

Annex G: Fatality Management



Public Health
Prevent. Promote. Protect.

Review History

Date	Reviewed By	Changes	Page
4/24/14		Updated Plan	
6/12/15		Peer Review	
8/7/2015		Updated plan based on comparison to Regional Plan	all
3/2/2016		Updated Mass Fatality Incident and Acute and Non-Acute Mass Fatality definitions	1
5/4/2017	Betty King	Added Reviewed By column to Review History See highlighted areas	All

Table of Contents

Purpose..... 1

Capacity Levels..... 1

 Noble County Levels 1

Situation and Assumptions 1

 Situation 1

 Assumptions..... 1

Concept of Operations 2

Roles and Responsibilities 2

Direction and Control 3

 County Coroner Line of Succession: 4

 Support and Personal Protection for Mass Fatality Workers 4

Vital Records System..... 5

 Vitals Records System Process Flow..... 6

Environmental Health 6

 Burial Sites..... 6

County Resource List..... 7

Authorities and References 7

Purpose

A Mass Fatality incident is defined as “any incident that results in more fatalities than a local jurisdiction can adequately manage, whether natural or man-made, accidental or intentional”. There are Acute and Non-acute Mass Fatalities. An Acute Mass Fatality is defined as “events that exceed the routine mortuary systems of a locality, and are sudden and short-lived, such as a plane crash. A Non-acute Mass Fatality is defined as “a sustained mass fatality incident that exceeds a locality’s mortuary capability. A Non-acute mass fatality occurs over a prolonged time period, such as an epidemic”. The purpose of this Annex is to provide guidance to public health agencies on support of activities related to an incident involving multiple deaths in the Noble County.

An “All Hazards Fatality Management Plan” was developed by a committee for Noble County. During this process the jurisdictions processing limits were set.

Capacity Levels

Ordinary: The average daily or weekly capacity for proper body disposition.

Sustainable: The capacity “under stress” that can be maintained for a determined period.

Excessive: The level at which the proper disposition of bodies exceeds existing resources and may involve additional or modified resources.

Critical: Exceeds all resources and involves immediate identification and mass burials.

Noble County Levels

Ordinary 2/day for one week

Sustainable 3-4/day for one week

Excessive 5/day

Critical 6 or more per day

Situation and Assumptions

Situation

The Noble County Health Department is not the lead agency in a mass fatality response. Public health’s primary roles during a mass fatality incident are 1) protecting the health of those who may handle remains, 2) ensuring behavioral/mental health services to staff involved in the response and 3) the documentation and maintenance of vital records. The local public health agency may provide additional support as staff is available, which may be documented in pre-planning agreements.

Assumptions

The Coroner or their designee will notify and activate the necessary resources to process human remains.

The Coroner will:

1. Coordinate local resources utilized for the collection, identification, and disposition of human remains.
2. Select sites to establish temporary morgues and the personnel to staff them.
3. Coordinate with search and rescue teams.
4. Identify mass-burial sites.
5. Coordinate services of;
 - a. Funeral directors
 - b. Ambulances/EMS
 - c. Pathologists
 - d. The Red Cross in the location and operation of Family Assistance Center.
 - e. Dentists and x-ray technicians for purposes of identification.

- f. Law enforcement for security, property protection, and evidence collection.
6. When the County Coroner determines that the situation is beyond the capability of his/her resources, he/she will contact the Ohio Funeral Directors Association (OFDA) Mortuary Response Team.

Concept of Operations

When the OFDA Response Team is activated, as disaster conditions permit, and after an estimate can be made of the number dead, the Ohio Funeral Directors Association Mortuary Response Team will *assist* the local Coroner in establishing additional temporary morgue sites. Remains will be recovered and evacuated to the temporary morgue sites for identification and safeguarding of personal effects found on the dead. When authorized by officials and family, the mortuary response team shall prepare process and release the remains for final disposition.

Roles and Responsibilities

The Coroner, in accordance with <http://codes.ohio.gov/orc/313.12> has the responsibility to investigate the cause of death resulting from violent, suspicious, and unusual or sudden death, accidents, or in other situations where someone in good health dies.

