

# **STATE OF OHIO EMERGENCY OPERATIONS PLAN**



## **EMERGENCY SUPPORT FUNCTION #8 PUBLIC HEALTH AND MEDICAL SERVICES**

### **TAB E – NON-ACUTE MASS FATALITIES INCIDENT RESPONSE PLAN**

**FACILITATING AGENCY**

Ohio Department of Health

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

**Non-Acute Mass Fatalities Incident Response Plan**

**Facilitating Agency:** Ohio Department of Health (ODH)

**Support Agencies:** Adjutant General's Department, Ohio National Guard (ONG)  
American Red Cross (ARC)  
Ohio Board of Embalmers and Funeral Directors (OBEFD)  
Ohio Department of Commerce, Division of Real Estate and Professional Licensing (ODOC/REPL)  
Ohio Department of Administrative Services (DAS)  
Ohio Emergency Management Agency (Ohio EMA)  
Ohio Environmental Protection Agency (OEPA)  
Ohio Mortuary Operational Response Team (OMORT)  
Disaster Morticians Operational Response Team (DMORT)  
Ohio Hospital Association (OHA)  
Ohio Department of Mental Health and Addiction Services (OhioMHAS)  
Ohio Department of Transportation (ODOT)  
Ohio State Coroners Association (OSCA)  
Ohio State Highway Patrol (OSHP)

**I. PURPOSE**

- A. This plan addresses state-level response to mass fatalities that occur over an extended time period due to disease, or biological, chemical, or radiological contamination.
- B. This plan addresses state-level response to fatality surges that are the result of naturally- or non-naturally-occurring causes.
- C. The Acute Mass Fatalities Incident Response Plan (Tab D to Emergency Support Function (ESF)-8, Public Health and Medical Services) addresses state-level response to mass fatality incidents that are the result of sudden emergencies or disasters, including short-lived accidental and intentional events such as explosions, transportation crashes, building collapses, and chemical releases/contaminations, etc.
- D. This plan is likely to be activated concurrently with the Human Infectious Disease Incident Plan (Tab C to ESF-8). ODH is the lead/facilitating agency for both Tabs. Actions undertaken in Tab C include epidemiological investigation, public health messaging, and strategies to minimize disease transmission.

- E. Government authorities, emergency managers, the medical community, death care/response professionals, public and private sector health professionals, Coroners/Medical Examiners (C/ME), the faith-based community, mental health professionals, and the law enforcement community will work together to manage resources and create mechanisms to address a surge in non-acute deaths while maintaining existing services to address Ohio's annual average of deaths from all causes.
- F. This plan identifies issues related to surges in non-acute deaths, command, control and coordination of mass fatality operations, morgue operations, and victim identification operations due to an emergency or disaster; and provides state agency leadership and support with a concept of operations in response to non-acute mass fatalities, and assigns roles and responsibilities for the above-defined set of state-level agencies that support this plan.
- G. In general, the purpose of this plan is to outline the organizational and operational concepts, responsibilities, and actions of state Agencies, Boards, NGOs and Associations to support local jurisdictional response to non-acute mass fatality incidents that are related to the following operations:
  - 1. Incident Response Operations
    - a. Initial evaluation of incident fatalities.
    - b. Fatality documentation.
    - c. Human remains, evidence and personal effects recovery.
    - d. Transportation of remains from the scene to morgue operations, or other locations, as appropriate.
    - e. Decontamination of remains, if needed.
    - f. Temporary storage of contaminated remains, if needed.
    - g. Resource request prioritization.
  - 2. Morgue Operations
    - a. Identification of morgue operations site(s).
    - b. Temporary human remains storage.
    - c. Forensic analysis of human remains to determine the cause/manner of death, and victim identification, if needed.
    - d. Collection and comparison of ante-mortem and post-mortem information for victim identification (e.g., fingerprints, DNA, x-ray, dental, medical

records, distinguishing features, etc.).

