
Critical Tasks		
Res.C4a 3.1	Coordinate Fatality Management	
Res.C4a 3.6.1	Coordinate Federal mortuary/morgue services	
Res.C4a 3.6.2	Coordinate with local legal authority in mortuary affairs	
Res.C4a 3.4.3	Coordinate State assistance for next-of-kin notification and collection of antemortem information	
Res.C4a 3.1.1	Identify medico-legal authority	
Res.C4a 3.1.2	Coordinate with medical facility/Department of Public Health/general medical community	
Res.C4a 3.2.1	Develop fatality management inputs to an incident action plan (IAP) by evaluating previously developed plans, procedures, protocols, and systems	
Res.C4a 3.1.4	Coordinate with public health and regulatory agencies to develop plans, procedures, and protocols to protect fatality management personnel from infectious diseases, environmental, radiological, chemical, and other hazards when handling remains	
Res.C4a 3.3.1	Identify key morgue staff	
Res.C4a 3.4.1	Identify Medical Examiner/Coroner staff for antemortem data collection in Family Assistance Center	
Res.C4a 3.5.1	Coordinate regional and State assistance for victim identification and mortuary services, and the processing, preparation, and disposition of remains	
Performance Measures		Metric
Surge morgue resources are activated		Yes/No
Time in which suitable facilities for fatality management activities are located		Within 18 hours from report of deceased victims

Activity: Activate Fatality Management Operations**Definition: Notify and mobilize appropriate personnel**

Critical Tasks	
Res.C4a 4.1	Activate scene operations
Res.C4a 4.2.1	Mobilize medical examiner/coroner
Res.C4a 4.2.5	Provide primary care physician with medico-legal authority
Res.C4a 4.3.1	Deploy portable morgue as appropriate
Res.C4a 4.2	Activate and implement fatality surge plan
Res.C4a 4.3.2	Determine morgue location
Res.C4a 4.4	Request activation of DMORT as appropriate
Performance Measures	Metric
Appropriate number of physicians with medical legal authority are available based on incident needs	Yes/No
Time in which functional morgue facilities (e.g., portable morgue) are set up	Within 24 hours from arrival on-scene
Time in which surge resources and personnel are operational	Within 12 hours from callout
Time in which DMORT arrives on-scene and sets up	Within 72 hours from callout

Activity: Conduct On-scene Fatality Management Operations**Definition: Conduct scene evaluation, document, and remove fatalities from scene**

Critical Tasks	
Res.C4a 5.1	Conduct scene survey for fatality management operations
Res.C4a 5.2	Document scene for fatality management operations
Res.C4a 5.2.2	Document (photograph, measure, obtain witness statements) in a manner consistent with the Medical Examiner/Coroner's incident plan
Res.C4a 5.3.1	Gather forensic evidence for fatality management operations
Res.C4a 5.5	Remove remains to staging
Res.C4a 5.4	Decontaminate remains
Res.C4a 5.5.2	Recover human remains in a dignified manner
Res.C4a 5.5.3	Transport remains to staging
Res.C4a 5.	Transfer remains from staging to morgue operations

Performance Measures	Metric
Time in which initial scene survey is completed	Within 2 hours from notification
Time in which appropriate refrigerated storage units arrive on-scene	Within 48 hours from notification

Activity: *Conduct Morgue Operations*

Definition: Store remains temporarily, and conduct multi-specialty forensic analysis of human remains to determine the cause and manner of death

Critical Tasks	
Res.C4a 6.1	Implement morgue operations
Res.C4a 6.3	Receive remains at morgue
Res.C4a 6.4	Store human remains
Res.C4a 6.6.2	Package personal effects found with remains for return to next of kin (if possible)
Res.C4a 6.5	Perform autopsies
Performance Measures	Metric
Percent of remains tracked through morgue	100%
Percent of personal effects tracked with appropriate set of remains	100%
Percent of complete and accurate records following quality control procedure	100%

Activity: *Manage Antemortem Data*

Definition: Initiate plan for the collection and management of antemortem information from family members and other sources

Critical Tasks	
Res.C4a 7.1	Activate antemortem data collection activities
Res.C4a 7.1.1	Establish antemortem record repository and its housing facility
Res.C4a 7.2	Conduct collection of antemortem information
Res.C4a 7.2.3	Conduct DNA collection of family members
Res.C4a 7.4	Enter data obtained in interviews into library
Res.C4a 7.3	Implement a balanced approach to address the needs of victims versus those families who have lost family members
Performance Measures	Metric
Time in which a communications system is activated for the general public to report missing persons	Within 60 minutes from incident
Time in which first public announcement is made of missing persons reporting	Within 4 hours from incident