The responsibilities of the local County Coroner's office in a mass fatality incident are to:

1. Work with the appropriate agencies to ensure scene security and control.
2. Identify the remains of the victims.
3. Notify the survivors of the victims.
4. Protect and collect the valuables of the deceased victims.
5. Preserve and collect evidence of a medical nature.
6. Provide public information.
7. Coordinate local resources utilized for the collection, identification, and disposition of human remains.
8. Select sites to establish temporary morgues and the personnel to staff them.
9. Coordinate with search and rescue teams.
10. Identify mass-burial sites as determined by the coroner.
11. Coordinate services of:
 - a. Funeral directors
 - b. Ambulances/EMS
 - c. Pathologists
 - d. The Red Cross in the location and operation of Family Assistance Center.
 - e. Dentists and x-ray technicians for purposes of identification.
 - f. Law enforcement for security, property protection, and evidence collection.
 - g. The local Public Health agency in consultation on issues of public health concern
12. When the County Coroner determines that the situation is beyond the capability of his/her resources, he/she will (normally through the local Emergency Management Agency) contact the Ohio Funeral Directors Association (OFDA) Mortuary Response Team.

The persons responsible for *statewide* notification and/or coordination of mortuary activities will be OFDA Disaster Policy Board Chairman.

The Coroner/ME will require a briefing from the Incident Commander to include the following information:

1. Number of fatalities
2. Condition of remains

3. Anticipated difficulties in the recovery of bodies
4. The types of personnel and equipment required and available (ICS form 215)
5. Status of pre-identified morgue facilities
6. Type and number of support staff needed and available
7. Assistance required from outside agencies i.e. Disaster Mortuary Operational Response Teams (DMORTs), Ohio Funeral Directors Association (OFDA), Family Assistance Center (location and space for family interviews), and personal effects management staff.

The responsibilities of the Noble County Health Department in a mass casualty incident are to:

1. Infectious disease prevention
2. Mental/Behavioral Health Services for staff
3. Maintain a Vital Records System
4. Consult with environmental health staff on potential burial sites
5. Notify the county Coroner of any patterns of illness potentially caused by acts of terrorism
6. Advise personnel/responders on use of personal protective equipment (PPE)
7. Consult with the ME to assure appropriate agents and proper PPE is utilized during decontamination
8. Provide support to Family Assistance Centers through information sharing
9. Provide Medical Examiner(ME)/Coroner and support personnel prophylaxis as available
10. Continue environmental and epidemiological services
11. Monitor locations used as temporary morgues for environmental surety
12. Maintain modes of communication between the health department, medical facilities, the EOC and the ME/Coroner staff.
13. Ensure injury prevention of health department staff
14. Track health department mass fatality resources
15. Maintain vital records system throughout the event, failure to properly document and certify an individual's death will cause severe hardships on the surviving family members

For a large scale outbreak or suspected bioterrorism event the county Coroner/ME should be directly contacted immediately .The County Coroner/ME will form a response team using the MSA concept and will coordinate directly through the EOC with public health officials

Direction and Control

By law, the County Coroner is responsible for the dead. OFDA Disaster Response Team members, and other local funeral service personnel when activated, will be available to assist *under the direction of the County Coroner*.

When a disaster occurs, the coroner/medical examiner should immediately contact the Ohio Funeral Directors Association (OFDA) through its offices or through the Disaster Policy Board Chairman. They, in turn, will notify the appropriate members of the Mortuary Response Team. OFDA representatives including the Executive Director, Assistant Executive Director, OFDA President or President elect, shall act as dispatchers to activate the committee in responding to requests of authorities in charge of the disaster situation.

The chairpersons and appointed others will take charge of the situation as it relates to the mortuary response team's specific assignments.

NOTE: Next-of-kin and survivors of the deceased will be cared for through the Family Assistance Center.

County Coroner Line of Succession:

Alan Spencer, D.O., Coroner
Business: 740-732-2339
Fax: 740-732-2350

Support and Personal Protection for Mass Fatality Workers

Mental/Behavioral Health Services

The physical, mental, emotional, and spiritual demand placed upon mass fatality workers involved in the search and recovery, transportation, morgue services, funeral home services, and family assistance operations exceeds that of any event typically encountered in daily life and work. Providing appropriate support and care for staff that are involved in a mass fatality is critical. Noble County Health Department's Emergency Response Plan addresses these concerns for health department staff involved in any critical incident situation.