- e. Completion of death certificates.
  - f. Release and return of human remains and personal effects to families or the proper authority (C/ME, the local Health Commissioner, sheriff or other local authority) if family cannot be located, or does not exist.
3. Ante-Mortem Data Management
- a. Victim Identification Center [virtual or free-standing location(s)] operations
    - i. Use of the Victim Identification Profile
    - ii. Information collection for victim identification and death certificate completion.
    - iii. Other support services.
  - b. Communication and transfer of data from, and between hospitals, physicians, C/ME, local Health Commissioners or other local authority(ies), ODH and other officials.
4. Family Assistance and Behavioral Health
- a. FAC operations will be managed by local jurisdictions with support from state as needed. (i.e., interviewing families, facilitation of family care, counseling services, and referral services).
  - b. Coordination and facilitation of behavioral health service referral and provision.
  - c. Select agencies will provide assistance for the acquisition and coordination of behavioral health support teams to provide psychological aid to fatality management workers and the families of victims at FACs, at incident sites, and other locations.
  - d. If a causal agent results in the possibility of a threat of infection resulting from social congregation, authorities will determine whether a virtual FAC is a better option.
5. Fatality Surge and Natural Death Surge
- a. Enhancement of existing resources to address a surge in the number of fatalities.
  - b. Activation of emergency technical assistance from the ODH Bureau of Vital Statistics (VS) and/or other local Vital Statistics offices.

## **II. SCOPE**

- A. This Plan is applicable to non-acute mass fatality operations within the State of Ohio to be carried out by the state agencies and non-governmental agencies and organizations listed above. Non-acute incidents are those that continue to manifest over time, and are most often not the result of a sudden incident. Non-acute mass fatality incidents include deaths due to prolonged incidents, including pandemic diseases.
- B. When the authorized local official(s) [e.g., County Commissioner(s), local Health Commissioner, C/ME] determine that the number of fatalities exceeds local resources and capabilities to effectively handle a non-acute 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 ESFs and/or agencies will be notified of possible activation as early as possible in the incident.
- C. A pandemic may be occurring on a national scale, which would limit the availability of surge assets to support fatality response-related operations.

## **III. SITUATION**

### **A. General Situation**

- 1. The Ohio Revised Code (ORC) assigned responsibility for fatality management to county Coroners/Medical Examiners. There is no corresponding authority for fatality management at the state level.
- 2. ODH is the Facilitating Agency for Tab E to ESF-8 of the Ohio Emergency Operations Plan (EOP), the Non-Acute Mass Fatality Incident Response Plan. Various sections of this plan set forth the responsibilities of the Facilitating Agency and Support Agencies to this Tab.
- 3. State agency personnel, and the staff of other federal- state- and local-level agencies and non-governmental agencies and organizations will work together to manage the safe recovery of the deceased with dignity and respect, and will provide care to the living.
- 4. A non-acute mass fatality incident can result in a large number of deaths that will primarily occur in medical facilities and in residences over a period of days, weeks or months.
- 5. Human remains may need to be recovered from multiple sites, and processed at central locations, until the event subsides to a point that normal operations may resume. Examples of such a non-acute incident could be pandemic influenza or an emerging disease outbreak.

6. The number of non-acute mass fatalities that would overwhelm the capabilities of one jurisdiction may not overwhelm another jurisdiction.
  7. Due to cascading impacts, the public utility infrastructure may be temporarily hampered or shut down, causing shortages of water, food, medicine, and gasoline. Without such items all government personnel may have a difficult time performing their tasks.
  8. Responding agencies could be impacted by increased absenteeism due to illness, which could be addressed by agency-level continuity of operations plans.
  9. The death care/response industry, comprised of public and private agencies, may not be able to process remains in the traditionally-accepted manner due to the increased number of decedents, and increased employee absenteeism due to illness.
10. Death Registration
- a. Victim Identification Centers, either within a FAC, or in a separate facility, will be locations for collection of ante-mortem information from family members, 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.
11. Disaster Mortuary Operational Response Teams (DMORT)
- a. DMORT are teams of forensic specialists who respond to mass fatality events through the National Disaster Medical System (NDMS). 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 five states, including Ohio.
  - b. DMORT, like OMORT, can provide a Disaster Portable Morgue Unit (DPMU) to assist the C/ME. DMORT has three DPMUs and OMORT has one.
  - c. DMORTs 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.
  - d. DMORT, when activated, will be available to assist under the direction of C/MEs.
  - e. When activated, DMORT provides the following capabilities:
    - i. Incident morgue facilities operation