Time in which Jurisdictional Medical Examiner/Coroner (ME/C) participates in the family assistance center (if one is established)	Within 2 hours from Family Assistance Center establishment
Time in which the antemortem information collection process is activated and staffed	Within 48 hours from incident
Time in which the repository/library is ready to receive antemortem victims' records from establishment of Family Assistance Center (FAC)	Within 48 hours from incident

Activity: Conduct Victim Identification

Definition: Compile antemortem records of missing individuals and compare those to the repository of postmortem data collected through On-scene and Morgue Operations

Critical Tasks

Res.C4a 8.1	Activate victim identification operations
Res.C4a 8.2.5	Compare data from morgue and Family Assistance Center
Res.C4a 8.2.1	Conduct DNA analysis as indicated
Res.C4a 8.2.2	Conduct fingerprint/palmprint/footprint analysis
Res.C4a 8.2.3	Check with local/State/Federal/international databases
Res.C4a 8.3	Identify remains

Performance Measures	Metric
Percent of recovered remains identified	100%
Time in which antemortem and postmortem medical, dental, and fatality management databases are ready to receive records from establishment of Family Assistance Center (FAC)	Within 48 hours from FAC establishment

Activity: Conduct Final Disposition

Definition: Return the human remains and personal effects to the families or designated legal authority (ie, ME/C, Sheriff) for final disposition following recovery, decontamination, determination of the cause and manner of death and positive identification

Critical Tasks

Res.C4a 9.1	Activate final disposition operations
Res.C4a 9.1.1	Issue death certificate
Res.C4a 9.2	Notify next-of-kin
Res.C4a 9.2.1	Release remains to next-of-kin or local authorities if no next-of-kin are identified
Res.C4a 9.2.4	Return affects to next-of-kin

Performance Measures	Metric
Percent of deceased individuals for whom death certificate is issued	100%

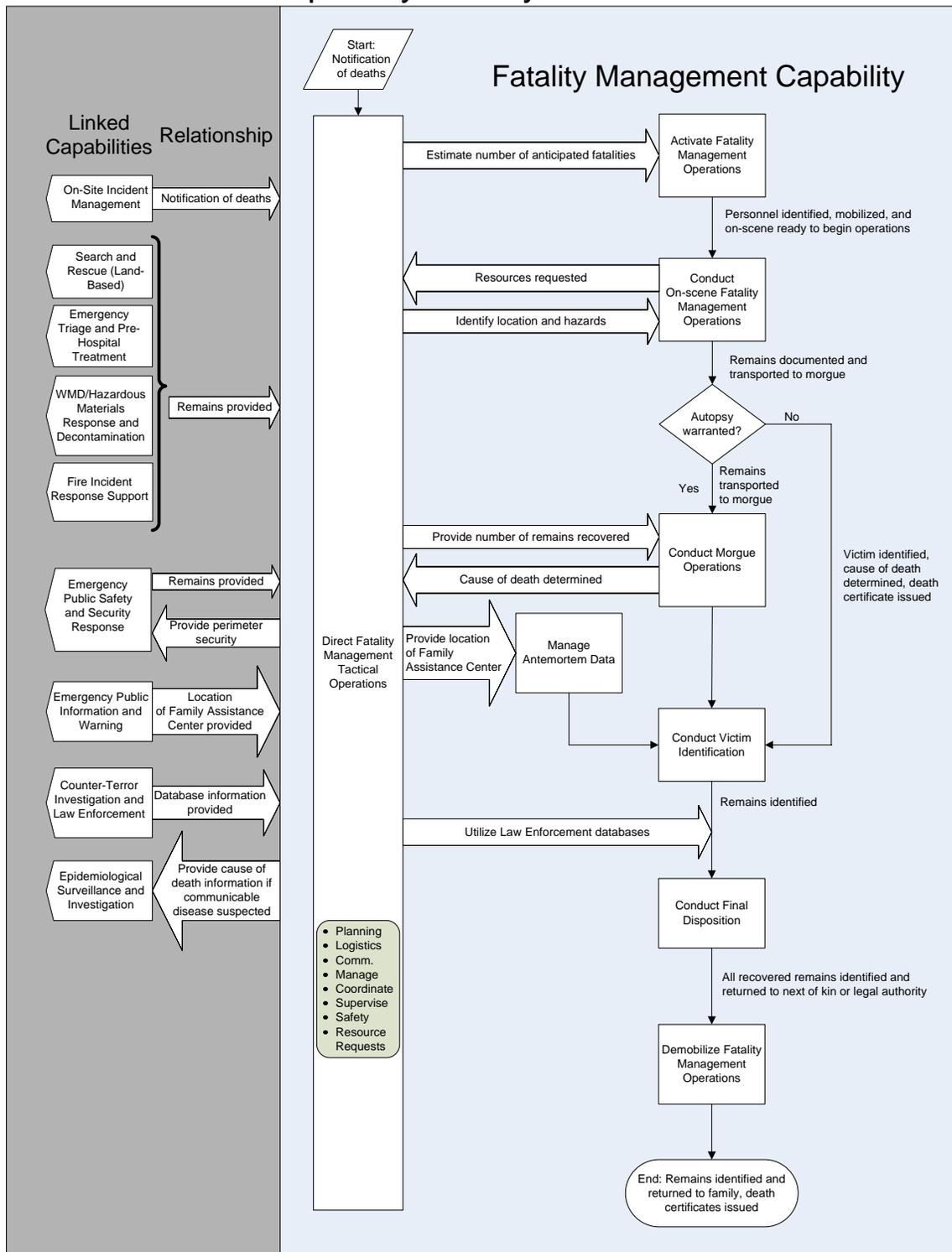
Activity: Demobilize Fatality Management Operations**Definition: Return all fatality management assets and resources to pre-incident readiness levels**

