

## **Executive Summary: Mass Fatality and Family Assistance Center Response Plan** Updated 2018

### **Annex Overview**

As the priority in any disaster is addressing the needs of the living, the King County Medical Examiner's Office (KCMEO) and the Preparedness Section of Public Health – Seattle & King County (Public Health) have prepared the King County Mass Fatality and Family Assistance Center Operations Response Annex (“the annex”) with family members and friends of the victims in mind. The annex serves to provide guidance on managing the disposition of large numbers of fatalities and describes a coordinated response among city and county agencies to ensure that both living and deceased individuals are treated with utmost respect.

Public Health serves as the lead agency in the county for coordination of all Emergency Support Function (ESF) 8 tasks, which includes Health, Medical and Mortuary planning and response activities. KCMEO and Public Health will manage the response regarding arranging for the investigation, recovery, transport, storage, tracking, processing and identification of decedents and communication with decedents' families. KCMEO is housed within Public Health, the county-wide health department. As such, during emergency and disaster operations, the KCMEO operations are supported or led by Public Health and Medical Area Command (HMAC), which coordinates with the King County Emergency Coordination Center (ECC) and local city emergency operations centers as necessary.

### **Consequence**

An incident resulting in multiple fatalities is also likely to result in multiple casualties, which may overwhelm emergency services and healthcare facilities. Additionally, it will have a serious effect on the loved ones of those injured and killed. An effective response will help mitigate these impacts by providing for effective and accessible methods for sharing and receiving information, an efficient process for examining and identifying those killed, and a supportive environment for those receiving life-changing news.

### **Capability**

Fatality Management

### **Strategic Objectives**

- Quickly make positive contact with those who have roles in a mass fatality and family assistance response.
- Activate response components of the Mass Fatality Management and Family Assistance Annex after evaluating the initial incident information received from the field.
- Provide ICS-based oversight of mass fatality and family assistance operations.
- Consider policy issues as close to the start of an incident response as possible.
- 2-1-1, in conjunction with PHSKC and Law Enforcement, staffs and runs a Contact Center to assist with family reunification and missing persons reporting.
- Provide a safe space for family and friends to gather to receive information directly after an incident.
- Recover human remains and personal effects from the scene in a respectful and organized manner to assist in identification and family reunification.



- Perform necessary examinations of human remains to quickly determining the cause and manner of death and aid in the identification and eventual family reunification of decedents.
- Provide a space for families to receive information, services, and support.
- Provide a non-physical space for families to receive information, services, and support.
- Gather and compare information to assist in family reunification and decedent identification.
- Complete the administrative components to facilitate the release of remains to next of kin.
- Ensure staff and members of the public take necessary precautions when interacting with human remains.
- Ensure all locations where mass fatality and family assistance operations occur under Public Health's control are secure.
- Ensure community members and local governments can support mass fatality operations.
- Provide culturally competent services and support to those affected by a mass fatality incident.
- Provide overall logistics, planning, and finance and administration support to mass fatality and FAC operations within Public Health and the KCMEO's oversight.
- Adjust response based on incident specifics.
- Reduce and eventually cease services once the need can be managed through regular operations.
- Provide support to other jurisdictions in a safe and reasonable way.
- Employ multiple approaches to ensure that the families of individuals, as well as members of the public, have necessary, relevant, and accurate information.

### **Plan Components**

- Reception Center: initial location for family and friends to gather for incident information
- Contact Center: provides ways for family and friends to report unaccounted for people
- Death Investigation: initial response, human remains recovery, and transportation of remains to the morgue
- Morgue Operations: examination of deceased individuals to assist in determining identity
- Family Assistance Center: location for family and friends to receive information and to share information to aid in identification of deceased individuals
- Virtual Family Assistance Center: call center that can duplicate many of the service and functions of the Family Assistance Center
- Victim Information and Identification Center: where information related to victim accounting and identification of deceased individuals is examined to determine identity
- Disposition Operations: return of deceased individuals to their family members
- Local Government and Hospital Responsibilities: guidance to assist cities and healthcare facilities in meeting their responsibilities during mass fatality incidents
- Religious and Cultural Considerations: general information as well as community-specific overviews of the death and grief customs of certain King County populations
- Public Communications: Templates to collect and distribute the correct data, language to be used in press releases to ensure the right information is available quickly, and other necessary messaging

## Attachments

### 01 Introduction

- 1.01 Planning Assumptions: Expectations and constraints related to the response.
- 1.02 Purpose and Scope: Reason for the annex and what it covers.
- 1.03 Situation Overview: Background on mass fatality incidents.
- 1.04 Authorities: Legislative and regulatory responsibilities.
- 1.05 Glossary and Acronyms: Definitions.
- 1.06 Strategies and Objectives: Compiled strategies and objectives for all annex components.

### 02 Notification

- 2.01 Notification Response Objectives and Tasks: Guidance for fulfilling the annex component's requirements.
- 2.02 Duty Officer MFM Checklist: For use by Duty Officer when taking a call about a mass fatality incident.
- 2.03 King County MFM Reporting Questions: Questions to be asked about a mass fatality incident in King County.
- 2.04 Mutual Aid MFM Reporting Questions: Questions to be asked about a mass fatality incident in another county when they are seeing assistance from King County.
- 2.05 Contacts: List of numbers and emails for those who need to be notified of an incident.
- 2.06 KCMEO MFM Notification Checklist: List of those who need to be contacted at the start of a mass fatality incident response.
- 2.07 MEO Lines of Succession and Contact Numbers: List of those in charge of different sections at the MEO, including work and cell numbers.
- 2.08 Preparedness MFM Notification Checklist: List of those who need to be contacted at the start of a mass fatality incident response.
- 2.09 Crime Victim Service Center Contact List SFY 2019

### 03 Activation

- 3.01 Activation Response Objectives and Tasks: Guidance for fulfilling the annex component's requirements.
- 3.02 Response Components to Activate: Spreadsheet of components and whether it is needed during the incident.
- 3.03 Planning Call Checklist: Detailed agenda for the initial call to address response needs.

### 04 Command and Control

- 4.01 HMAC Org Chart
- 4.02 KCMEO Org Chart
- 4.03 Public Health Org Chart
- 4.04 NTSB Org Chart
- 4.05 FBI SNB Org Chart
- 4.06 HHS Field Operations Org Chart

### 05 Policy

5.01 Policy Checklist: List of items and issues that Leadership needs to consider at the start of the incident that could impact response operations.

#### 06 Contact Center

- 6.01 Contact Center Objectives and Tasks: Guidance for fulfilling the annex component's requirements.
- 6.02 Contact Center Protocol and Timeline: Detailed timeline for meeting contact center requirements.
- 6.03 Call Center Logistics: Technology needs related to the Contact Center.
- 6.04 Operator Guide to Managing Calls: Details for how calls should be handled.
- 6.05 Hold Message: Template for message to put on 2-1-1 for people waiting for their call to be answered.
- 6.06 Paper Version Unaccounted for Persons Call Intake Form: Form for use to collect information from callers if the Mass Missing Persons tool is unavailable.
- 6.07 ASPR TRACIE HIPAA Emergency Fact Sheet: Reference document if people have questions about the ability to share information about individuals in hospital.
- 6.08 Event Script: Guidance for what to say to callers.
- 6.09 How to Update 211 During a Disaster: Routes to provide updates to 2-1-1.
- 6.10 Incident FAQs Template: Draft questions that callers may have and possible answers for call takers to use.
- 6.11 Call Center Data Points: Data that HMAC will ask 2-1-1 to collect about calls.

#### 07 Reception Center

- 7.01 Reception Center Objectives and Tasks: Guidance for fulfilling the annex component's requirements.
- 7.02 Guidelines for Scene: Directions for setting up a Reception Center
- 7.03 Disaster Missing Person Form: Document for families to complete providing info about the person they are looking for.
- 7.04 Reception Briefing Items: Items to cover in regular briefings for families at the Reception Center
- 7.05 Reception Center Sign in Sheet: Sign-In Sheet for Reception Center.
- 7.06 Reception Job Action Sheets: Description for roles in the Reception Center.
- 7.07 Resources for Survivors: Phone numbers and websites families can go to for mental health support.
- 7.08 Guidelines for Hospitals: Suggestions for setting up a Reception Center at a hospital.
- 7.09 Unidentified Patient Form: Document for hospitals to complete providing info about the unidentified patients.
- 7.10 PFA Tools: Tools to help those going through grief.
- 7.11 Reception Center Kit: Items needed at a Reception Center

#### 08 Death Investigation

- 8.01 Death Investigation Objectives and Tasks: Guidance for fulfilling the annex component's requirements.
- 8.02 Death Investigation Org Chart

### 09 Initial Response

- 9.01 Job Action Sheet Initial Response: Position overviews.
- 9.02 Scene Assessment to Print: To fill with information about the incident scene.
- 9.03 Scene Assessment Fillable: To fill with information about the incident scene.

### 10 Human Remains Recovery

- 10.01 Death Investigation Action Plan for Lead to Print: Plan for human remains recovery.
- 10.02 Death Investigation Action Plan for Lead Fillable: Plan for human remains recovery.
- 10.03 Job Action Sheets Human Remains Recovery: Position overviews.
- 10.04 Death Investigation Staff Notes to Print: Place for staff to write information on plan for human remains recovery.
- 10.05 Death Investigation Staff Notes Fillable: Place for staff to write information on plan for human remains recovery.
- 10.06 Transportation Guidelines: Instructions for transportation of remains.
- 10.07 Vehicle Log: Log sheet for remains transported from scene to morgue.

### 11 Morgue Operations

- 11.01 Morgue Objectives and Tasks: Guidance for fulfilling the annex component's requirements.
- 11.02 Action Plan: Steps and questions for Morgue Supervisor to consider in formulating morgue response.
- 11.03 Surge Capacity: Census of morgue space within the county (hospitals and funeral homes).
- 11.04 Morgue Operations and Disposition Operations Org Chart
- 11.05 Job Action Sheets Morgue: Position overviews.
- 11.06 Storage: Options for increasing storage if there are more decedents than current space.
- 11.07 Autopsy Manual: KCMEO regular operations manual.
- 11.08 Cover Sheet: Sheet to be included on the top of the paperwork for all incident remains.
- 11.09 KCMEO Forms: KCMEO regular operations forms.
- 11.10 Viewing Guidelines: Options and processes available should the Morgue Supervisor choose to allow viewings.
- 11.11 Property Record Form: Form to accompany any property accompanying human remains.
- 11.12 Off-Site Morgue Requirements and Assessment: Guidance for finding space outside the Ninth and Jefferson building that can serve as a temporary morgue.
- 11.13 Autopsy Station Set Up: Needs for setting up autopsy stations in temporary morgue space.
- 11.14 Catastrophic Facility Flow Chart: How the overall temporary morgue should be set up to allow for remains to be processed efficiently.
- 11.15 Sample DMORT Protocols
- 11.16 Catastrophic Operations Strategy Details: Details on the duties of each station in a catastrophic facility set-up.
- 11.17 VIP Post Exam: DMORT's database system's post-mortem exam paperwork.

### 12 FAC Activation

- 12.01 FAC Activation Objectives and Tasks: Guidance for fulfilling the annex component's requirements.
- 12.02 Activation Checklist: Checklist of tasks and considerations related to the opening of a FAC.
- 12.03 Timeline: Possible timeline for opening of the FAC.