- ii. Victim identification Autopsy and Pathologic examination
- iii. DNA Specialists
- iv. VIC specialists
- v. Fingerprint Specialists
- vi. Forensic dental pathology
- vii. Forensic anthropology
- viii. Human remains processing
- ix. Disposition of remains in cooperation with local funeral homes

11. Ohio Mortuary Operational Response Team (OMORT)

- a. OMORT is a team of forensic specialists who respond to mass fatality events and is modeled on the Federal DMORT. OMORT teams are composed of private citizens, with specific expertise.
- b. OMORT teams will be requested through the State EOC. OMORT does not establish command and control over the fatality management operation, but will be integrated into the local ICS structure.
- c. OMORT, when activated, will be available to assist under the direction of County C/MEs. OMORT can assist with recovery, victim identification and FAC operations.

12. Mass fatalities due to a naturally-occurring agent will primarily fall into two major categories: attended and unattended, with physicians and C/MEs, respectively, having responsibility for determination of the cause of death. In both cases, when possible, verification of identity and the notification of next-of-kin should be a priority.

13. Body decomposition slows once remains are placed in cold storage between (37-42 degrees Fahrenheit). Depending on the condition of individual remains, bodies of the deceased may be able to be stored long enough for the death management community to have enough time to process all bodies in accordance with jurisdictional standards and traditional public expectations.

14. Although the public may perceive that an altered level of response to processing and releasing bodies back to the next-of-kin is protracted, public trust in our government's ability to manage the event will diminish more rapidly if remains identification is compromised or remains are not handled properly or respectfully.

15. Establishing temporary collection points/morgues at the most appropriate local level that will centralize the storage and processing of decedents and maintain the death management community's ability to manage a large number of fatalities. Temporary collection points may not be feasible if the deceased are contagious and there is a risk of disease transmission.

16. Public gatherings may be curtailed to prevent the spreading of disease. This may require alterations to typical customs and ceremonies regarding the disposition of human remains.
17. Much of the public holds strong beliefs and traditions regarding handling decedents with dignity, and often these beliefs correspond to religious beliefs/practices. When the public is told that they cannot proceed with final disposition in the traditional manner, family members may become upset. The result may include negative media coverage, involvement of elected officials, public distrust of the government, or concerns that the government is hindering individual civil liberties. .
18. It is estimated that approximately 500 cremations per day can be performed in Ohio. The Board of Embalmers and Funeral Directors maintains a list of licensed crematories, funeral directors and funeral homes in Ohio.

#### B. Jurisdiction

1. According to the Ohio Revised Code (R.C. 313.12(A)), Coroners / Medical Examiners have jurisdiction over deaths when any person dies as a result of criminal or other violent means, by casualty, by suicide, or in unattended or suspicious circumstances. This would apply to deaths that as a result of pandemics, and deaths that occur over time due to accidental and/or intentional poisonings or infections, etc.
2. When deaths are due to an intentionally/criminally-introduced substance (i.e. smallpox), initial cases are within the C/ME's jurisdiction. After the cause was identified and there is sustained human-to-human transmission, jurisdiction could transfer to attending physicians.
3. C/MEs will work in cooperation with proper authorities and will have a role in addressing non-acute mass fatalities that result from intentional actions (e.g., terrorism, intentional poisoning, etc.).
4. C/MEs may appoint deputies and delegate their authorities to those deputies. If a C/ME is not able to appoint a Deputy C/ME, the ORC calls for the Central Committee of the current C/ME's political party will select an individual to act in place of the C/ME if the C/ME is unable or unavailable to perform his or her duties.
5. If a C/ME's Office is incapacitated, then alternate C/ME services will be established according with ORC 305.02 and 313.04. Additionally, C/ME services could be accessed via the Intrastate Mutual Aid Compact or the Emergency Management Assistance Compact.



### C. Request for Mutual Aid and Outside Assistance

1. Local officials will determine whether local resources and capabilities, will be, or have been exceeded, and if so, will determine if mutual aid and/or outside assistance is needed.
2. If it is determined that local resources and capabilities have been exceeded, mutual aid or other outside assistance may be requested by the County EMA Director.