Critical Tasks		
Res.C4a 10.2	Reconstitute fatality management personnel and equipment	
Res.C4a 10.2.1	Participate in operational review of fatality management operations	
Res.C4a 10.3.1	Identify fatality management staff post-operational needs	
Res.C4a 10.3.2	Provide information to fatality management personnel on where and how to obtain medical, psychological, and financial assistance	
Performance Measures		Metric
Time in which irretrievable resources are re-ordered		Within 48 hours from start of demobilization
Percent of fatality management personnel participating in operational review		100%

Linked Capabilities

Linked Capability	Relationship
On-Site Incident Management	Fatality Management integrates itself into the local Incident Command/Unified Command system. On-Site Incident Management also provides the initial notification of deaths to Fatality Management.
Search and Rescue (Land-Based)	Fatality Management receives deceased victims from Search and Rescue (Land-Based) personnel.
Emergency Triage and Pre-Hospital Treatment	Fatality Management receives deceased victims from Emergency Triage and Pre-Hospital Treatment personnel.
WMD and Hazardous Materials Response and Decontamination	Fatality Management receives deceased victims from HazMat personnel.
Fire Incident Response Support	Fatality Management receives deceased victims from Fire Incident Response Support personnel.
Emergency Public Safety and Security Response	Fatality Management receives deceased victims from Emergency Public Safety and Security Response personnel. This capability also provides perimeter security for Morgue Operations.
Emergency Public Information and Warning	Emergency Public Information provides information on family assistance to next-of-kin
Counter-Terror Investigation and Law Enforcement	Fatality Management receives access to law enforcement databases to aid the victim identification.
Epidemiological Surveillance and Investigation	Fatality Management coordinates with Epidemiological Surveillance and Investigation in determining if a death is the result of an exposure or disease.

Capability Activity Process Flow



Resource Element Description

Resource Elements	Components and Description
Department of Defense Mortuary	
Disaster Mortuary Operational Response Team (DMORT) – Type 1	Per NIMS
DMORT - WMD	Per NIMS
DMORT-Family Assistance Center (FAC)	Personnel: Family Assistance Center (FAC) manager, DNA specialist, data entry, administrative, FAC core support elements, scheduler, medical records specialist, interview specialist, language interpreter (all necessary languages), antemortem IT/communications team, notification team, social services rep/Chaplain, ME/C public affairs officer
Deployable Portable Morgue Unit (DPMU)	Per NIMS
Morgue Operations Team	Personnel: Funeral director or embalmer, body tracker (should be funeral directors, medico-legal investigators (MLI) or similar), forensic odontologist team, fingerprint specialist, X-Ray technician or radiologist, postmortem IT manager, post-mortem data entry clerk, forensic anthropologist, DNA specialist, forensic pathology team, PE technician (MLI), evidence technician (LEO), lab technicians, security team, safety officer
Morgue Security Team	
DOJ/FBI Evidence Response Team Unit	
Body Recovery Unit	
Medical Support Team	
Field Investigative Unit	Per DPMU. Personnel: Medico-Legal Investigator (MLI), Law Enforcement Investigative Unit, Photographer (Photo), Scribe/GPS coordinates (Scribe), Anthropologists, Dental Team
Scene Logistics Team	
Escort Security Team (provided by ESF 13)	
FM Staging Security Team	
Incident Historian	
Remains Decontamination Team	
Underwater Recovery Team (provided by ESF 9)	
Jurisdictional Medical Examiner/Coroner (ME/C)	
Refrigerated storage	
Mortuary Officers (Funeral Directors)	
Family Assistance Center (FAC)	