- 12.04 FAC Organizational Chart
- 12.05 Job Action Sheets FAC Command Staff: Position overviews.
- 12.06 Prospective Site Assessment Worksheet: Detailed information on FAC needs, to be completed when considering a FAC site.
- 12.07 Site Scaling guide: Worksheet with equipment and space needs adjusted for the size of the incident.
- 12.08 Local Hotel Sizes: King County hotels and available meeting space.
- 12.09 FAC Equipment and Supplies: Items that will be needed within a FAC.
- 12.10 Facility Floor Plan Set-up Guidelines: considerations related to the floor plan for the FAC.
- 12.11 Sample FAC Floor plan: Possible mall- and medium-sized possible floorplan for the FAC.
- 12.12 Sample Catastrophic FAC Floor plan: Possible floorplan for a FAC set up for a catastrophic incident.

### 13 FAC Operations Reception Branch

- 13.01 FAC Operations Reception Branch Objectives and Tasks: Guidance for fulfilling the annex component's requirements.
- 13.02 Family Liaison Team Theory and Process: Overview of the concept of family liaison teams.
- 13.03 Job Action Sheet Family Reception: Position overviews.
- 13.04 Family Registration Check-In Protocols: Process reception staff should follow to allow individuals into the FAC.
- 13.05 Family Friend Daily Sign-in Sheet: Sign-in sheet.
- 13.06 Family Friend Registration Form: Form for families to complete when first visiting the FAC.
- 13.07 Family Resource Packet: Detailed and extensive information to be provided to families upon arrival at the FAC. Will need to be updated at the time of the incident.
- 13.08 Operations Overview: Data-collection tool to track numbers related to FAC usage.
- 13.09 FAC Services Cover Sheet: Sheet to accompany family members through the FAC to assist in not having to repeat details, and to ensure they receive the services they need.

### 14 FAC Operations Family Communications

- 14.01 FAC Operations Family Communications Objectives and Tasks: Guidance for fulfilling the annex component's requirements.
- 14.02 Family Interview Protocol: Process and expectations for conducting family interviews to gather information to help identify deceased individuals.
- 14.03 Job Action Sheets Family Communications: Position overviews.
- 14.04 Disaster Missing Person Form: Same form as found in the Reception Center section – for families to complete initially when reporting someone missing.
- 14.05 VIP Form: Interview questions and forms (used only if VIP is being used).
- 14.06 Dental Records and DNA Sample Release Form: Form for families to complete to give official permission for the ME to seek records (note: form is good to have, but the law does allow the ME to seek this information without the release form).
- 14.07 Medical Dental Record Request Form: Form for families to complete to give official permission for the ME to seek records (note: form is good to have, but the law does allow the ME to seek this information without the release form).
- 14.08 Family Interaction Matrix: Quality assurance self-assessment for family interviews to ensure they are treated families with compassion while sharing information.

- 14.09 Notification Protocol: Process for providing the various notifications to families.
- 14.10 Official Identification Letter: Letter issued confirming someone has been identified as deceased. May be helpful to the family in probate and other legal matters if the certified copy of the death certificate is delayed.
- 14.11 Death Certificate Demographics Worksheet: Information needed for death certificate. To be given to families after identification to prepare them for funeral home questions.
- 14.12 Remains Release Authorization: Release addressing the issue of notification after the first remains are identified – used only in incidents where remains are fragmented and/or seriously damaged.
- 14.13 Family Resources After Identification

#### 15 FAC Operations Family Briefings

- 15.01 FAC Operations Family Briefings Objectives and Tasks: Guidance for fulfilling the annex component's requirements.
- 15.02 Family Briefings Protocols: Guidance for conducting family briefings.
- 15.03 Important Considerations for Family Briefings: Items to consider when providing family briefings.
- 15.04 Family Briefings Sample Agenda: Items to cover during family briefings.

#### 16 FAC Operations Health Services Branch

- 16.01 FAC Operations Health Services Objectives and Tasks: Guidance for fulfilling the annex component's requirements.
- 16.02 Job Action Sheets FAC Health Services: Position overviews.
- 16.03 Medical - First Aid Protocol: Guidance for providing medical care in the FAC setting.

#### 17 FAC Operations Support Services Branch

- 17.01 FAC Operations Support Services Objectives and Tasks: Guidance for fulfilling the annex component's requirements.
- 17.02 Support Services Protocol: Possible support services and who could provide them.
- 17.03 Job Action Sheets FAC Support Services: Position overviews.
- 17.04 Child Care Considerations: Items to consider when providing child care within the FAC.
- 17.05 Child Care Site Set-up Checklist: Steps to follow when setting up on-site childcare.
- 17.06 Child Care Children Check-In Sheet: Check-in sheet to ensure children are associated with their parent / guardian.

#### 18 FAC Planning Section

- 18.01 FAC Planning Section Objectives and Tasks: Guidance for fulfilling the annex component's requirements.
- 18.02 Job Action Sheets FAC Planning Section: Position overviews.
- 18.03 List of Document to Print: List of documents by section.
- 18.04 File Flow: Process for managing files in the FAC.
- 18.05 File Tracking Spreadsheet: System for tracking all files.
- 18.06 Staff Check-In / Out Sheet: Tracking for staff working in the FAC.

#### 19 FAC Logistics Section

- 19.01 FAC Logistics Objectives and Tasks: Guidance for fulfilling the annex component's requirements.
- 19.02 Job Action Sheets FAC Logistics Section: Position overviews.
- 19.03 Family Friends Request Form: Form to use when families have requests for support.
- 19.04 Security Overview: Guidance on security provision at the FAC.
- 19.05 Badging Protocol: Guidance on badging for staff, volunteers, and family visiting the FAC.

#### 20 FAC Finance and Administration Section

- 20.01 FAC Finance and Administration Objectives and Tasks: Guidance for fulfilling the annex component's requirements.

#### 21 Virtual Family Assistance Center

- 21.01 Virtual FAC Objectives and Tasks: Guidance for fulfilling the annex component's requirements.
- 21.02 Virtual FAC Script: Script for call takers.
- 21.03 FAQ: Template for responses to questions.
- 21.04 Website Outline: Possible items for a website to be set up soon after a FAC.

#### 22 Victim Identification and Information Center

- 22.01 VIC Objectives and Tasks: Guidance for fulfilling the annex component's requirements.
- 22.02 Job Action Sheets VIC: Position overviews.
- 22.03 Mass Missing Persons Tool User Guide [TBD]: Guide for using the Snohomish County Mass Missing Persons Tool.
- 22.04 Family Reunification Resources: Different resources and ways for looking for missing individuals.
- 22.05 Unaccounted for Persons Protocol: Process for addressing and winnowing down the missing persons' list.
- 22.06 Case File Cover Sheet: Sheet in case file cover sheet.
- 22.07 File Checklist: Tracking list for items in case file.
- 22.08 Requested Records Log: Log of requested and received records.
- 22.09 Medical Dental Records Protocol: Process for obtaining medical and dental records.
- 22.10 DNA Protocol: Process for obtaining reference DNA.
- 22.11 Data Management Protocol: Process for managing all the data gathered to assist in the identification process.
- 22.12 VIP Administration: Process for getting Victim Identification Profile (VIP) program.
- 22.13 VIP Ante Interview: Guide and forms for antemortem data collection using VIP.
- 22.14 VIP Data Entry User Guide: Training for volunteers and staff to input paper form information into the computer program.
- 22.15 VIP Form Information: Post-mortem VIP form.
- 22.16 VIP KCMEO Training Document: Training for KCMEO staff to use the post mortem aspect of the VIP program.
- 22.17 MFI Number Tracking: Spreadsheet for use if manual tracking of remains is necessary.
- 22.18 Personal Effect Release Form: Form for release of personal effects that accompanied the deceased individual to the morgue.



### 23 Disposition Operations

23.01 Disposition Operations Objectives and Tasks: Guidance for fulfilling the annex component's requirements.

23.02 Job Action Sheets Disposition Operations: Position overviews.

23.03 Decedent Affairs Protocol: Process for managing disposition operations.

23.04 Death Care Industry Contact List and Ebola Services: List of funeral homes including willingness to take Ebola.

### 24 Safety and Security

24.01 Safety and Security Objectives and Tasks: Guidance for fulfilling the annex component's requirements.

24.02 OSHA Recommendations for Personnel Handling Human Remains

24.03 Personal Protective Equipment for MFI Response: List of PPE that are needed.

24.04 Physical Security Assessment: Security evaluation of mass fatality response sites.

24.05 Security Plan Template: Template for devising a security plan for mass fatality response sites.

24.06 Traffic Control Plan Template: Template for devising a traffic control plan for mass fatality response sites.

### 25 Local Government and Hospital Responsibilities

25.01 Local Government and Hospital Responsibilities Objectives and Tasks: Guidance for fulfilling the annex component's requirements.

25.02 Healthcare Fatality Management Guidelines: Guidance for considerations hospitals and other healthcare facilities should undertake when preparing for a mass fatality response.

25.03 Healthcare Mass Fatality Plan Template: Template for plans healthcare facilities could implement for mass fatality response.

25.04 Deaths Occurring Inside a Healthcare Facility: Algorithm for how deaths are handled (from death through release to next of kin) if the person dies at the facility.

25.05 Decedent Identification Tag: Blank ID tag for use if needed.

25.06 Decedent Information Form: Form for completion by healthcare facilities or local governments assisting in mass fatality response.

25.07 Patient Identification Form: Form for completion by healthcare facilities to help with family reunification.

25.08 City Mass Fatality Response Workbook: Guidance for cities to prepare their own mass fatality response in non-catastrophic and catastrophic incident.

25.09 City Remains Procedures: How cities can manage remains.

25.10 Deaths Occurring Outside a Healthcare Facility: Algorithm for how deaths are handled (from death through release to next of kin) if the person dies outside a healthcare facility.

25.11 Community Resource Distribution: Plan for distribution of mass fatality response-related resources to the public.

25.13 Personal Effects Tracking Form: Form to assist cities in tracking personal effects when operating a temporary morgue during a catastrophic incident.

25.14 City Morgue Job Checklists: Position descriptions.

25.15 City Morgue Site Guidelines: Guidance to assist cities in identifying temporary morgue sites.

25.15 Handling Human Remains: Guidance for cities in handling human remains.

25.16 Photo Log: Log to track photos taken when cities are handling human remains.

25.17 Reporting Decedents and Missing Persons to 9-1-1 and 2-1-1: Process for reporting missing persons and deceased individuals.

25.18 KCMEO Background: Background information for cities and hospitals on what KCMEO does.

## 26 Religious and Cultural Considerations

26.02 Cultural and Religious Considerations: General items to consider in a response to ensure culturally and religiously sensitive operations.

26.03 Death Dying Fact Sheet – Bhutanese: Overview of cultural customs, including customs related to death and dying, in this community.

26.04 Death Dying Fact Sheet – Burmese: Overview of cultural customs, including customs related to death and dying, in this community.

26.05 Death Dying Fact Sheet – Cambodian: Overview of cultural customs, including customs related to death and dying, in this community.

26.06 Death Dying Fact Sheet – Congolese: Overview of cultural customs, including customs related to death and dying, in this community.

26.07 Death Dying Fact Sheet – Eritrean: Overview of cultural customs, including customs related to death and dying, in this community.

26.08 Death Dying Fact Sheet – Ethiopian: Overview of cultural customs, including customs related to death and dying, in this community.

26.09 Death Dying Fact Sheet – Iranian (INCOMPLETE): Overview of cultural customs, including customs related to death and dying, in this community.

26.10 Death Dying Fact Sheet – Iraqi: Overview of cultural customs, including customs related to death and dying, in this community.

26.11 Death Dying Fact Sheet – Somali: Overview of cultural customs, including customs related to death and dying, in this community.