Infectious Disease Prevention and Worker Safety

Victims of natural disasters are normally killed by injury, drowning, or fire, not by disease. At the time of death, victims are not likely to be sick with epidemic-causing infections (i.e., plague, cholera, typhoid, and anthrax). A few victims will have chronic blood infections (hepatitis or HIV), tuberculosis, or diarrheal disease. Most infectious organisms do not survive beyond 48 hours in a dead body. An exception is HIV which has been found six days postmortem.

There are a limited number of diseases that pose a risk to workers who are handling remains. Blood-borne diseases such as Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus (HIV) can survive in the body 2 days or more after death. Airborne diseases such as tuberculosis could pose a threat during procedures that cause aerosolization of particles from the lungs. Having proper ventilation and the use of Personal Protective Equipment (PPE) are the most effective methods of preventing the spread of disease from corpses to mass fatality workers.

Basic hygiene protects workers from exposure to diseases spread by blood and certain body fluids. Workers should use the following precautions:

Use gloves and boots, if available. *(Provide a large supply to ensure workers have access to easily change out damaged gloves. Have several supply stations located throughout the scene)*

Wash hands with soap and water after handling bodies and before eating. *(Provide on-site wash stations, preferably with hot water)*

Avoid wiping face or mouth with hands. *(Provide paper towels)*

Wash and disinfect all equipment, clothes, and vehicles used for transportation of bodies. *(Provide onsite changing stations and showers if possible)*

The recovery of bodies from confined, unventilated spaces should be approached with caution. After several days of decomposition, potentially hazardous toxic gases can build-up. Time should be allowed for fresh air to ventilate confined spaces.

<http://codes.ohio.gov/orc/3707.19> Disposal of body of person who died of communicable disease.

The body of a person who has died of a communicable disease declared by the department of health to require immediate disposal for the protection of others shall be buried or cremated within twenty-four hours after death. No public or church funeral shall be held in connection with the burial of such person, and the body shall not be taken into any church, chapel, or other public place. Only adult members of the immediate family of the deceased and such other persons as are actually necessary may be present at the burial or cremation.

Effective Date: 10-01-1953

Vital Records System

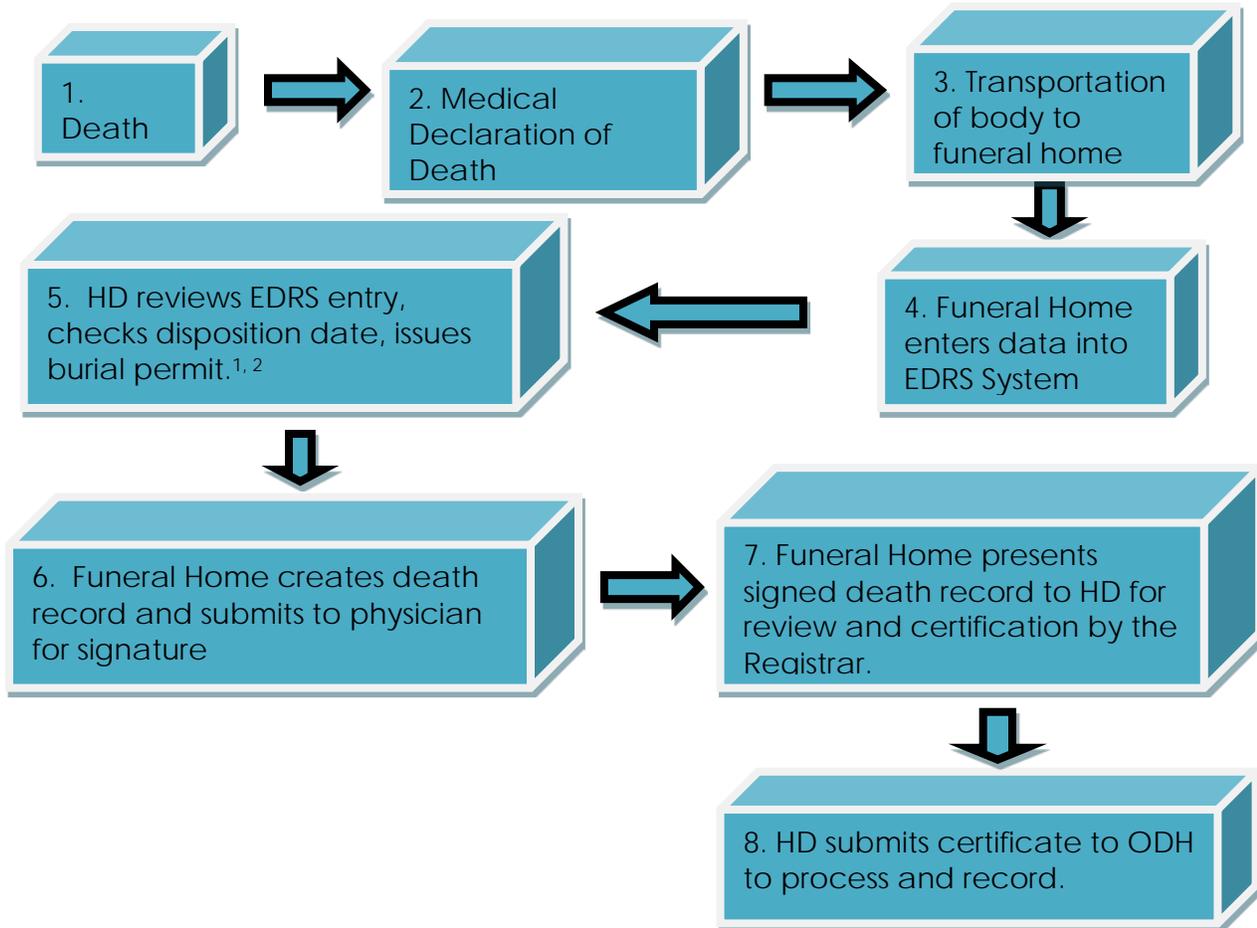
Ohio Vital records law is found in Ohio Revised Code at <http://codes.ohio.gov/orc/3705>