Resource Elements	Components and Description
personnel/Antemortem Data Collection Team	
Medical Examiner/Coroner Public Affairs Officer	
ME/C Public Information Officer	
Scene operations personnel/Recovery Team: (per 12 hr shift)	
Safety Officer	
Scene Communications Team	
Storage Officer	
FAC Manager	
DNA Specialist	20 personnel from law enforcement or DNA specialists per shift
Data entry	
Administrative	
Scheduler	
Medical Records Specialist	
Interview Specialist	
Language Interpreter (all necessary languages)	
Antemortem IT/Communications Team	
Notification Team	
Social services representative /chaplain	
Law Enforcement	
Embalming Section	
Body Tracker	One or more Funeral Directors, MLIs, or similar personnel
Dental Section	
Fingerprint Section	
Radiology Section (digital equipment)	
Postmortem IT Manager	
Post-Mortem Data Entry Clerk	
Anthropology Section	
DNA Section	
Pathology Section	
Personnel Effects and Photography Section	
Logistics Section	
Safety Officer	
Medical Team	

Resource Elements	Components and Description
City Engineers/Inspectors	
State Dental Association (Response Team)	
State ME/C Association (Response Team)	
State Funeral Director Association (Response Team)	
NTSB Family Assistance Team	
DHS National Disaster Medical System's (NDMS) Disaster Medical Assistance Teams (DMAT)	
DHS Nuclear Incident Support Teams (NIST)	

Planning Assumptions

- Although applicable to several of the 15 National Planning Scenarios, the capability planning factors were developed from an in-depth analysis of the Improvised Nuclear Device (IND) scenario. Other scenarios were reviewed to identify required adjustments or additions to the planning factors and national targets.
- This Capability applies to a wide range of incidents and emergencies, accidental or deliberate including disease outbreaks, geological and meteorological disasters, nuclear, hazardous materials (hazmat) or conventional events and all manners of transportation incidents (land, air, marine).
- Family members will mobilize to the incident scene to search for loved ones.
- Families will surge for information on unaccounted family members and share information on unaccounted family members.
- Recovery and identification of remains is expected to continue for multiple years.
- Active duty military will be victims in the event. Therefore, the military's Casualty Assistance Office will be involved.
- Emergency workers, including those necessary for fatality management, may not report to duty due to evacuating their families or because they have been injured or killed.
- Sceneops: After the recovery process begins, a Recovery team (consisting of Field Investigation and Body Handling Units) will process 3 bodies/hour (for a 12-hr shift).
- Under ideal circumstances (non-contaminated, physically identifiable, and intact remains), the Dover Mortuary – at full resource activation (12 (Medical Examiner/Coroner (ME/C), plus support staff and logistic support) – can handle 100 cases per day.
- Antemortem Data Collection In The Family Assistance Center (FAC) A 2-person interview team in the FAC requires 2 hours/family interview (+ breaks). 5 families can be interviewed over the course of a 12-hour shift by one team. Additional support elements handle the collection and management of specimens (DNA) and records (medical).
- Morgueops: One 35-member Morgue Operations team can process and positively identify 5 bodies/day (based on historical data – see attachment A)
- The National Association of Medical Examiners recommends that a pathologist can adequately perform 250-350 autopsies per year.
- Scene hazards such as structural collapse, explosives and chemical hazards are communicated to the ME/C upon notification and/or arrival.