### D. Death Registration

1. The Electronic Death Registration System (EDRS) will continue to be used to collect data for death registrations. Available data is dependent on the rate at which death registrations are entered into EDRS by jurisdictional authorities. In addition, ODH could add a marker within EDRS for coroners to associate fatalities with an incident.
2. If registration resources are affected by the incident, or the number of deaths exceeds the surge capacity, a backup process for registration may be used at the discretion of the State Registrar may also implement restrictions for non-death-related actions in the vital record application so as to provide the most system resources for the mass fatality event and human resources would be reassigned from non-critical or secondary operations.
3. ODH will act to streamline the death registration process when necessary. This may be done by on a short term basis by limiting the use of EDRS for non-emergency tasks (issuance of birth certificates, etc.), as well as activating temporary assistance for the creation or filing of disposition permits and certificates of death.
4. EDRS is designed to officially document deaths that occur in Ohio. This process is dependent on a number of factors that may lead to deaths being logged into the system—and associated with a mass fatality incident—days or weeks after they occur. As such, EDRS cannot support real-time situational awareness that is needed for tactical decisions about mass fatality operations. Once all deaths have been properly documented, and official death count will be determined through a query of EDRS data.

### E. OMORT and DMORT Operations

1. The Ohio Mortuary Operations Response Team (OMORT) is a team of forensic specialists who respond to mass fatality events and is modeled after the Federal DMORT. OMORT teams are composed of private citizens, with specific expertise. Many OMORT personnel work in the death care industry, and may be better positioned to serve their communities through their day-to-day work rather than being activated.

2. Disaster Mortuary Operational Response Teams (DMORT) are teams of forensic specialists who respond to mass fatality events through the National Disaster Medical System (NDMS). 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 five states, including Ohio.
3. In non-acute mass fatality events that are not geographically confined (e.g., a disease incident affecting the whole nation or a large portion of the nation at the same time), OMORT and DMORT teams will most likely not be available because they may be performing their functions in other communities.
4. If OMORT and DMORT resources are available, their teams could be requested by the State EOC to respond under the direction of C/MEs in addressing incidents that cause deaths over a period of time. For example, DMORT may be asked to assist in addressing deaths due to a Radiological Dispersal Device (dirty bomb) that could cause deaths for months after the incident due to Acute Radiation Sickness.

#### **IV. ASSUMPTIONS**

- A. Activation of this plan assumes that a local- or state-level emergency is anticipated or has been declared.
- B. An incident that results in non-acute mass fatalities can be the result of an intentional or unintentional occurrence, or as a result of a natural disaster.
- C. Existing fatality management systems in all communities will require an increased surge capacity and capability to manage the event.
- D. All non-acute mass fatality incident state-level operations will be conducted in accordance with National Incident Management System.
- E. A non-acute event will most likely affect more than one jurisdiction. It is possible that assistance from surrounding areas will not be available unless pre-planning at the regional level has been accomplished.
- F. State and local agencies will have insufficient personnel, supplies, equipment, and storage capacity to handle the surge created by an extended, non-acute event.
- G. Local and regional jurisdictions will need to obtain assistance from existing public and private agencies in their area instead of looking to acquire these resources elsewhere.
- H. Every jurisdiction will require the same critical resources, including personnel, equipment and supplies, to manage a surge in the number of decedents. Just-in-time inventories may not be able to respond quickly enough to requests for

assistance.

- I. Behavioral health issues will occur both during and after mass-fatality incidents, causing increased demand for behavioral health treatment and intervention support services to local Behavioral and Mental Health Boards.
- J. Mortuary service resources (e.g., funeral homes, crematories, etc.) located throughout Ohio will be available for use during emergency situations; however, some of these resources may be adversely impacted by the event and may be quickly overwhelmed.
- K. Following an event that results in non-acute mass fatalities, fear and panic can be expected from the public, casualties, health care providers, and the worried well.
- L. All human remains will require proper identification for the creation and issuance of a death certificate. Issuance of a death certificate to an unidentified decedent requires a court order. (ORC 313.08)
- M. C/MEs will assume jurisdiction over incident-related fatalities where an attending physician is not involved.
- N. Proper and timely completion of death registrations will be accomplished through use of the EDRS as long as the system does not become overwhelmed. EDRS has a finite processing capacity that the event may exceed.
- O. Events, such as a statewide power outage, could occur, which would require an alternate death certificate process, as detailed in various sections of this plan.
- P. Local-jurisdiction planning for a mass fatality event will be coordinated between the C/ME, local EMA and local health jurisdictions and will be consistent with this Tab.
- Q. Existing morgue storage capacity in Ohio will be exceeded during mass fatality events.