## 27 HMAc Support Overview

27.01 HMAc Support Objectives and Tasks: Guidance for fulfilling the annex component's requirements.

27.02 Human Remains Recovery Equipment and Supplies: Possible needs for the human remains recovery response (HMAc Logistics).

27.03 Funeral Home Survey: Responses from 2015 survey of funeral homes, including morgue space and other services funeral homes would be willing to offer in a response. (HMAc Logistics)

27.04 State and Federal Assets and Locations: Possible available response resources. (HMAc Logistics)

27.05 Job Sheet Template: Blank form if new job descriptions need to be created. (HMAc Logistics)

27.06 Staff Request Form: Form for use in requesting staffing support. ((HMAc Logistics)

27.07 Staffing Numbers: Numbers of staff estimated needed in each response area, based on number of decedents. (HMAc Logistics)

27.08 Position Matrix: List of positions and possible staff, volunteers, and consultants who could fill various positions. (HMAc Logistics)

27.09 Process for KCMEO to Request Assistance

27.10 Code of Conduct: Expected conduct of all staff, volunteers, and consultants participating in the response. (HMAc Finance & Administration)

- 27.11 Confidentiality Agreement FAC: Agreement that all who work in the FAC need to sign. (HMAC Finance & Administration)
- 27.12 Confidentiality Agreement Morgue: Agreement that all who work in the morgue and field need to sign. (HMAC Finance & Administration)
- 27.13 Conference Call Agenda: Agenda for conference call with emergency managers. (HMAC Planning Section)
- 27.14 Rumored Fatalities Grid: Tracking list for use in larger incidents to manage publicly declared fatality numbers. (HMAC Planning Section)
- 27.15 Staff Check-in-out Protocols (in progress)
- 27.16 Staff Daily Sign-in Sheet (HMAC Planning Section)
- 27.17 Job Action Sheets HMAC: Position descriptions.

### 28 Demobilization

- 28.01 Demobilization Template for FAC: Template for tasks that need to be accomplished when demobilizing the FAC.
- 28.02 Mass Fatality and Family Assistance Demobilization: Template for the tasks that need to be accomplished when demobilizing the mass fatality response.

### 29 Scenario-Specific Disaster Considerations

- 29.01 Airline Incidents: Specific considerations and revised procedures related to commercial airline incidents.
- 29.02 Catastrophic Number of Fatalities: Specific considerations and revised procedures related to incidents with hundreds of fatalities.
- 29.03 Contaminated Decedents: Specific considerations and revised procedures when the mass fatality incident includes contaminated remains.
- 29.04 Incidents in Large Bodies of Water: Specific considerations and revised procedures when the mass fatality incident takes place on Puget Sound or in one of the lakes in King County.
- 29.05 Managing School Scenes of Mass Violence: Specific considerations and revised procedures when there is a school shooting.
- 29.06 State ME Catastrophic Questions: Questions the state will be asking King County during a catastrophic incident such as an earthquake.

### 30 Mutual Aid

#### 31 Communications

- 31.01 Communications Objectives and Tasks: Guidance for fulfilling the annex component's requirements.
- 31.02 Mass Fatality Media FAQ Sheet: Frequently asked questions for those taking calls from the media.
- 31.03 Messaging Tips: Suggestions for language to use and not use in public communications.
- 31.04 FAC Information Tracking for PIOs (Fillable and To Print): Detailed tracking information related to the response, gathered to be shared with PIOs to assist in responding to media requests.
- 31.05 Initial Press Release Components: Drafted language to be used in press releases.
- 31.06 Mass Fatality Incident Update Template and Completion Instructions (Fillable and To Print): updates on components of the response.



31.07 Remains in Place Public Messaging Pre-Disaster: Messaging available to communities asking for steps to take in anticipation of a catastrophic incident.

31.08 Key Messages What to Do if Someone Dies in Disaster: Public information to be shared in a catastrophic incident.

### 32 Roles and Responsibilities

32.01 Partner Role Possibilities: List of responsibilities of local, state, federal, commercial, and non-profit organizations.

32.02 Law Enforcement: Specific duties for law enforcement.

32.03 Foreign Consulates in Washington: List of phone numbers of consulates.

### 33 Training & Exercises

33.01 HMAAC Staff Training Overview: Trainings HMAAC staff should complete.

33.02 KCMEEO Staff Training Overview: Trainings KCMEEO staff should complete.

33.03 Emergency Management Training Overview: Trainings Emergency Management staff should complete.

33.04 FD and PD One Pager: Detailed information for fire and police to know about Public Health and KCMEEO when responding to a mass fatality incident.

## 01 Introduction

As the priority in any disaster is addressing the needs of the living, the King County Medical Examiner's Office (KCMEO) and the Preparedness Section of Public Health – Seattle & King County (Public Health) have prepared the King County Mass Fatality and Family Assistance Center Operations Response Annex (“the annex”) with family members and friends of the victims in mind. The annex serves to provide guidance on managing the disposition of large numbers of fatalities and describes a coordinated response among city and county agencies to ensure that both living and deceased individuals are treated with utmost respect.

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- 1.01 Executive Summary
- 1.02 Planning Assumptions
- 1.03 Purpose and Scope
- 1.04 Situation Overview
- 1.05 Authorities
- 1.06 Glossary and Acronyms
- 1.07 Strategies and Objectives

## 02 Notification

While mass fatality incidents are high-profile and likely to come to the attention of Public Health and KCME staff via the media, it is still critical that all parties ensure that they make proper notifications.

### KCMEO:

- KCMEO should receive notification of a potential mass fatality incident directly from law enforcement, but they may also be notified by the Public Health Duty Officer.
- If notified by law enforcement or other individuals at the scene, KCMEO will notify the Public Health Duty Officer (PHDO) as soon as possible.

### Public Health:

- If the PHDO receives the notification, they will gather as much information as possible per the Duty Officer and Mutual Aid checklists.
- If the Preparedness Director

### Strategy:

- Quickly make positive contact with those who have roles in a mass fatality and family assistance response.

### Objectives:

- Ensure all appropriate PHSKC and KCMEO staff are notified of incident.
- Ensure all relevant partners are notified of incident.

### Attachments:

- 2.01 Notification Response Objectives and Tasks
- 2.02 Duty Officer MFM Checklist
- 2.03 King County MFM Reporting Questions
- 2.04 Mutual Aid MFM Reporting Questions
- 2.05 Contacts
- 2.06 KCMEO MFM Notification Checklist
- 2.07 MEO Lines of Succession and Contact Numbers
- 2.08 Preparedness MFM Notification Checklist
- 2.09 Crime Victim Service Center Contact List SFY 2019

### 03 Activation

The Chief Medical Examiner, along with the Local Health Officer, Public Health Director, and Preparedness Manager, will activate plan modules after evaluating the initial incident information received from the field. Final determination to activate the plan resides with the Chief Medical Examiner and Local Health Officer (or their respective designees). The plan can be activated modularly; activation of one component does not necessitate activation of the whole.

The KCMEO has determined that any event consistent with the following mass fatality incident criteria warrants activation of this plan:

- Any event that has the potential to yield 7 or more fatalities.
- Any situation in which there are more human remains to be recovered and examined than can be handled routinely by KCMEO resources.
- Any situation in which there are human remains contaminated by chemical, biological, radiological, nuclear or explosive agents or materials.
- Any incident or other special circumstance requiring a multi-agency response to support mass fatality operations.
- Any incident involving a protracted or complex human remains recovery operation.

While the above criteria generally apply, components of the plan may be needed for fewer than seven fatalities, depending on the circumstances of the incident.

#### Strategy:

- Activate response components of the Mass Fatality Management and Family Assistance Annex after evaluating the initial incident information received from the field.

#### Objectives:

- Determine which – if any – response components should be activated.
- Ensure PHSKC / HMAC / KCMEO staff and partners understand their responsibilities relative to the activated response components.

#### Attachments:

- 3.01 Activation Response Objectives and Tasks
- 3.02 Response Components to Activate
- 3.03 Planning Call Checklist

## 04 Command and Control

Unless otherwise specified, response operations will function on a 12-hour operational period, with two shifts per day.

A Fatality Management Branch supervisor will be located at HMAC and provide support to the primary field groups.

- While resources will be managed through HMAC, on-scene staff will report directly to supervisors as per ICS.
- If the incident involves a large mass fatality component, KCMEO should seek representation within Unified Command.
- Human Remains Recovery group and Reception Center staff will respond up through scene incident command. Morgue and Disposition Group staff, as well as Victim Information and Identification Center (VIC) staff will report to the Chief Medical Examiner. Contact Center staff from 211 will follow their own reporting structure, with a connection to the Fatality Management branch and the VIC.

Public Health will serve as the Incident Commander for all FAC operations, including the Virtual FAC.

- In some cases, such as if the incident is a criminal or suspected criminal event, the FAC will be managed under a unified command with representatives from Public Health and law enforcement.
- In such instances all information gathered by the FAC will be treated as evidence in the ongoing investigation.
- Public Health will also evaluate whether any additional parties should be included as a part of unified command and will determine that based on each individual incident.

Strategy:

- Provide ICS-based oversight of mass fatality and family assistance operations.

Objectives:

- Fill organization chart positions with qualified individuals.

Attachments:

- 4.01 HMAC Org Chart
- 4.02 KCMEO Org Chart
- 4.03 Public Health Org Chart
- 4.04 NTSB Org Chart
- 4.05 FBI SNB Org Chart
- 4.06 HHS Field Operations Org Chart

References:

- 4.10 Aviation Disaster Family Assistance Act of 1996
- 4.11 Rail Passenger Family Assistance Act 2008



## 05 Policy

The Chief Medical Examiner or designee will serve as the decision maker for all policy issues directly related to their ability to fulfill their legislatively mandated role of determining the identity of decedents within King County, as well as determining the cause and manner of death<sup>1</sup>.

Other issues related to but not directly under the Chief Medical Examiner's authority should be addressed in coordination with the Local Health Officer, Law Enforcement, and others who have a role in performing related functions.

### Strategy:

- Consider policy issues as close to the start of an incident response as possible.

### Objectives:

- Identify and agree upon policy questions
- Establish policies that will dictate incident objectives and response

### Attachments:

5.01 Policy Checklist

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<sup>1</sup> See King County Ordinance #2878 and the Revised Code of Washington RCW 68.50.010

## 06 Contact Center

Following an incident HMAC will request activation of a Contact Center in coordination with Crisis Connections / 2-1-1 to provide a critical communication link to families and friends who are seeking information about missing persons.

Primary functions of a public information contact center:

- Provide a centralized number for families or the public to call regarding inquiries about missing or potentially deceased persons. This should help reduce the burden of calls to other local emergency lines, such as 911 and hospitals.
- Collect reports regarding individuals who are unaccounted for following a mass fatality incident or a mass casualty incident.

Strategy:

- Crisis Connections / 2-1-1, in conjunction with PHSKC and Law Enforcement, will staff and run a Contact Center to assist with family reunification and missing persons reporting.

Objectives:

- Ensure staffing, procedures, and technology are in place to open Call Center.
- Confirm call center process and responsibilities.
- Ensure all parties have current information.
- Assist in creation and maintenance of missing person's list [Does this belong here?]