- Fatality management staffing includes ME/C, funeral service personnel, cemetery and crematorium personnel, dentist, anthropologist, crime lab technician, and any other person whose responsibility involves direct handling of human remains.
- The ME/C is defined as the agency chief and all staff authorized to act on behalf of his/her authority (e.g., Medico Legal Investigators [MLI]).
- Community leaders will support the time requirements to conduct a safe, efficient, methodical, and complete collection of human remains and evidence for the purposes of crime scene investigation for law enforcement (LE) and victim ID for the ME/C.
- As worker safety permits, remains, personal effects and items of evidence will be processed by fatality management personnel in accordance with incident action plan (IAP).
- Deaths will be protracted and require medical treatment facilities to report deaths to ME/C.
- There will be multiple sites for managing fatalities in multiple jurisdictions.
- ME/C may have to institute a unified command with other ME/C.
- ME/C may have to institute a decentralized approach due to lack of communications and geographical distribution.
- Different jurisdictions have different laws about public health emergencies and who has authority.
- Different jurisdictions have different laws pertaining to the issuance of death certificates when there is no scientific evidence of an individual's remains.
- Different jurisdictions may have different standards for processing remains, identifying remains, ruling out atypical cases, those requiring autopsy and establishing cause and manner of death.
- There may be a large discrepancy in the identification and release of bodies among jurisdictions.
- In the event of widely dispersed mass fatalities, significant damage to infrastructure, and/or where the risks posed to Fatality Management personnel outweigh the benefit of conducting scene operations, performance of critical tasks will take longer to accomplish
- IND in a single event located in a major urban area.
- The explosion and electromagnetic pulse have disrupted/destroyed infrastructure, taking out communications, electrical grids, water, transportation, and computers at ground zero. Electrical outages may cascade down the stem causing blackouts on the entire Eastern seaboard.
- There may be simultaneous transportation accidents due to flash blindness or permanent retinal damage in operators.
- The Federal Government would be severely impacted with cascading implications.
- There will be up to 229,270 fatalities.
- Due to the severity of the explosion, no remains will be found in the crater (30 percent of fatalities = 68,781). However, appropriate legal document will be required to be generated by the medical-legal authority (death certificate by judicial decree).
- Some remains will be in areas of high levels of fallout. (20 percent of fatalities = 45,854). These remains in the hot zone will not begin to be recovered until between 3 and 14 days after incident at which time the radiation level should be approximately 0.1 percent of its initial level following the detonation of the IND.
- The majority of remains available for immediate processing (50 percent of fatalities = 114,635) will be burn victims in areas where radiation is not hazardous.
- The local ME/C is no longer operationally functional due to the effects of the IND. Mutual aid with the adjoining medical examiner system will respond to assist the local medical examiner.

- Decontamination: At present, decontamination assets are at the Federal level and consist of one Department of Defense (DOD) team and one Disaster Mortuary Operational Response Team – Weapons of Mass Destruction (DMORT-WMD) team. These resources would take 12 – 24 hours to arrive on-scene after receiving orders and could process up to 25 bodies/hour. This assumption does not include the actual recovery of the contaminated remains.

Planning Factors from an In-Depth Analysis of a Scenario with Significant Demand for the Capability

Resource Organization	Estimated capacity	Scenario Requirement values	Quantity of resources needed
Disaster Mortuary Response Team (DMORT)			
DMORT-WMD			
DMORT Family Assistance Team			
Deployable Portable Morgue Unit (DPMU)	2	2	2
Morgue operations Team	Time frames are based on 1.5 hrs to perform each autopsy.	112,000 set of remains to autopsy.	A morgue ops team this size can process 100 sets of remains per day (12 hour shift per morgue)
Security Team (provided by ESF 13)			
Body Recovery Unit	1 Body Recovery Unit for each Field Investigative Unit. 4 body handlers per team	15 units per 12 hr shift (5 units suiting, 5 in field and 5 coming out of field)	414 days
Medical Support Team			
Field Investigative Unit	Each unit can recover 36 bodies per shift	15 units per 12 hr shift (5 units suiting, 5 in field and 5 coming out of field)	414 days
Scene Logistics Team	1 per incident	1 per incident	414 days
Escort Security Team (provided by ESF 13)	1 per field investigative unit, 1 per body recovery unit	10 teams per 12 hr shift	414 days
FM Staging Security Team	2 teams, one for hot and cold		414 days

Resource Organization	Estimated capacity	Scenario Requirement values	Quantity of resources needed
	staging areas		
Incident Historian	1 team per incident	1 team per incident	1 team
Remains Decontamination Team	2 remains per 1 hr per 35 member team	16 teams per day	388 days
Underwater Recovery Team (provided by ESF 9)			
Jurisdictional Medical Examiner/Coroner (ME/C)	1 per jurisdiction	1 per jurisdiction	1 for each jurisdiction affected
Family Assistance Center (FAC) personnel/Antemortem Data Collection Team	Historical data shows 10 family members will present at the FAC for each victim.	If FACs are established for the IND scenario we assume 1,000,000 will present at FACs/FAC.) However, it may well be that antemortem information will be collected telephonically.	
Medical Examiner/Coroner Public Affairs Officer	1 per shift	2 per day	6 per day
ME/C Public Information Officer	1	1	1
Scene operations personnel/Recovery Team: (per 12 hr shift)			
Safety Officer	1 per incident	1 per incident	414 days
Scene Communications Team	1 per incident	1 per incident	414 days
Storage Officer	1 per incident	1 per incident	414 days
FAC Manager	1 per FAC	1 per FAC	1 per affected jurisdiction = 3
DNA Specialist	each specialist can collect 2 samples per hour	40 per day for each FAC	120 per day
Data entry	50-60 personnel	120 per day for each FAC	360 per day
Administrative	5 per shift	10 per day	30 per day
Scheduler	2 personnel	4 per day	12 per day
Medical Records Specialist	10 personnel per	20 per day	60 per day