Surge capacity within the vital records system will be needed to process death certificates and issue burial/final disposition certificates during mass fatality events. The issuance of burial permits and death certificates involves multiple organizations external to the local health department. To expedite the process would require those external organizations to increase their surge capacity and streamline their processing of vital records.

The ODH, Office of Vital Statistics Program has an emergency plan to address surge capacity for the processing of vital statistic information by use of sixteen (16) regional registration districts, 2 in each preparedness region.

The ODH, Office of Vital Statistics in conjunction with the Ohio Funeral Directors Association (OFDA) has coordinated an effort to recruit and train Ohio funeral directors who will act as Emergency Sub-Registrars and assist in issuing burial transit permits and filing Ohio death certificates during a mass fatality incident.

Vitals Records System Process Flow:



¹ The health department cannot issue a burial permit without a death certificate in the case of cremation.

² Guidelines exist for the “Disposition and Registration of Death without a Funeral Home”.

Environmental Health

Burial Sites

Observe the following procedures in arranging for additional burial sites:

- Soil conditions, highest water table level, and available space must be considered.
- The site should be acceptable to communities living near the burial site.
- The site should be close enough for the affected community to visit.
- The burial site should be clearly marked and surrounded by a buffer zone to allow planting of deep-rooted vegetation and to separate the site from inhabited areas.
- Burial sites should be at least 225 yards away from water sources such as streams, lakes, springs, waterfalls, beaches, and the shoreline.
- Suggested burial distance from drinking water wells is provided in the following table Distances may have to be increased based on local topography and soil conditions.

Recommended distance of graves from drinking water wells

Number of bodies	Distance from drinking water wells
4 or less	220 yards
5 to 60	275 yards
60 or more	400 yards

*Adapted from: "Management of Dead Bodies after Disasters: A Field Manual for First Responders"
World Health Organization*

County Resource List

Funeral Home	Chandler	McVay-Perkins				
Phone	740-732-1311	740-732-4223				
Body Bags						
Cots						
Removal Vehicles						
Refrigeration						
Cremations/day						
Locations in NC	609 West St. Caldwell	416 East St. Caldwell				

Authorities and References

- <http://codes.ohio.gov/orc/313.12>
- Individual County Emergency Operations Plans
- County Corner Mass Fatality Plans
- Emergency Mutual Aid Compact (EMAC) will make resources available from contiguous states as deemed necessary.
- Local Public Health Mass Fatality Plans