Attachments:

- 6.01 Contact Center Objectives and Tasks
- 6.02 Contact Center Protocol and Timeline
- 6.03 Call Center Logistics
- 6.04 Operator Guide to Managing Calls
- 6.05 Hold Message
- 6.06 Paper Version Unaccounted for Persons Call Intake Form
- 6.07 ASPR TRACIE HIPAA Emergency Fact Sheet
- 6.08 Event Script
- 6.09 How to Update 211 During a Disaster
- 6.10 Incident FAQs Template
- 6.11 Call Center Data Points

## 07 Reception Center

In incidents where family members and friends of possible decedents begin congregating at the site, law enforcement will be responsible for operating a temporary facility called a Family Reception Center where family and friends can wait in private for information about their loved ones. Any such facility should be:

- Located away from, and not in the sightline of, the incident
- Able to be secured
- Can accommodate a build out for communications services

While Public Health will provide staff to assist family members until the opening of the FAC, it may take several hours to mobilize personnel.

### Basic Operations:

- All who come to the Reception Center will be required to sign in; that information will then be shared with the VIC as well as transferred to the FAC.
- Reception Center staff (depending on the incident type, this should be someone from Fire, Law, or Public Health) will provide regular briefings every 30-60 minutes to provide as much information available as possible while also preparing family and friends for the eventual transition to FAC operations.
- The jurisdiction's EOC or the King County ECC will communicate logistical information to the Reception Center, including transportation options for family and friends to move from the Reception Center to the FAC when opened.
- If the incident involves a closed population and is deemed to have no survivors, the Incident Commander will determine the best way to communicate this information to the families and friends present.

Additionally, hospitals may see an influx of families and unaccompanied children calling or arriving at their facility. To respond to families with information needs, Public Health advises that hospitals set up a family reception area within their hospital to specifically address these information needs.

### Strategy:

- Provide a safe space for family and friends to gather to receive information directly after an incident.

### Objectives:

- Support a reception center near the incident scene.
- Support reception centers in healthcare facilities.

### Attachments:

- 7.01 Reception Center Objectives and Tasks
- 7.02 Guidelines for Scene
- 7.03 Disaster Missing Person Form
- 7.04 Reception Briefing Items



- 7.05 Reception Center Sign in Sheet
- 7.06 Reception Job Action Sheets
- 7.07 Resources for Survivors
- 7.08 Guidelines for Hospitals
- 7.09 Unidentified Patient Form
- 7.10 PFA Tools
- 7.11 Reception Center Kit

## 08 Death Investigation Overview

KCMEO response to the scene will include the same functions it fulfills daily under normal operating circumstances, but will be more resource-intensive. This will include:

- Providing teams to document the scene with the assistance of law enforcement
- Locating and recovering human remains and associated personal effects.

Depending on the scale of the incident and assessment of resource needs, the response teams may be comprised of additional city, county state, federal and out-of-area groups, such as:

- Specialized search and rescue or recovery teams
- Medical Examiner staff from neighboring counties

Requests for resources will be made via HMAAC according to standard ICS protocol.

In incidents involving chemical, biological, or radiological contamination, KCMEO may use local assets including decontamination teams from the local HazMat units.

- If resource needs or capabilities exceed local capacity, HMAAC may request federal assets through the King County Regional Communication and Emergency Coordination Center, if requested by the scene Incident Commander and law enforcement.
- These assets may assist with specialized search and recovery and decontamination of remains and personal effects at the incident site (see scenario-specific attachments).

KCMEO responsibilities at the scene include:

- Initial Response (scene evaluation and investigation)
- Human Remains Search and Recovery (collection and documentation of human remains, property, and evidence at the incident site)
- Transportation (transportation of human remains, property, and evidence to the incident morgue)
- Chain of custody

Strategy:

- Recover human remains and personal effects from the scene in a respectful and organized manner to assist in identification and family reunification.

Attachments:

8.01 Death Investigation Objectives and Tasks

8.02 Death Investigation Org Chart

## 09 Initial Response

KCMEO staff members will work with the Chief Medical Examiner to determine how they will work with Incident Command once they arrive on scene. Part of this initial discussion may involve deploying a senior Death Investigator or pathologist to the scene (or scenes) as soon as possible.

On scene, this representative from KCMEO will report to Incident Command to evaluate the scene from a human remains recovery and identification perspective.

- This representative will gather information to complete the “Scene Assessment” attachment, which will provide KCMEO and HMAAC with information that will assist in determining possible death investigation resource needs.
- He or she will also be prepared to advise Incident Command on scene as to what responders should or should not do with fatalities they encounter (e.g. do not remove identification, do not move remains unless necessary, etc.).

Death Investigators will come to the scene to begin recovery when law enforcement releases the scene. It is the intent of this annex to encourage a KCMEO presence at the incident scene as soon as practical; however, fatality management operations may not commence at the scene for several hours while higher priority life safety or stabilization operations are underway

### *Levels 3 and 4*

In all incidents regardless of size the Chief Medical Examiner will assess resource needs via on-scene representatives working with the Incident Command through the scene Operations Section Chief. If necessary, the Incident Commander may request additional death investigation staff through the Finance and Administration Section of HMAAC to assist in scene evaluation and initial response. Staff may include Public Health personnel or personnel from other county or city agencies to assist with investigation, search and recovery, and transportation of remains.

### *Levels 2 and 1*

In large and catastrophic incidents, the Chief Medical Examiner will require significant assistance in managing the initial response to the scene. KCMEO will likely request federal assistance and resources to supplement locally available staff and volunteers. Such requests will be handled by HMAAC, which will in turn make requests to the KCECC.

### Strategy:

- Gather information to assist in human remains recovery operations.

### Objectives:

- Coordinate with incident command.
- Assess scene to support human remains recovery operations.

### Attachments:

9.01 Job Action Sheet Initial Response

9.02 Scene Assessment to Print

9.03 Scene Assessment Fillable

## 10 Human Remains Recovery & Transport

After the initial scene assessment is complete and the human remains are released to the care of the KCMEO, death investigators will access the scene and begin field work. They will be assigned to the Operations Section, Human Remains Recovery Group, Death Investigation Unit. Initial steps include:

- reporting to the incident command
- developing a plan and briefing staff on it (“Death Investigation Action Plan Briefing Doc”)
- holding a field safety and procedural briefing

The Action Plan prepared by the Death Investigation Unit is a tactical plan that can be used to both inform and be informed by the overall scene Incident Action Plan. Its focus is on the work being performed by the Human Remains Recovery Group in the Operations section, and includes:

- locating, documenting, packaging, and recovering all remains and associated property
- decontamination of the remains if necessary
- setting up a temporary storage facility
- transporting the remains to the morgue for examination

Once the remains are recovered, they must be transported to the morgue. This is the responsibility of the Remains Transportation Unit. Detailed and specific information on Human Remains Recovery Strategy and Transportation can be found in the module attachments.

- Using existing KCMEO resources, two bodies can be transported per vehicle at a time.
- KCMEO currently has three vehicles; two would likely be available for mass fatality recovery.
- For large incidents, or incidents that require a more rapid movement of decedents, Public Health may seek assistance from local funeral homes that have previously expressed interest in assisting.

Strategy:

- Recover human remains and personal effects in a timely, organized, and respectful way.

Objectives:

- Create and follow a standard procedure throughout the remains recovery process.

Attachments:

- 10.01 Death Investigation Action Plan for Lead to Print
- 10.02 Death Investigation Action Plan for Lead Fillable
- 10.03 Job Action Sheets Human Remains Recovery
- 10.04 Death Investigation Staff Notes to Print
- 10.05 Death Investigation Staff Notes Fillable
- 10.06 Transportation Guidelines
- 10.07 Vehicle Log

## 11 Morgue Operations Overview

The KCMEO establishes morgue operations to ensure the proper collection, labeling, examination, identification, preservation, and transportation of recovered remains. In most incidents, the KCMEO will process mass fatality decedents in much the same way it does daily. Some exceptions are outlined below, but the KCMEO Autopsy Protocol Manual will cover most situations. However, given that this is an emergency response:

- Morgue operations will be managed under ICS and will include an Incident Commander, Safety Officer and all General Staff positions (Planning, Operations, Logistics, and Finance & Administration).
- HMAC will provide resource and information support to morgue sites through the Fatality Management Branch within the Operations Section in HMAC.

Once a mass fatality response is indicated, the Morgue Incident Commander will make decisions with Operations Section Chief, Morgue Operations Group Supervisor and Morgue Information Processing and Disposition Group Supervisor, and will then reiterate the below operational objectives (plus any they deem necessary) to all staff. The Morgue Action Plan provides a list of decisions to be made and questions to ask of staff and leadership.

### Morgue Set-Up

The first location choice for morgue operations for Level 3 and 4 incidents (fewer than 100 decedents) is the KCMEO headquarters in Seattle.

Level 1 and 2 incidents (100 or more decedents), or smaller incidents that render KCMEO headquarters inadequate, will require that Public Health secure one or more alternate morgue locations.

- Facilities that can serve this purpose must meet the standards listed in the “Morgue Site Requirements” attachment, especially if DMORT or DPMU resources are expected.

Especially with a Level 1 incident (catastrophic), morgue operations may take place outside of King County while remaining under the Chief Medical Examiner’s jurisdiction.

- The decision to locate a morgue outside of the County will be left to the Chief Medical Examiner, Local Health Officer, and other affected jurisdictions.

### Remains Processing

In most cases, remains will move through the KCMEO as usual. (An off-site morgue or use of DMORT services may require a different flow; see Facility Flow Chart or DMORT Morgue protocols attachment.) However, it is important that, unless another jurisdiction has agreed to take custody of non-mass-fatality-related deaths for the duration of the response, one autopsy station will be reserved for such deaths to ensure they continue to be processed.

Remains arriving at the morgue facility can be:





- Whole or nearly whole bodies removed from the scene by KCMEO personnel, tagged with an MFI number, and contained in separate body bags.
- Fragmentary remains removed from the scene by KCMEO personnel, with each fragment bagged separately and tagged with an MFI number, and multiple bags transported in a single body bag.
- Fragmentary remains that may or may not be tagged individually. Remains may be comingled within a single body bag.

One difference in processing mass fatality remains is that each MFI number (whether intact remains or fragments) will have a Cover Sheet accompany the file for documentation purposes. The Cover Sheet ensures that each decedent or set of remains has received the necessary examination. Detailed information on each step of the examination as set by KCMEO protocols can be found in the below-referenced section of the Autopsy Protocol Manual:

- Intake: Section 3.0
- Weighing: Section 3.0
- Triage: Section 3.0
- Photography: Section 4.0
- Property: Section 3.0 (especially Section 3.7)
- Evidence: Section 12.0
- Radiography: Section 5.0; Appendix 15
- DNA: Appendix 4
- Autopsy: Section 7.0
- Fingerprints: [No reference]
- Dental: Section 5.0

Staff from other jurisdictions assisting in Morgue operations should review Sections One and Two to understand the workflow and paperwork processes used by the KCMEO, as well as any other sections relevant to the work they are assigned.

### **Additional Roles**

#### Finance Section Chief

- Coordinate with the Finance Section at HMAC by providing information such as timesheets, costs and inventory information.
- Check in Morgue staff and answer questions such staff may have regarding the administrative side of the response.

#### Planning Section Chief

- Assist with internal planning (e.g. morgue layout, remains recovery tactics, etc.) and provide information to HMAC related to Morgue Operations.
- Provide information to HMAC related to Morgue operations, including:
  - complete the Situation Status template each operational period



- following approval by the Morgue Incident Commander, return it to the Fatality Management Branch Supervisor in HMAC.
- Reconcile fatality numbers across jurisdictions within the county by working with law enforcement from the respective affected jurisdictions.

#### Logistics Section Chief

- Keep track of and communicate any logistics needs back to the HMAC logistics section.
- Serve as the on-site contact for support services provided to the Morgue by HMAC, such as laundry contracting, feeding and janitorial services.