Resource Organization	Estimated capacity	Scenario Requirement values	Quantity of resources needed
	shift		
Interview Specialist	100 teams of 2 each per shift – each team can interview 5 families per day	200 per day -	600 per day
Language Interpreter (all necessary languages)	As situation dictates		
Antemortem IT/Communications Team	5 personnel per team per shift	10 per day	30 per day
Notification Team	20 per daytime shift	20 per day	60 per day
Social services representative /chaplain	As determined by social services/chaplain		
Law Enforcement	As determined by law enforcement		
Embalming Section	4 personnel per station	48 personnel (8 embalmings per shift)	1100 days
Body Tracker (should be Funeral Directors, MLI's or similar)	8 personnel per shift	16 personnel per day	1100 days
Dental Section	5 personnel per station	10 personnel per day	1100 days
Fingerprint Section	2 personnel per station	4 per day	1100 days
Radiology Section (digital equipment)	2 personnel per station	4 per day	1100 days
Postmortem IT Manager	1 = section leader	2 per day	1100 days
Post-Mortem Data Entry Clerk	3 per section	6 per day	1100 days
Anthropology Section	2 personnel per section	4 per day	1100 days
DNA Section	2 personnel per section	4 per day	1100 days
Pathology Section	3 personnel per section	6 per day	1100 days

Resource Organization	Estimated capacity	Scenario Requirement values	Quantity of resources needed
Personnel Effects and Photography Section	4 personnel per section	8 per day	1100 days
Logistics Section	4 personnel per shift	8 per day	1100 days
Safety Officer	1 per shift		
Medical Team	1 per morgue		
City Engineers/Inspectors			
State Dental Association (Response Team)			
State ME/C Association (Response Team)			
State Funeral Director Association (Response Team)			
NTSB Family Assistance Team			
DHS National Disaster Medical System's (NDMS) Disaster Medical Assistance Teams (DMAT)			
DHS Nuclear Incident Support Teams (NIST)			

Approaches for Large-Scale Events

(Please see introduction to Fatality Management Target Capability document as well as discussion of IND earlier in this document).

Pandemic Influenza

- Personnel involved in fatality management should be considered as critical and be given as the same priority group determination as first responders for the distribution of limited antiviral medications and vaccines.
- Because pandemic influenza is a natural disease event, the Medical Examiner/Coroner (ME/C) may or may not have the lead responsibility to manage fatalities. In some areas, local jurisdictional authorities in coordination with hospitals, funeral homes, and EMS and law enforcement responders will likely manage the remains. In some jurisdiction, the Medical Examiner/Coroner's (ME/C) primary role may be to assist in the identification process.
- The influenza pandemic would spread quickly across the United States, affecting most communities virtually simultaneously for purposes of planning. The use of assets at the Federal Government would likely be relatively small related to the local demands for its voluntary DMORT members. Similarly, DOD assets would likely be stretched very thin.

- Among working aged adults, about 20 percent to 25 percent will become ill during the pandemic wave. About 10 percent will be sick or caring for ill family members during the peak of the community outbreak. Rates could be higher in some communities or work settings.

Aerosol Anthrax

- Fatalities would be victims of crime (terrorism)
- Most would die in medical facilities; could be dispersed geographically
- ME/C in coordination with law enforcement would need to establish what level of evidence would need to be collected from remains (e.g., would 100 percent need autopsies, or some lesser number)
- Fatality Management workers should be treated as first responders are with respect to personal protective equipment (PPE) and medications/vaccinations.
- The need for restrictions on final disposition, if any, e.g. cremation should be addressed in the planning process and implemented in the response.

Pneumonic Plague

- Criminal event (terrorism).
- ME/C in coordination with law enforcement would need to establish what level of evidence would need to be collected from remains (e.g., would 100 percent need autopsies, or some lesser number)
- Due to person-to-person transmission, some of the same issues as pandemic influenza.
- The need for restrictions on final disposition (cremation), precautions for transportation of remains, decontamination of transport vehicles, and other issues should be addressed in the planning process and implemented in the response.
- Fatality Management workers should be treated as first responders are with respect to PPE and medications/vaccinations.