## **V. CONCEPT OF OPERATIONS**

### **A. Responding to an Increased Number of Deaths**

- 1. In response to a non-acute mass fatality incident that affects one-or-more local jurisdictions, state-level resources may be needed to assist C/MEs or physicians when they:
  - a. Respond to a surge in fatality processing functions (recovery, abbreviated processing, temporary storage, and tracking) until the fatality rate slows and

normal resources can manage the number of deaths.

- b. Perform fatality management operations tasks related to the recovery of bodies and decedents identification.
- c. Sort remains by cause and manner of death.
- d. Separate deaths that are likely due to the non-acute event from other cases.
- d. Establish multiple collection points/morgues for the processing and holding of remains, if feasible without the risk of disease transmission.
- e. Request additional resources to minimize public health hazards.

#### B. Transportation, Morgue, and Funeral Assets

1. When the number of deaths rises dramatically, normal transportation resources available within a jurisdiction may be unable to meet demand. Non-traditional means of transportation, such as buses, trucks, and vans; and non-traditional drivers and handlers may need to be employed/contracted to satisfy demands.
2. It is also possible that when “official” resources are not available, or are not able to quickly respond to requests for transport of the deceased, individuals may transport the deceased to a known local collection point/morgue. Even if the deceased can be recovered and transported in a timely manner, it is possible that funeral homes and morgues may not be able to process remains for final disposition at the pre-incident rate.
3. In response to a non-acute mass fatality incident that affects one-or-more local jurisdictions, State-level resources may be needed to:
  - a. Assist in the pre-identification and/or acquisition of temporary morgue resources and central collection points/morgues at local and regional levels.
  - b. Assist in the development and maintenance of an ad hoc system for the identification and training of suitable drivers and handlers, and for the training of such, to support the recovery and final disposition process when standard decedent transportation processes need to be altered and/or augmented.
  - c. Assist in the identification, acquisition and/or provision of refrigerated storage containers at collection points/morgues.
  - d. Assist in the drafting and distribution of public education messages, using mass media, to inform the public on the location of collection points/morgues, the need for personal protection equipment if they will be handling bodies, and alternate processing methods that might be used to maintain the dignity of the

deceased.

- e. Assist in the development, acquisition and/or provision of resources for the movement of remains from recovery through final disposition to conserve fuel consumption.
- f. Assist in the identification, acquisition and/or provision of centralized temporary collection points/morgues in close proximity to dense populations where death rates are highest.
- g. Assist in the identification, acquisition and/or provision of resources to accept remains arriving by citizens' private vehicles at collection points and morgues.

#### C. Human Remains Storage Capacity

- 1. C/ME's morgues, hospitals, and funeral homes do not have storage capacities to adequately respond to a non-acute mass fatalities event. Most of these entities' storage locations already operate at 90% capacity. Even if bodies can be recovered in a timely manner, it is possible that funeral homes will not be able to process remains for final disposition at the same rate as remains can be recovered.
- 2. It is likely that during a non-acute mass fatalities event, the number of bodies needing to be stored may quickly, and for long periods, exceed local storage capabilities. Those who die during a non-acute mass fatalities event may need to be stored for an extended period until the remains can be identified, the cause and manner of death can be determined, and death certificates can be processed and issued.

#### D. Temporary Storage of Human Remains

- 1. Human remains cannot be held in refrigerated storage indefinitely, and their condition must be continuously monitored. Placing all human remains in refrigerated storage may not be an option due to several factors, including limited fuel to supply generators, limited maintenance personnel to repair broken units, and limited refrigeration units due to high demand. Options to increase storage capacity include placing remains side-by-side, use of shelving, and use of refrigerated storage units.
- 2. In response to a non-acute mass fatality incident that affects one or more local jurisdictions, state-level resources may be needed to:
  - a. Assist in the identification, acquisition and/or provision of facilities for the short- and long-term storage of remains resulting from a non-acute mass fatality incident.
  - b. Assist in the development and housing of systems to support sorting of remains from non-acute mass fatalities events between attended cases that

can be processed quickly (those with a known identity) and unattended cases wherein the victim's identification is not known and there may be delays in obtaining a signed death certificate.