#### Strategy:

- Perform necessary examinations of human remains to quickly determine the cause and manner of death and aid in the identification and eventual family reunification of decedents.

#### Objectives:

- Prepare autopsy suite in the manner best suited to the individuals incident.
- Conduct examinations and / or autopsies as needed to support identification of individuals.
- Provide post-mortem information to Victim Identification and Information Center staff to support identification of individuals.
- Ensure property and evidence are handled appropriately.
- Ensure deaths unrelated to the incident continue to be processed in a timely manner.

#### Attachments:

- 11.01 Morgue Objectives and Tasks
- 11.02 Action Plan
- 11.03 Surge Capacity
- 11.04 Morgue Operations and Disposition Operations Org Chart
- 11.05 Job Action Sheets Morgue
- 11.06 Storage
- 11.07 Autopsy Manual
- 11.08 Cover Sheet
- 11.09 KCMEO Forms
- 11.10 Viewing Guidelines
- 11.11 Property Record Form
- 11.12 Off-Site Morgue Requirements and Assessment
- 11.13 Autopsy Station Set Up
- 11.14 Catastrophic Facility Flow Chart
- 11.15 Sample DMORT Protocols
- 11.16 Catastrophic Operations Strategy Details
- 11.17 VIP Post Exam

## 12 FAC Activation

Family Assistance Centers (FACs) are an important resource for helping a community meet the needs of family and friends and supporting the overall incident response. In addition to providing a safe, protected, and supportive environment for families to gather and receive updates and information, they can play a critical role in the reunification of victims and family members in addition to coordinating patient tracking and missing person information and ensuring that families have a mechanism for providing the critical information that will be pertinent to the Medical Examiner in identifying the victims.

Services that are usually provided at the FAC include:

- Regular family briefings
- Family interviews to gather information to help identify deceased individuals
- Behavioral health support
- Physical health support
- Necessary support services (e.g. childcare, interpretation, financial assistance)
- Notification of identification of deceased individuals

A FAC is also a complicated field operation and as such requires many different steps for activation. When determining what family assistance operations are necessary, Public Health and the KCMEO will consider:

- Location
- Time of day
- Number of fatalities
- Number of injuries
- Number of uninjured
- Location of family members
- Foreign nationals
- Number of child fatalities
- Involved public figures
- Type of incident (certain incidents may require specific family assistance constructs – e.g. legislated aviation or rail accidents, federal crimes, CBRNE incidents, pan-flu, etc.)

Other factors that may influence the magnitude and duration of operations

- The condition of the incident site
- Access to the incident site
- The condition of the remains
- The duration of mortuary operations
- Can other organizations support and manage ongoing case management needs?
- Is the incident an ongoing incident?
- Open versus closed population

Public Health staff will assess potential FAC locations as part of the pre-incident planning efforts; large hotels are often ideal locations for such operations. A FAC location should be selected from

the pre-determined locations if possible. Potential FAC locations should be assessed with the Prospective Site Assessment Worksheet at the time of activation, which may require assistance from the Local EOC (e.g. structural assessment after an earthquake). The organization and operation of the FAC should create an atmosphere of calmness, professionalism, concern, and care.

Important criteria to consider while selecting a site:

- One large FAC is preferred over several smaller ones.
- Unless secondary services are specifically requested, only primary services are recommended at the FAC.
  - A separate location should be established to provide social service needs for affected residents, workers, business owners, and those who have not lost a friend or family.
  - If possible the FAC should be located close to this facility so families visiting the FAC can easily access those services.
  - If the facilities are in the same building they should have separate entrances.
- The FAC should be located close enough to the incident to allow personnel to move easily between the response site and the FAC but far enough away that clients are not continually exposed to the scene.
  - All effort should be made to prevent families from having to pass the incident site on their way to and from the FAC.
- The facility must conform to local and federal regulations.
  - Occupancy capacity regulations
  - Occupational Safety and Health Administration (OSHA) facility requirements
  - Americans with Disabilities Act (ADA) compliant or modifiable to be compliant
- The FAC site should have easy access to public transportation (buses, trains, subways, etc.) as well as easy access to local hospitals and healthcare facilities.
  - The HMAE Equity Officer should be consulted to determine whether the population affected by the incident has certain needs that could be addressed or exasperated by the site choice.

HMAE will activate the Fatality Management Branch, which will direct FAC activities. This branch will identify Public Health Responders who can serve in needed roles based on their knowledge and skill and will provide just in time training as needed. HMAE Logistics Section will be responsible for activating these teams. The Workforce Mobilization Plan describes the process that HMAE will follow to acquire additional staff for the FAC, as needed. If staff cannot be found within the Public Health employee and volunteer system, HMAE will reach out to the local emergency management office for assistance in securing staff.

HMAE Logistics Section is responsible for identifying and acquiring resources necessary for the operation of the FAC. Using the equipment and supplies guide, HMAE Logistics should determine the necessary supplies to set up the FAC. If they are unable to secure all the needed equipment and supplies, HMAE will contact the local emergency management office for assistance.

Strategy:

- Provide a space for families to receive information, services, and support.
- Help facilitate identification process.



Objectives:

- Evaluate options for opening a FAC.
- Identify appropriate space for a FAC.
- Set up FAC.

Attachments:

- 12.01 FAC Activation Objectives and Tasks
- 12.02 Activation Checklist
- 12.03 Timeline
- 12.04 FAC Organizational Chart
- 12.05 Job Action Sheets FAC Command Staff
- 12.06 Prospective Site Assessment Worksheet
- 12.07 Site Scaling guide
- 12.08 Local Hotel Sizes
- 12.09 FAC Equipment and Supplies
- 12.10 Facility Floor Plan Set-up Guidelines
- 12.11 Sample FAC Floor plan
- 12.12 Sample Catastrophic FAC Floor plan

### 13 Operations: Reception Branch

- Families entering the FAC will be greeted and directed to the reception and registration desk to check in.
- Throughout the registration process translation, interpretation, American Sign Language and braille services should be on hand to assist with any needs.
- Behavioral health providers should also be on hand during client welcoming and registration to provide services as needed.

#### *Registration Group*

People staffing this group are responsible for greeting and welcoming families and friends, noting their information and creating a new file for their missing loved one. They are also responsible for providing family members with credentials.

- **Liaison Team:** To better manage and serve family needs in larger FAC operations, families may be assigned to a Family Liaison Team. These teams may be assigned a color to identify them. Family Liaison Teams will provide families with a core group of individuals that will be able to address their needs. This will give families a sense that there are people working specifically with them. This will also give staff a simple way to triage any concerns to staff members who have knowledge of each family and can better support their needs. Family Liaison teams will only consist of family interviewers, hosts, and notification and referral staff.

#### *Family Host Group*

If resources allow there should be hosts available to all families visiting the FAC. Family Hosts will provide clients a brief overview of the services provided at the FAC, a tour of the facility, and answer any questions the family may have. The family hosts will also coordinate all necessary resource and information needs families may have. This may include physical resources (chairs, tables, tissues, etc.) as well as informational resources (time of briefings, contact information for social services, etc.). In larger incidents where staff numbers are limited, family hosts will be part of an assigned, color-coded team, providing family members with many people who can assist them.

#### Strategy:

- Provide a space for families to receive information, services, and support.
- Help facilitate identification process.

#### Objectives:

- Ensure family members feel welcomed and supported upon arrival.
- Provide information to family members.
- Report relevant data to Planning Section.

#### Attachments:

- 13.01 FAC Operations Reception Branch Objectives and Tasks
- 13.02 Family Liaison Team Theory and Process
- 13.03 Job Action Sheet Family Reception
- 13.04 Family Registration Check-In Protocols



- 13.05 Family Friend Daily Sign-in Sheet
- 13.06 Family Friend Registration Form
- 13.07 Family Resource Packet
- 13.08 Operations Overview
- 13.09 FAC Services Cover Sheet

## 14 FAC Operations: Family Communications

### *Family Interview Unit*

While much of the initial antemortem data may be gathered through call to the Contact Center, there will still be a need for both follow-up interviews as well as initial interviews with those who did not call the Contact Center. Because of the intersection of missing persons and decedents, law enforcement will likely ask to provide the staff to conduct these interviews.

#### Staffing

- Because of the complexity and sensitivity in collecting antemortem information from grieving family members, interviewers should be personnel specially trained in dealing with grieving individuals.
- Interviewers must also be emotionally healthy, caring, compassionate individuals.
- Behavioral health providers should be on hand during interviews.
- Interviewers must be familiar with the antemortem data collection system being used, and ask questions in a concise and graceful manner.
- Interviewers should anticipate that initial interviews may last three hours, including data entry.
- Interviewers will need 30-minute breaks in between each interview, which should be factored into the number of interviewers needed to meet with families in a timely manner.

#### Data Collection

- Interviewers will use the Snohomish County Mass Missing Persons tool in the place of standard KCMEEO protocol if a FAC is activated.
- If that is not available, interviewers will use the DMORT VIP Form.
- If families have completed the Basic Missing Persons Form at a hospital or other location, the interviewer will use that information to populate the relevant components of the VIP form.

#### Strategy:

- Provide a space for families to receive information, services, and support.
- Help facilitate identification process.

#### Objectives:

- Gather information through interviews with family members.
- Inform family members when their loved one is identified.
- Return identified decedents to their loved ones.

#### Attachments:

- 14.01 FAC Operations Family Communications Objectives and Tasks
- 14.02 Family Interview Protocol
- 14.03 Job Action Sheets Family Communications
- 14.04 Disaster Missing Person Form
- 14.05 VIP Form





- 14.06 Dental Records and DNA Sample Release Form
- 14.07 Medical Dental Record Request Form
- 14.08 Family Interaction Matrix

#### *Notification and Referral Group*

It is important to remember that the official confirmation of a family member's death is often an important step in the family members' grieving process and allows the next of kin/family to coordinate memorial services and begin dealing with their family member's estate. The process of death notifications is highly sensitive and should be handled by individuals with experience in these areas. A poorly managed death notification can lead to significant personal trauma or distress for both family members and personnel doing the notification.

- Family notifications and referrals can be made at several stages in the identification process.
- Referrals can occur if an unaccounted-for person has been identified at a hospital, Community Care Center, or shelter.
- Notifications can be made after the tentative and official identification of a decedent by the KCMEO.
- Periodic notification on the unaccounted-for persons investigation can also be made.
- All notifications and referrals will be made in a quiet and private place by a team comprised of notification and referral staff, a KCMEO representative, Unaccounted-for Persons Group representative, behavioral health workers, translation/interpretation staff and other relevant staff.

#### Hospital/Shelter Referral:

- Families will be informed if a probable match is made in the identification of the location of their family member.
- The Unaccounted-for Persons Group will sign off on the match and then the referral team will inform the family and arrange for their transportation if necessary.

#### Missing Persons Notification:

- Families will be notified if their family member is considered missing (as opposed to unaccounted for) once all decedents have been identified.
- A notification team that includes a representative from the Unaccounted-for Persons Group will notify the family, explain all efforts taken to find their family members, and make any arrangement for the family.
- Families will be encouraged to continue to proactively search for their family member.
- Once the FAC begins to demobilize, these family members will work with law enforcement to maintain contact as the search for their loved one continues.

#### Tentative Identification of the Deceased Notification:

- It may be necessary for the legal next of kin to be notified of a tentative identification before a scientific identification is complete.



- This could occur if there is a delay in scientific notification due to DNA processing, the body of the victim is highly fragmented, or the death is the result of a scene of mass violence, or other circumstances.
- This may also take place after a school shooting, when the decedents cannot be immediately transported but family members are able to provide descriptions.