Blister Agent

- Criminal event so ME/C would be heavily involved.
- Fatalities would need to be decontaminated unless this had occurred en route to medical treatment.

Toxic Industrial Chemical

- Fatalities would need to be decontaminated unless this had occurred en route to medical treatment.
- State, Regional, or Federal assets may be needed depending on the jurisdiction in which it occurs.

Nerve Agent

- ME/C in coordination with law enforcement would need to establish what level of evidence would need to be collected from remains (e.g., would 100 percent need autopsies, or some lesser number)
- Fatalities would need to be decontaminated unless this had occurred en route to medical treatment.
- Due to the large number of fatalities, all levels of governmental response would likely be activated.

Chlorine Tank Explosion

- ME/C in coordination with law enforcement would need to establish what level of evidence would need to be collected from remains (e.g., would 100 percent need autopsies, or some lesser number)
- Fatalities would need to be decontaminated unless this had occurred en route to medical treatment.
- Due to the large number of fatalities, all levels of governmental response would likely be activated.

Major Earthquake

- Search & Rescue (Land-Based) would be heavily involved in extracting remains from collapsed structures. The rate of recovery would influence the mortuary workload.

- The severe damage to infrastructure as well as large number of infrastructure makes it likely that a centralized call center outside the region would be established to collect missing persons reports and help reunite families/friends and determine those likely dead. This would also reduce the strain posed by bringing personnel into an area already strapped for shelter, food, etc. Antemortem data could be collected telephonically as needed. These capabilities could be returned to the State as infrastructure is re-established.
- While this is a natural event, ME/C would likely be heavily involved in the identification process of remains.

Radiological Dispersal

- Due to criminal nature of event, ME/C and law enforcement would work together closely.
- Those who are killed by the explosion would need decontamination. Those dying later in a medical facility should not require this.

Improvised Explosive Device

- Due to criminal nature of event, ME/C and law enforcement would work together closely.
- Depending on the location, the number of fatalities could require State, regional, and, perhaps, Federal assistance to manage the surge.

Food Contamination

- ME/C in coordination with law enforcement would need to establish what level of evidence would need to be collected from remains (e.g., would 100 percent need autopsies, or some lesser number)

Target Capability Preparedness Level

Resource Element Unit	Type of Element	# of Units	Unit Measure (number per x)	Lead	Capability Activity supported by Element
Department of Defense Mortuary	Federal Resource Organization	1	Nationally	Federal	Activate Fatality Management Operations Conduct Morgue Operations Manage Antemortem Data Conduct Victim Identification Conduct Final Disposition Demobilize
Disaster Mortuary Operational Response Team (DMORT) – Type 1	NIMS Resource Organization		Nationally (DHS FEMA NDMS)	Federal	Activate Fatality Management Operations Conduct On-scene Operations Conduct Morgue Operations Demobilize

Resource Element Unit	Type of Element	# of Units	Unit Measure (number per x)	Lead	Capability Activity supported by Element
DMORT - WMD	NIMS Resource Organization		Nationally (DHS FEMA NDMS)	Federal	Activate Fatality Management Operations Conduct On-scene Operations Demobilize
DMORT-Family Assistance Center (FAC)	Non-NIMS Resource Organization		Nationally (DHS FEMA NDMS)	Federal	Activate Fatality Management Operations Manage Antemortem Data Demobilize
Deployable Portable Morgue Unit (DPMU)	NIMS Resource Organization	3	Nationally (DHS FEMA NDMS)	Federal (DHS/FEMA)	Activate Fatality Management Operations Conduct Morgue Operations Demobilize
Deployable Portable Morgue Unit (DPMU)	NIMS Resource Organization	1	Per every 5 States	State	Activate Fatality Management Operations Conduct Morgue Operations Demobilize
Morgue Operations Team	Non-NIMS Resource Organization	1	Per Federal Deployable Portable Morgue Unit	Federal	Activate Fatality Management Operations Conduct Morgue Operations Demobilize
Morgue Operations Team per DPMU	Non-NIMS Resource Organization	1	Per State Deployable Portable Morgue Unit	State	Activate Fatality Management Operations Conduct Morgue Operations Demobilize
Morgue Security Team	Non-NIMS Resource Organization	1	Per Federal or State Deployable Portable Morgue Unit	State/Local	Activate Fatality Management Operations Conduct Morgue Operations Demobilize
DOJ/FBI Evidence Response Team Unit	Non-NIMS Resource Organization			Federal	Activate Fatality Management Operations Conduct On-