- c. Assist in the identification, acquisition and/or provision of modular, temporary refrigerated morgues (state assets and external), racking systems, temporary storage supplies and non-traditional holding facilities; including warehouses, refrigerated vans, hangars, and refrigerated rail cars.
- d. Assist in the development of a resource list of morgue supplies for use in non- acute mass fatalities events, and the identification of local and state-level resources and agencies that can deliver crucial supplies.
- e. Assist in the drafting and delivery of public information statements regarding any special instructions for handling decedents.
- f. In carrying out the temporary storage of human remains, the use of identifying tags will be encased in durable and long-lasting material that contains name, date of birth, date of death and social security number; or for unidentified remains a sample number; will be used and will accompany the deceased or remains.

#### E. Tracking and Identification of Human Remains

1. Identifying remains during a non-acute mass fatality incident could be challenging and could impact the ability to release remains for final disposition. For this reason, identification and tracking should begin at the earliest possible stage, preferably at the time of body recovery. An most important factor is to ensure accurate and detailed identification of the deceased for tracking and final disposition purposes.
2. Separate death reporting call-in/dispatch systems should be considered to ensure that life safety calls continue to be responded to in the normal manner.
3. In response to a non-acute mass fatality incident that affects one-or-more local jurisdictions, state-level resources may be needed to:
  - a. Assist in the development of uniform systems for the numbering and tracking of remains. DMORT and OMORT have existing methods that may be utilized.
  - b. Assist in the development and/or provision of systems for the gathering of ante-mortem identification materiel from decedents, including: identification photographs, fingerprints, and a DNA sample.
  - c. Assist in the identification, acquisition and/or provision of computer resources and networks to link identification databases at all collection points/morgues.

- d. Assist in the identification, acquisition and/or provision of systems to track and store daily death counts during a non-acute mass fatality event that differentiate between event related and non-event related deaths. These numbers may be provided through the death management community. These numbers will be reported at different times and may not match exactly. A decision may need to be made to report deaths from a single system or state agency to avoid discrepancies.

#### F. Death Certification and Decedent Identification

1. During a non-acute mass fatalities event, it could be more difficult than normal to identify decedents of unattended deaths. When a death is attended and the identity is known, it still may be difficult to obtain a signed death certificate because physicians will be overwhelmed caring for the living.
2. In response to a non-acute mass fatality incident that impacts one or more local jurisdictions, state-level resources may be needed to assist in the support of operations to identify, acquire and/or provide methods for obtaining signed death certificates during non-acute mass fatalities events.

#### G. Workforce Depletion

1. During a non-acute mass fatalities event, many individuals may be sick or taking care of family members who are sick, and may not be available to perform their regular duties. Only individuals accustomed to processing and handling remains should handle bodies. This requirement, however, limits trained officials' abilities to assign anyone to perform most fatality processing related tasks.
2. Officials must be prepared to shift some of their staff members' function from 'worker' to 'manager'. Volunteers will need to be managed, trained, informed, directed, and coordinated for expansion of non-acute mass fatality response operations. Officials must incorporate a means to protect employee health and reduce the spread of infection to workers (to include volunteers). This may include social distancing and working from home.
3. In response to a non-acute mass fatality incident that affects one-or-more local jurisdictions, state-level resources may be needed to:
  - a. Assist in the identification and training of volunteer responders before an incident occurs.
  - b. Assist in the identification, acquisition and/or provision of just-in-time training programs and the training of volunteers on tasks, including training on personal protective equipment.
  - a. Assist in the identification, acquisition and/or provision of temporary housing for temporarily-placed emergency staff that respond to non-acute mass fatality events.