Death Notification:

- Death notification is the process of notifying the legal next of kin or family members about the positive identification of their loved one.
- If possible, notification should be made in person and at the FAC by the Notification and Referral Group with a representative from the KCMEO or their designee.
- If the family is not able to come to the FAC, notifications can be made at their home.
- The KCMEO may enlist local law enforcement or other local Medical Examiners/Coroners to aid in the notification process.
- It is critical that this happen as quickly as possible, as Washington State Law requires that names be released to the public within 48 hours of identification, even if the next of kin have not been located to be notified.

Notification in instances of VFAC:

- For those who are unable to attend the FAC in person, VFAC call takers will talk to the family about their preference about how and when they would like to be notified of tentative identification and / or death.

Attachments:

- 14.09 Notification Protocol
- 14.10 Official Identification Letter



*Decedent Affairs Unit*

The decedent affairs unit is responsible for coordinating remains release, personal effects release and disposition service for the family with the Disposition Operations Module at the morgue after identification is complete.

- Remains will be released to the families according to their selected preference once the remains are identified.
- The FAC will use the standard KCMEO procedures and paperwork to carry out this process.
- Families should be provided with the demographics worksheet to assist in the filing of the death certificate, as funeral homes will request this information.
- If the incident results in fragmented or severely damaged remains, talk through and have the family complete the Remains Release Authorization form. There are two options for notification to the families
  1. The family will be notified each time remains are identified.
  2. The family will be notified the first time remains are identified and again once all remains have been identified and are ready to be released.

If the incident is a criminal incident it may take longer for remains to be released. Personal effects can be released to the families via the funeral home following the identification of the victim. Other disposition services may include: aiding families with making disposition arrangements, coordinating with the vital statistics department, and providing referrals to social services.

Attachments:

- 14.11 Death Certificate Demographics Worksheet
- 14.12 Remains Release Authorization
- 14.13 Family Resources After Identification

## 15 FAC Operations: Family Briefings Overview

Family briefings are a core component of FAC operations and are a structured and routine mechanism for providing informational updates to families and addressing their questions. This consistency can help provide a sense of structure and familiarity for families when many things around them feel chaotic. Failure to meet families' informational needs in a timely manner can erode the trust that is essential to successful response and recovery operations.

- Family briefings will be coordinated by the FAC PIO or the FAC Deputy PIO for Family Briefings at the direction of the JFSCO and the KCMEO.
- Family briefings will be held on a regular schedule and occur at least once a day; the final briefing's date and time will be announced in advance so that family and friends can prepare.
- All families present at the FAC should be able to have representatives attend; there will be a moderated conference call option for all families not able to attend.
- The Chief Medical Examiner or their designee will attend all family briefings to provide updates and answer questions.
- All information concerning the recovery and identification efforts should be communicated to the families before releasing any information to the media.

### Strategy:

- Provide a space for families to receive information, services, and support.
- Help facilitate identification process.

### Objectives:

- Ensure family members have up-to-date and accurate information on a regular basis.

### Attachments:

- 15.01 FAC Operations Family Briefings Objectives and Tasks
- 15.02 Family Briefings Protocols
- 15.03 Important Considerations for Family Briefings
- 15.04 Family Briefings Sample Agenda

## 16 FAC Operations Health Services Branch Overview

### *Medical/First Aid Services*

Basic medical services including First Aid will be provided at the FAC by EMS. At any time, family members may find themselves in need of medical assistance whether due to injury, reactions to stress, grief or emotional trauma, or as a result of other chronic medical conditions. Medical staff will also serve as a liaison to other medical resources available within the community. The need for more medical staff will be reevaluated after opening.

### *Behavioral Health Services*

From the onset of the FAC operations it is essential to have behavioral health services available for both the families and the responders/staff. This includes both mental health and spiritual care services. The Behavioral Health group is responsible for ensuring that mental health and spiritual health providers are on hand to provide services.

Mental health services are available to:

- Assist family members and FAC staff and volunteers in understanding and managing the full range of grief reactions.
- Triage mental health needs to identify at risk individuals.
- Provide Psychological First Aid, crisis intervention, mediation, and management of 'at risk' family members, including child and adolescent counseling.
- Provide referrals, as requested, to mental health professionals and support groups that are in the family member's local area.
- Provide Psychological First Aid and grief process educational materials for the FAC.

Spiritual care services are available to:

- Provide interdenominational pastoral counseling and spiritual care for people of all faiths who request it.
- Conduct religious services and provide worship opportunities.
- Provide emotional support/crisis intervention and assist mental health staff as needed, including providing Psychological First Aid (PFA).
- Offer a bridge to faith resources.

Throughout FAC operations, the behavioral health providers should be available at all group meetings with families and available to meet with families or staff individually as needed. Providers should be available to circulate through all aspects of FAC operations, including dining areas, child care areas, staff respite areas, family interviews, family briefings, family notification and at the reception and registration area. Personnel will be deployed per the King County Disaster Behavioral Health Plan.

Strategy:

- Provide a space for families to receive information, services, and support.
- Help facilitate identification process.

Objectives:



- Ensure family members have access to necessary physical, mental, and spiritual health resources.

Attachments:

16.01 FAC Operations Health Services Objectives and Tasks

16.02 Job Action Sheets FAC Health Services

16.03 Medical - First Aid Protocol

Reference:

King County Disaster Behavioral Health Plan

## 17 FAC Operations: Support Services Branch Overview

The need and the scale of support services will heavily depend on the type and size of the incident. Support service needs may also change throughout the duration of the FAC operations. Staff should monitor the requests and needs of families to ensure they are able to access appropriate services. Medical services will be the responsibility of Public Health; non-medical services will be the responsibility of local emergency management.

### *Translation and Interpretation Services Group*

- Group staff will work directly with the Communications Response Team to secure the necessary translations and interpretation services.
  - This will be facilitated through HMAAC.
- Group staff will be responsible for working with other sections and groups within the FAC to identify their needs and compiling them for the Communications Response Team.
- Group staff will also ensure that interpreters are assigned to the appropriate service areas of the FAC.

### *Child Care Group*

- Childcare services will be provided at the FAC to offer a safe and secure area for the children of families during normal FAC hours of operation.
- For the safety, security and well-being of the children all childcare services will be provided by licensed childcare providers.
- The childcare area will be a safe, friendly and healthy environment for short-term care to allow families to attend to necessary business and provide a period of respite for parents/guardians.
- The childcare area should provide support and activities for children representing a range of areas and will be structured and staffed to provide appropriate monitoring and support for children's needs.
- Childcare providers will also offer age appropriate activities when available.
- As part of childcare procedures, there will be proper check-in/check-out procedures and documentation.
- If possible, staff will take a digital picture of the child and their guardian(s) for reference during check-out.
- If necessary, the ARC will use existing Memoranda of Understanding to activate a Critical Response Childcare Team.

### *Social Services Group*

- In addition to the FAC services described above there are many social services that may be necessary, depending on the nature of the incident and the needs of family members.
- Local emergency management is responsible for securing these non-medical resources; the below list serves as a way for Public Health staff to begin to identify these non-medical needs.
- When social services are identified, the FAC Operations Support Services branch director will work with identified agencies to:



- Identify a physical location for them in the FAC (or immediately adjacent, depending on space);
- Determine what additional equipment they may need (i.e. access to a photocopier or a locked file cabinet);
- Include their services in updated Family Resource Packets
- Public Health and local emergency management may also decide that a case-management approach will best serve the needs of family members.

Service	Possible Sources
Animal Care	King County Plan, Seattle Pet Sheltering Plan
Banking / Financial Services	Representative in King County ECC
Benefits Counseling / Assistance	TBD
Communications	Local emergency management
Crime Victims Assistance	Law enforcement
Disability Information	DSHS
Educational Services	Puget Sound Educational Service District
Employment Services / Unemployment Benefits / Workers Compensation	State labor department
Food Services	ARC, Salvation Army, Southern Baptists
Foreign Nationals	ARC, individual consulates, State Department
Housing Assistance	DCHS, King County Housing Authority, Seattle Housing Authority
Identification Replacement Services	Department of Licensing, Social Security Administration, State Department
Immigration Assistance	ICE
Insurance Advocacy	State insurance commission
Labor Services / Union Assistance	Seattle Labor Temple Association
Laundry Services	Existing contracts, Salvation Army
Legal Assistance	Young Lawyers Association
Mail	USPS
Material Goods / Personal Property Replacement	Salvation Army, ARC
Public Benefits	DCHS
Relocation Assistance	DCHS, Travelers Aid
Senior Citizens Service	Aging and Disability Services
Small Business Assistance	SBA
Tax Benefits / Extensions	IRS, State department of taxation
Transportation	Metro, DOT
Veterans Affairs	VA



Strategy:

- Provide a space for families to receive information, services, and support.
- Help facilitate identification process.

Objectives:

- Ensure necessary support services are available to families.

Attachments:

17.01 FAC Operations Support Services Objectives and Tasks

17.02 Support Services Protocol

17.03 Job Action Sheets FAC Support Services

17.04 Child Care Considerations

17.05 Child Care Site Set-up Checklist

17.06 Child Care Children Check-In Sheet

## 18 FAC Planning Section Overview

The planning section will serve multiple roles but may only require one or two staff members to perform the duties described below, especially as the incident winds down.

- Check In / Out: While staff will be asked to report to the Public Health Activation Center (PHAC) to receive credentials and orientation, when they arrive on scene at the FAC they should check in with the Planning Section to ensure that the Section can maintain a list of all positions filled and people on scene.
- Documentation: Staff will be responsible for ensuring that all paper documents are available in sufficient numbers. They will print out forms, file checklists, consent forms and any other documents necessary. They will also provide support to the Data Management Unit as needed.
- Situation Status: Staff assigned here will be responsible for keeping track of the high-level FAC data as it relates to service use. They will check in with the Antemortem Data Group regularly to determine how many remain unaccounted for, how many have been identified as alive, how many decedents have been identified, how many remain to be identified, and staff utilization. (See Mass Fatality Incident Update Template in the Communications section.)
- Conference Calls and Briefings: Work with HMAC Planning staff to obtain secure conference call lines for family briefings and planning calls.
- Demobilization: At the start of the activation this unit will begin to explore the triggers for returning operations to KCMEO and closing the FAC. Staff will work directly with HMAC, incident command and KCMEO to identify these triggers and work with the Situation Status Unit to determine when those triggers are close to being met. The demobilization plan will also clarify how each unit's roles will be filled once the FAC is closed. This unit will also work with HMAC to prepare a site Incident Action Plan as needed.

### Strategy:

- Provide a space for families to receive information, services, and support.
- Help facilitate identification process.

### Objectives:

- Prepare and manage unaccounted-for persons files to assist in identification.
- Prepare and manage other documents for FAC operations to support facility effectiveness.
- Ensure all staff and volunteers are accounted for.
- Gather and share with HMAC data as requested to address communications needs.

### Attachments:

- 18.01 FAC Planning Section Objectives and Tasks
- 18.02 Job Action Sheets FAC Planning Section
- 18.03 List of Document to Print
- 18.04 File Flow



18.05 File Tracking Spreadsheet  
18.06 Staff Check-In / Out Sheet

## 19 FAC Logistics Section

The Logistics Section is responsible for coordinating all equipment, supply, and services necessary to operate the FAC according to HMAC ESF-8 Basic Plan. Specifically, logistics will coordinate staff medical/safety, food services for staff and families, communications support including IT, telecommunications and radios, transportation services for families, facilities maintenance, security, and resource, equipment, and supplies acquisition and set-up. While Public Health plans to be able to fill all roles for which it is responsible, it is possible that it will be taxed in certain areas. If that happens, HMAC will reach out to local emergency management for support in securing resources and identifying possible staff.