Resource Element Unit	Type of Element	# of Units	Unit Measure (number per x)	Lead	Capability Activity supported by Element
					scene Operations Demobilize
Body Recovery Unit	Non-NIMS Resource Organization	30	Per Federal or State Deployable Portable Morgue Unit	Federal/State	Activate Fatality Management Operations Conduct On-scene Operations Demobilize
Medical Support Team	Non-NIMS Resource Organization	1	Per Federal or State Deployable Portable Morgue Unit	Federal/State	Activate Fatality Management Operations Conduct On-scene Operations Demobilize
Field Investigative Unit	Non-NIMS Resource Organization	30	Per Federal or State Deployable Portable Morgue Unit	Federal/State	Activate Fatality Management Operations Conduct On-scene Operations Demobilize
Scene Logistics Unit	Non-NIMS Resource Organization	1	Per Federal or State Deployable Portable Morgue Unit	Federal/State	Activate Fatality Management Operations Conduct On-scene Operations Demobilize
Escort Security Team	Non-NIMS Resource Organization	30	Per Federal or State Deployable Portable Morgue Unit	Federal/State	Activate Fatality Management Operations Conduct On-scene Operations Demobilize
Fatality Management Staging Security Team	Non-NIMS Resource Organization	1	Per staging area (26)	State/Local	Activate Fatality Management Operations Conduct On-scene Operations Demobilize
Incident Historian Team	Non-NIMS Resource Organization	1	Per State	State	Direct Fatality Management Tactical Operations Activate Fatality Management Operations Conduct On-

Resource Element Unit	Type of Element	# of Units	Unit Measure (number per x)	Lead	Capability Activity supported by Element
					scene Operations Conduct Morgue Operations Manage Antemortem Data Conduct Victim Identification Demobilize
Remains Decontamination Team	Non-NIMS Resource Organization	16	Per State Deployable Portable Morgue Unit	State/Local	Activate Fatality Management Operations Conduct On-scene Operations Conduct Morgue Operations Demobilize
Dive (underwater) Recovery Team	Non-NIMS Resource Organization	28	Nationally at pre-determined locations	Federal	Activate Fatality Management Operations Conduct On-scene Operations Demobilize
Dive (underwater) Recovery Team	Non-NIMS Resource Organization	1	Per State	State	Activate Fatality Management Operations Conduct On-scene Operations Demobilize
Medical Examiner/Coroner	Personnel	1	Per State	State	Direct Fatality Management Tactical Operations Activate Fatality Management Operations Conduct On-scene Operations Conduct Morgue Operations Conduct Victim Identification Conduct Final Disposition Demobilize
Medical Examiner/Coroner	Personnel	1	Per jurisdiction	Local	Direct Fatality Management

Resource Element Unit	Type of Element	# of Units	Unit Measure (number per x)	Lead	Capability Activity supported by Element
					Tactical Operations Activate Fatality Management Operations Conduct On-scene Operations Conduct Morgue Operations Conduct Victim Identification Conduct Final Disposition Demobilize
Refrigerated storage (to accommodate 200 remains)	Equipment	1	Nationally	Federal	Activate Fatality Management Operations Conduct Morgue Operations Demobilize
Refrigerated storage (to accommodate 100 remains)	Equipment	1	Per State	State	Activate Fatality Management Operations Conduct Morgue Operations Demobilize
Refrigerated storage (accommodate remains)	Equipment	1	Per 10% of local population	Local	Activate Fatality Management Operations Conduct Morgue Operations Demobilize
Mortuary Officers (Funeral Directors)	Personnel			Federal/State/Local	Direct Fatality Management Tactical Operations Activate Fatality Management Operations Conduct Morgue Operations Conduct Victim Identification Conduct Final Disposition Demobilize

Resource Element Unit	Type of Element	# of Units	Unit Measure (number per x)	Lead	Capability Activity supported by Element
Antemortem Data Collection Team within Family Assistance Center	Non-NIMS Resource Organization	3	Nationally	Federal	Activate Fatality Management Operations Manage Antemortem Data Demobilize
Antemortem Data Collection Team within Family Assistance Center	Non-NIMS Resource Organization	1	Per State	State	Activate Fatality Management Operations Manage Antemortem Data Demobilize
Antemortem Data Collection Team within Family Assistance Center	Non-NIMS Resource Organization	1	Per UASI	Local	Activate Fatality Management Operations Manage Antemortem Data Demobilize

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