## H. Critical Infrastructure and Supply Chains

1. During a non-acute mass fatalities event, local agencies will need to rely primarily on local resources. A jurisdiction's entire infrastructure may be compromised or only partly operational.
2. Manufacturing agencies within the United States employ just-in-time inventory systems, thus there may be a nation-wide supply shortage for critical items. Officials must develop contracts with local agencies to obtain critical supplies. Critical supplies may need to be prioritized and rationed, and temporary storage of bodies may be needed if the local infrastructure cannot support fatality management tasks.
3. In response to a non-acute mass fatality incident that affects one or more local jurisdiction, state-level resources may be needed to:
  - a. Assist in the identification and acquisition of supply distributors from outside the state, and in the identification of how supplies will be distributed to collection points/morgues.
  - b. Assist in the identification, acquisition and/or provision of supplies in support of response systems that operate in austere environments.

## I. Mutual Aid Support

1. Because the effects of non-acute mass fatalities may be widespread, surrounding states may not be able to support fatality management outside their own jurisdiction.
2. In response to a non-acute mass fatality incident that affects one or more local jurisdiction, state-level resources may be needed to assist in the development of Memorandums of Agreement (MOAs) between jurisdictions and professional organizations (e.g., pathologists, dentists, anthropologists, funeral directors, etc.) to obtain ad hoc staff with specific skill sets.
3. All equipment in the Ohio Portable Morgue Unit (OPMU) 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, including prepackaged equipment and supplies.
4. If state-level resources and capabilities are exceeded, the state will, through the State EOC, obtain necessary resources through enacted MOUs, Inter-agency agreements, EMAC and other agreements.



## J. Public Expectations Regarding Fatality Management Operations and Final Disposition

1. In response to a non-acute mass fatality incident that affects one-or-more local jurisdictions, state-level resources may be needed to:
  - a. Assist in the preparation and distribution of public information regarding how fatalities may be handled differently during a non-acute mass fatality event, with a focus on dignity in death and protection of the public's health, by working with local or regional Joint Information Centers (JICs).
  - b. Assist in the creation and employment of just-in-time training, public announcements, scenario driven operational response plans, etc.

## K. Behavioral Health Assistance

1. The ODMH/AS will provide assistance for the acquisition and coordination of behavioral health teams to provide psychological aid to fatality management workers and families of victims at FACs, at incident sites, and other locations.
2. The American Red Cross and the ODMH/AS will provide, as able, assistance for the coordination of behavioral health aid to fatality management workers and families of victims at FACs and at incident site(s).

## VI. ORGANIZATION and ASSIGNMENTS OF RESPONSIBILITY

### A. Ohio Department of Health (ODH)

1. As needed, support the provision of state assets for use during mass fatality incidents; in particular, mobile cooling units, personal protective equipment, and body bags.
2. In coordination with local jurisdictions, provide support to local stakeholders using the EDRS system, to expedite its proper utilization during mass fatality incidents.
3. Support tracking the official death count by establishing an incident marker in EDRS that can be used to associate deaths with the mass fatality incident.
4. Provide an official count of incident-associated deaths reported in EDRS. (This function is separate and apart from situational awareness about the mass fatality incident and does not support real-time, tactical decision making.)
5. Provide guidance on infectious/contaminated remains to promote responder safety and protect public health.
6. As appropriate, exercise public health authorities to support fatality management, in particular orders related to the conveyance and to the disposition of remains.

B. American Red Cross (ARC)

1. Assist appropriate agencies in interviewing and otherwise assisting families of the deceased at FACs.
2. Provide, as able, behavioral health and spiritual care teams to provide psychological aid to fatality management workers and families of victims at FACs and at the incident site.
3. Under the direction of, and in cooperation with the C/ME, 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.
4. If local resources are unable to adequately respond to need, assist in providing disaster mental health support services to victims' families.
5. 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.

C. Ohio Department of Mental Health and Addiction Services (Ohio MHAS)

1. If local resources are unable to adequately respond to need, assist in securing support services other mental health and behavioral health assistance providers.
2. Provide assistance for the acquisition and coordination of behavioral health teams to provide behavioral health support to fatality management workers and families of victims at FACs and at the incident site.

D. Ohio State Coroners/Medical Examiners Association (OSCA)

1. Assist individual C//MEs by identifying backup resources for collecting, identifying and processing human remains.
2. Promote and facilitate communication between C/MEs during a mass fatalities incident.