- Staff Medical/Safety Unit: Rotating behavioral health staff working on supporting the family members as well.
- Food Unit: Provide families and staff with three basic meals each day as well as healthy snacks and beverages. A behavioral health provider should be available in both the family and staff eating areas during meals. As food is often an important aspect of cultural and ethnic traditions, whenever possible the FAC will provide food choices that are sensitive to cultural and ethnic practices of the families and friends.
- Communications Unit: Ensure that all FAC data and voice communications needs are met, including securing internet access and land-line phones. Also work to secure phones for use by family and friends.
- Transportation Unit: Coordinate all transportations needs of family to and from the FAC facility as well as to any local hospitals, Community Care Centers, or shelters as necessary.
- Facilities Unit: Work with FAC location staff to ensure that all space is utilized in line with the needs of the FAC.
- Security Unit: Law Enforcement will coordinate all internal and external security at the FAC. Security plans should be created ahead of time for pre-determined FAC sites. Law Enforcement should review and update all protocols at the time of the incident. Law Enforcement should maintain visible presence at all high security areas including interview and child care areas. All staff and families at the FAC must be badged and have their identification checked upon entry. Law Enforcement will be responsible for overseeing badging and credentialing of all staff, clients, and other personnel at the FAC, and ensuring only those with appropriate credentials are granted access.
- Security will also be responsible for ensuring enforcement of the ‘no pictures/no recording’ policy within the FAC. All staff and family members will be advised of this policy upon entry and may be asked to leave if they violate the policy.
- Supply Unit: Staff will work with HMAC to procure supplies needed for FAC operations.

Strategy:

- Provide a space for families to receive information, services, and support.
- Help facilitate identification process.

Objectives:

- Provide logistical support to the entire FAC operation.
- Provide logistical services to the entire FAC operation.

Attachments:

- 19.01 FAC Logistics Objectives and Tasks
- 19.02 Job Action Sheets FAC Logistics Section
- 19.03 Family Friends Request Form
- 19.04 Security Overview
- 19.05 Badging Protocol

## **20 FAC Finance and Administration**

The F & A Section in the FAC module is responsible for tracking all costs associated with FAC operations and for ensuring that the staff members working at or visiting the FAC have access to mental health and spiritual care resources. The F & A Section is also responsible for working with HMAAC's F & A Section to secure funds to cover all FAC costs.

### Attachments

20.01 FAC Finance and Administration Objectives and Tasks

## 21 Virtual Family Assistance Center (VFAC) Overview

In the event of an incident that includes the establishment of a FAC, it is possible that not all family members will be able to travel to the physical FAC location. In such situations, it will be necessary to establish a VFAC to meet their needs. 2-1-1 will transition some or all call takers to VFAC responsibilities while Public Health will establish an online information page.

The VFAC will:

- Provide updated information from family briefings at the physical FAC
- Share information about decedent affairs, including releases for medical and dental records
- Communicate any additional needs law enforcement has to assist in identification
- Continue with family reunification as required
- Connect callers to resources available to them, either in their own area (if known) or nationally, including:
  - Benefits counseling / assistance
  - Crime Victims Assistance
  - Foreign Nationals
  - Insurance Advocacy
  - Legal Assistance
  - Personal Property Replacement
  - Public Benefits
  - Senior Citizens Service
  - Tax Benefits / Extensions

The VFAC will open when the FAC opens (if a physical FAC is indicated) and keep hours in line with the needs of the affected population. For example, if many of the victims are from the east coast, the VFAC should be available during east coast business hours.

Crisis Connections / 2-1-1 Role:

- Identify staff to serve as call takers for VFAC
- Receive calls
- Connect families to services
- Email forms / direct families to website with forms they need to complete
- Gather contact information for medical records / dental records
- Refer to national mental health assistance for those not located in Washington
- Connect to flights and hotels if family wants to come to Washington
- Send an adjusted Family Resources Packet
- Provide information on how to get personal effects back
- Collect information for file to be shared with VIC (perhaps direct it all to a specific email address at Public Health?)

Law Enforcement role:

- Remain available to take initial reporting calls
- Remain available to ask follow-up questions

FAC PIO:

- After family briefing, pull together summary of all points and share with 2-1-1 to provide to families

Public Health:

- Provide Updated Family Resources Packet
- Complete FAQ
- Share connections to nation-wide services and victim assistance
- Create electronic versions of any forms
- Set up mailbox to receive information
- Manage documents and files

Strategy:

- Provide a non-physical space for families to receive information, services, and support.
- Help facilitate identification process.

Objectives:

- Ensure staffing, procedures, and technology are in place to open VFAC.
- Confirm VFAC process and responsibilities.
- Provide updated information and connect callers to resources.

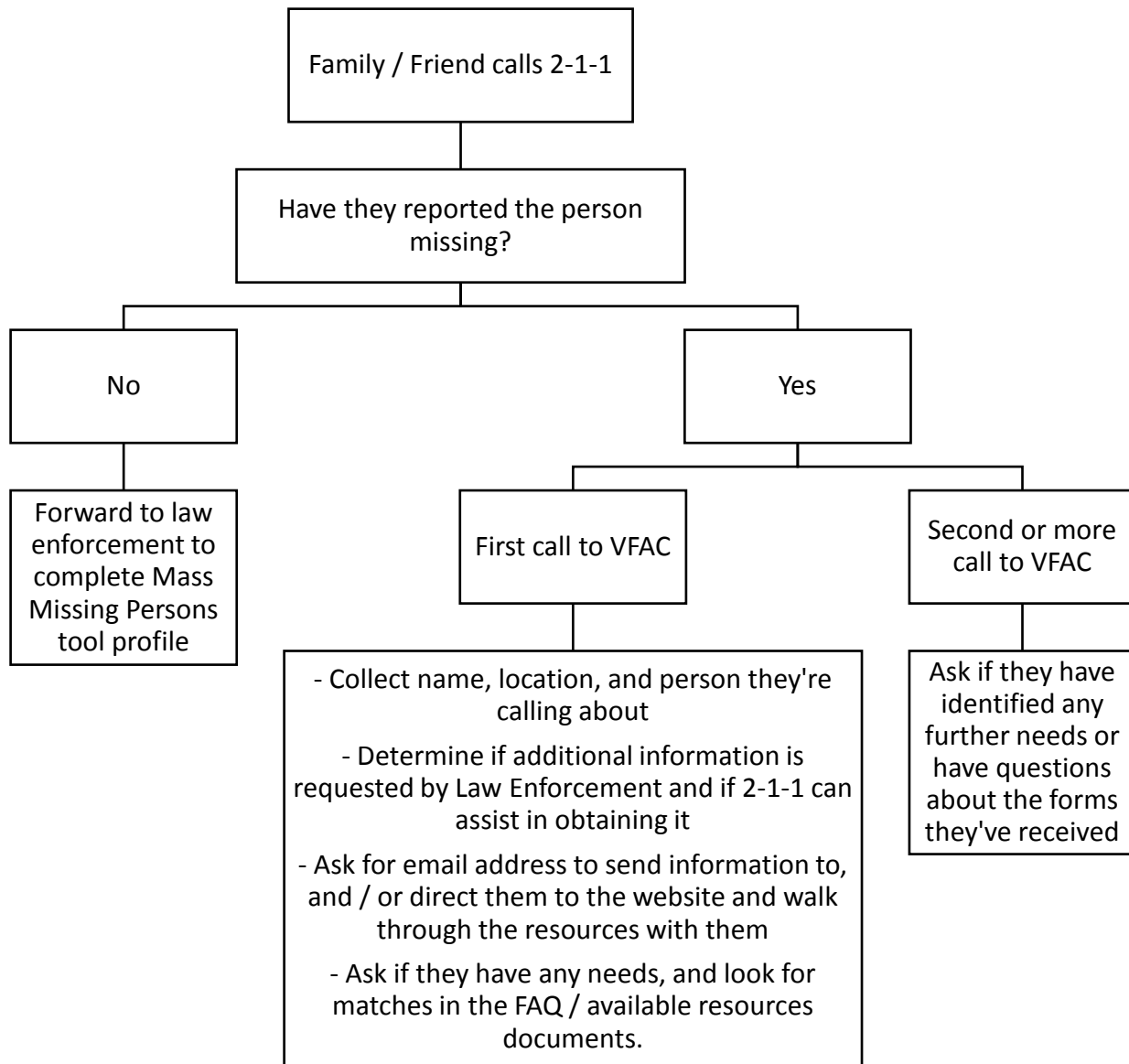
Attachments:

21.01 Virtual FAC Objectives and Tasks  
21.02 Virtual FAC Script  
21.03 FAQ  
21.04 Website Outline

References:

13.07 Family Resource Packet  
14.13 Family Resources After Identification





## 22 Victim Information and Identification Center

The Victim Information and Identification Center (VIC) is a concept (as opposed to a location) where information on the missing and deceased will be obtained and managed to assist in the identification of decedents and in family reunification. It is an operation that connects FAC and Morgue modules, although it falls under the direct command of the Morgue. It includes:

- the gathering of antemortem data
- the tracking of missing persons and creation of an unaccounted-for person list
- the management of all the components that are necessary for identification.

It coordinates all information gathering and reconciliation concerning unaccounted for persons, potential victims, unidentified patients, and postmortem information from KCMEO. Parts of it may be housed at the Morgue; other components may be housed at the FAC depending on the incident and space availability.

Strategy:

- Gather and compare information to assist in family reunification and decedent identification.

Objectives:

- Create and maintain missing person's list.
- Use publicly and privately available resources to identify as living individuals on the missing persons list.
- Request, collect, and sort antemortem data such as medical and dental records, and DNA samples.
- Review gathered information and compare to postmortem information to identify decedents.
- Sort, catalogue, and return personal effects.

Attachments

22.01 VIC Objectives and Tasks

22.02 Job Action Sheets VIC

### Missing Persons

Law enforcement is responsible for the maintenance of the missing persons list. If it's available, they will use the Snohomish County Mass Missing Persons tool to do intake and manage the names on the list until all are identified as deceased, located in a hospital, or found safe and well.

- When law enforcement receives a call transferred from 2-1-1, they will know that the individual has not been located in the WATrac Patient Tracking module and can proceed to treat the individual reported as missing.
- Law Enforcement will work with the caller to complete all the relevant fields in the Mass Missing Persons Tool



- If a FAC location has been determined, Law Enforcement will share the location with the person making the report.
  - They will make it clear that the individual making the report should not publicize this location, and only share it with family and friends that the missing person would like involved
  - They will provide a case number to the individual to use as verification when arriving at the FAC
- As individuals are identified in the morgue, Medical Examiners will work with Law Enforcement to ensure that that information is entered into the Mass Missing Persons tool
- As appropriate, Law Enforcement will work with its counterpart in the other jurisdictions to provide updates to the media on the number remaining on the missing persons list

### **Victim Accounting Group (Located at the FAC)**

The Victim Accounting Group is responsible for collecting all information on unaccounted for persons to reunite families.

- The Victim Accounting Group will receive reports from:
  - Contact Center
  - Hospitals
  - Shelters
  - Community Care Centers (CCC)
  - law enforcement
  - family interviews.
- The Group focuses on reuniting the living and narrowing down the list of unaccounted-for individuals to assist the medical examiner in matching decedents to that list.
- While anyone can be removed from the list, the person making that decision must note the reason (e.g. ‘found safe and well in the Red Cross shelter at x location;) and who shared the information (e.g. ‘spoke with Sharon at 11:15 A.M. on 5/19). This is to avoid someone being considered accounted for who may be among the deceased.