E. Ohio State Highway Patrol (OSHP)

1. When needed and with proper authority, assist local law enforcement with security at the incident scene, the morgue site and at FACs.
2. When needed and with proper authority, assist with the evacuation of human remains and assist the C/ME, the local Health Commissioner or other local authorities in safeguarding personal effects found on and with the deceased.

F. Adjutant General's Department, Ohio National Guard (ONG)

1. A Governor's declaration allows Ohio National Guard response and/or resources including security support and fatality search and recovery.
2. Provide security support to law enforcement operations at incident sites, collection points, morgue sites, FACs and other locations; as required.
3. Provide the resources of the Fatality Search and Recovery Team (FSRT) to assist with the search for, and recovery of human remains to applicable collection points in a Chemical, Biological, Radiological, Nuclear, and high yield Explosives (CBRNE) or non-CBRNE environment.

G. Ohio Department of Administrative Services (DAS)

1. When faced with a fatality surge that stresses the capacity for carrying out cremations in a region or localized area, partner with the Ohio Board of Embalmers and Funeral Directors to survey 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.
3. When faced with a fatality surge that stresses the capacity for carrying out cremations or other final dispositions in a region or localized area, assist in the identification and surveying of resources to support local human remains collection, identification, transportation, storage and processing operation.
3. Assist in locating facilities/buildings within Ohio with refrigeration capabilities and other capabilities that would make them useful in mass fatality incidents.

H. Ohio Environmental Protection Agency (OEPA)

1. As needed, assist C/ME, the local Health Commissioner or other local authorities in ensuring the environmental regulations are followed in carrying out temporary mass storage under the direction of the C/ME.

I. Ohio Emergency Management Agency (Ohio EMA)

1. Assist in the drafting and distribution of public education messages to inform the public on the location of collection points/morgues, the need for personal protection (if applicable) if they will be handling bodies, and alternate processing methods that might be used to maintain dignity in death.
2. Assist in the drafting and delivery of public information statements regarding temporary and long-term storage solutions.
3. Assist in the identification, acquisition and/or provision of temporary housing for temporarily-placed emergency staff that respond to non-acute mass fatality events.

4. Assist in the development of MOAs between jurisdictions and professional organizations, e.g. pathologists, dentists, anthropologists, funeral directors, etc., to obtain ad hoc staff with specific skill sets.
5. Assist in the planning between, and the coordination of fatality management stakeholders.

J. Disaster Morticians Operational Response Team (DMORT) and Ohio Mortuary Operations Response Team (OMORT)

1. Assist local agencies and service providers with the identification of equipment to be acquired for use during a non-acute mass fatalities incident.
2. Assist with planning and coordination during a non-acute mass fatalities incident regarding the storage of equipment (i.e. body bags) at member funeral homes.
3. Provide on-going and event-based training and education to Funeral Director/Embalmers and other agencies and organizations regarding pandemic influenza preparation and response, including the identification of local and state resources that may be available to them.

K. Ohio Board of Embalmers and Funeral Directors (OBEFD)

1. 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 impacted region, and assist in the determination of the maximum number of cremations that can be performed.
3. When faced with a fatality surge that stresses the capacity for carrying out cremations or other dispositions 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.
4. Assist in the identification, acquisition and/or provision of facilities that could serve the purpose of centralized temporary collection points/morgues in close proximity to dense populations where death rates are highest.
5. Assist in the drafting and delivery of public information statements regarding storage solutions, particularly regarding the employment of long-term temporary storage, stressing that remains will be placed in separate storage containers (body bags).

L. Ohio Department of Commerce, Division of Real Estate and Professional Licensing (ODOC/REPL)

1. Assist in the identification and registration of additional burial sites in Ohio in response to mass fatality surge incidents.

M. Ohio Department of Transportation (ODOT)

1. During fatality surges, provide resources as available for the transport of deceased when standard decedent transportation means need to be augmented.
2. Assist in the mapping and dissemination of information on transportation routes for those involved in the transportation of the deceased from recovery through final disposition.
3. As needed, develop systems to identify and provide suitable training for the temporary employment of persons for the recovery and transportation of the deceased.