### *Patient Tracking via the Healthcare Emergency Coordination Center*

- The Patient Tracking Liaison is responsible for working with the Healthcare Emergency Coordination Center (HECC) to secure access to the search component of the Patient Tracking module of WATrac.
- The Patient Tracking Liaison will also communicate information back to hospitals or Community Care Centers once a probable match is made.

### *Shelter Liaison*

- The Shelter Liaison is an emergency management staff member responsible for coordinating with local shelters to identify who is present at these facilities to aid in reunifying families that have reported people missing.
- The Shelter Liaison will work with local partners to receive information about shelter residents.

- Depending on the wishes of the individual, their location or simply their status as ‘safe and well’ will be communicated to the Victim Accounting Group.
- Once a probable match is made by the Victim Accounting Group, the Shelter Liaison will communicate information back to the shelter partners to help reunite families.

#### *Community Liaison*

- The Community Liaison is responsible for coordinating with organizations that are searching the area surrounding the incident to locate unaccounted for persons.
  - These organizations could be tasked with going door to door to people’s homes or unaffiliated shelter locations if necessary.
- All information will be communicated back to the Victim Accounting Group.

#### *Web Search / Social Media Liaison*

- The Web Search Liaison is responsible for connecting with those who can access law enforcement databases and any other secured web sites that may provide information about unaccounted-for persons.
- Depending on the size of the incident, the Liaison may also serve as a Web Search Unit leader, overseeing staff who are searching publicly available databases, social networking sites, and disaster assistance sites.
- This role will work with HMAC Communications to determine any filtering of hashtags or other means for helping to determine if people are missing and if multiple people are looking for the same missing person.
- All information will be communicated to the Victim Accounting Group.

#### Attachments:

- 22.03 Mass Missing Persons Tool User Guide [TBD]
- 22.04 Family Reunification Resources
- 22.05 Victim Accounting Protocol

### **Antemortem Data Collection Group (Located at the FAC)**

- Antemortem data is collected through family interviews using the Snohomish County Mass Missing Persons Tool, medical/dental records, and DNA samples.
- Families will have questions concerning antemortem data collection and the identification process, requiring a representative from the KCME to be available at the FAC to answer questions.
- The collection of all antemortem data will be done by trained personnel only.
- Data and release forms collected at the FAC will be taken to the Morgue twice a day (at mid-day and at closing) to ensure that the VIC has the most up-to-date information

The range of antemortem data that may be gathered can be extensive and requires effective communication with families and an appropriate information management process in place to support data collection. Examples of the information that may be required include:



- Physical description of victim
- Description of clothing and jewelry
- Description of unique characteristics (e.g. tattoos, scars, birthmarks)
- Dental records, medical records, and fingerprint records
- DNA reference samples
- Photograph of the victim
- Military Service Records

*Medical/Dental Records Acquisition Unit*

- Following the family interview, FAC staff will obtain signed consent from the family to collect dental record and DNA samples when investigating an unaccounted-for person.
  - According to RCW 70.02.050, KCMEEO has the authority to access medical/dental records for investigation of death without family consent, but if possible, all families should sign a consent form.
- Those consent forms will be taken to the VIC so staff can start contacting medical and dental offices for records.
- Family members should be advised not to bring copies of medical, dental, or fingerprint records with them to the FAC.
  - If they do bring them to the FAC, FAC staff will collect them, place them in the unaccounted-for person's file and ensure they are shared with KCMEEO directly.

Attachments:

22.09 Medical Dental Records Protocol

*DNA Unit*

- DNA reference samples may be required from close relatives or the victim's personal effects such as a toothbrush, a hairbrush, or unlaundered clothes.
- A DNA counselor should be on hand to advise families of the DNA identification process and answer any questions regarding suitable family reference sample donors and use of DNA information by the requesting agencies (i.e. privacy concerns).

Attachments:

22.10 DNA Protocol

*Antemortem Data Management Unit*

- The data management staff will compile records, ensure information that has been received has been shared appropriately, and provide a means for quality assurance checks.
- They will be responsible for compiling a physical case file for each unaccounted-for person, which will include the signed medical records consent form, secured medical / dental records, and a catalogue of the personal effects collected for DNA reference.
- Staff will complete the File Checklist to ensure that other staff can easily scan a file to determine what has been done and what remains to be completed.



#### Records Management

- Via the Mass Missing Persons Tool: Public Health has agreed to use the Snohomish County tool created in the wake of the mudslide to track missing persons. This tool stores antemortem data collected via the Contact Center and/or in-person interviews at the FAC.
- Via VIP: Public Health has purchased software to support DMORT's data management system (VIP), and will use it if the Mass Missing Persons Tool is unavailable, or if DMORT is brought in to assist with an MFI.
- If VIP technology is not available:
  - Contact Center and FAC staff will:
    - Collect all antemortem information and input into master Excel spreadsheet.
    - Make copies/scan all information (antemortem data forms, dental records, medical records, postmortem information) and keep a paper case file as well as a digital case file for every missing person.
    - Code all case files according to the Family Liaison Team to which the family is assigned.
  - Morgue Identification Team
    - Input all postmortem information into a separate tab of the master Excel spreadsheet.
    - Compare antemortem and postmortem data.

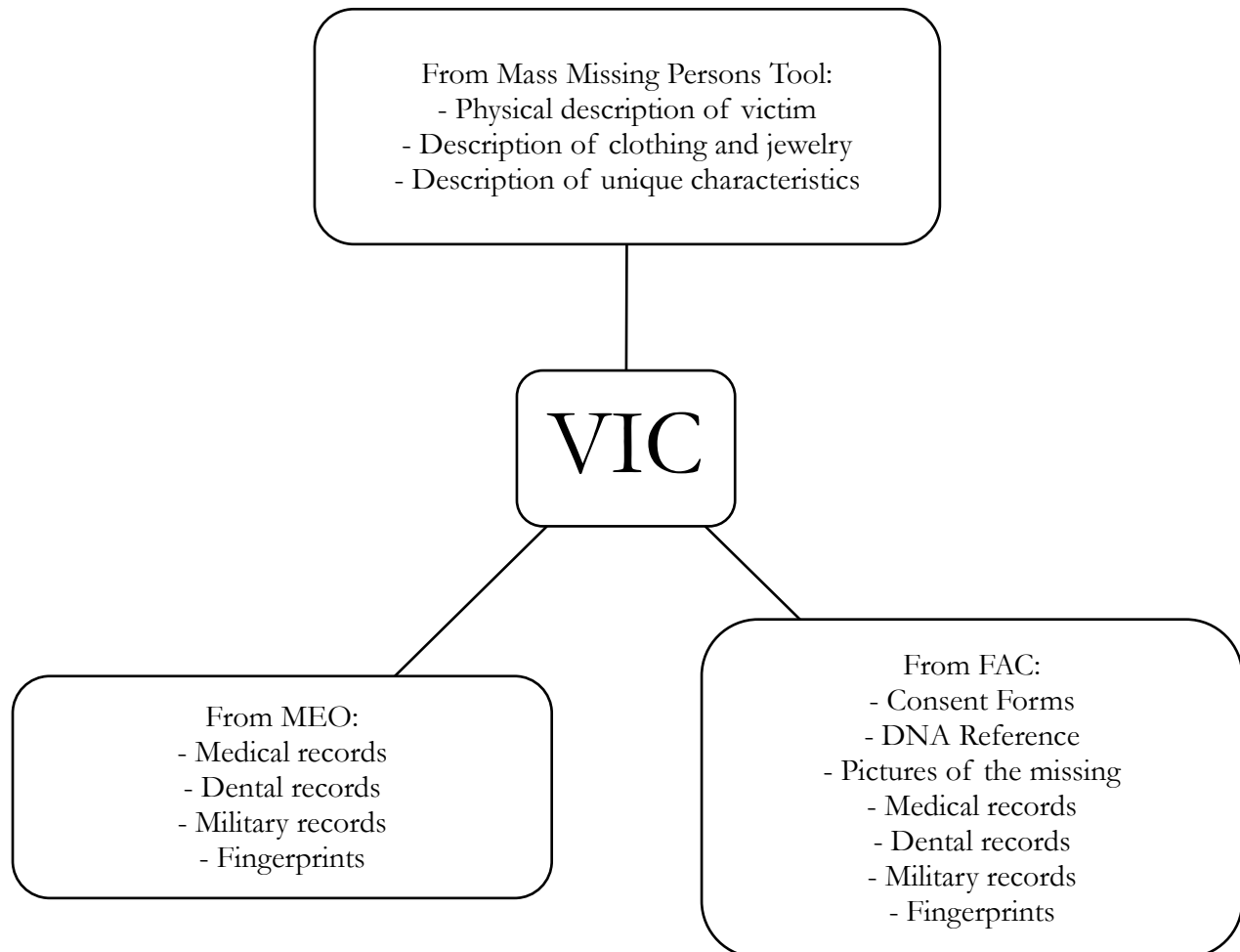
#### Attachments:

22.06 Case File Cover Sheet

22.07 File Checklist

22.08 Requested Records Log

## Identification Group Overview (Located at the Morgue)



- The Identification Group is responsible for taking the information gathered by the Antemortem Data Collection Group and comparing it to information gathered by Morgue Operations.
- This group compares antemortem and postmortem data to establish positive identification of a decedent and to re-associate as many fragments to an individual decedent as possible.
- Determination of positive identification is certified by the Chief Medical Examiner in consultation with representatives from pathology, anthropology, odontology, radiology, prints and DNA. Positive identification of decedents is achieved through:
  - Prints
  - Comparative dental radiography
  - Comparative medical radiography
  - Distinctive physical characteristics or tattoos
  - Serial numbers on permanently installed devices



- DNA
- Preponderance of circumstantial evidence (including combinations of photo comparison, associated personal effects etc.)
- Positive identification of individual fragments is accomplished by the above methods as well as by exclusionary principles.
  - Body parts or fragments that cannot be positively identified are labeled “common tissue” and subsequent disposition will be in consultation with victim/family groups and consistent with laws and resources.

Once positive identification is established, a KCME case number is assigned to the decedent and all MFI numbers identified to that decedent are recorded in the case.

- Body bags containing each identified MFI number are combined for release to the funeral home.
- After identification is confirmed, death notification is initiated either through direct contact with family members or through the FAC.

Attachments:

- 22.11 Data Management Protocol
- 22.12 VIP Administration
- 22.13 VIP Ante Interview
- 22.14 VIP Data Entry User Guide
- 22.15 VIP Form Information
- 22.16 VIP KCMEO Training Document
- 22.17 MFI Number Tracking

#### *Evidence and Property Unit*

Morgue Operations will follow standard KCMEO procedures for processing evidence and property so long as space and resources allow. In Level 2 and 1 incidents, HMAC will bring in additional personnel to focus specifically on this operation, which may include moving it from Morgue Operations to another site.

If property is considered evidence, this unit is responsible for ensuring that law enforcement collects the evidence in a timely manner and for communicating back to the FAC Decedent Affairs Unit how families can learn about the status of that evidence going forward.

If property is not considered evidence, this unit is responsible for ensuring the transportation of the property from the Morgue to the FAC Decedent Affairs Unit, which will in turn return that property to the legal next of kin.

Attachments:

- 22.18 Personal Effect Release Form



## 23 Disposition Operations Overview

Disposition Operations includes the administrative tasks of collection of demographic information from families (usually done by funeral homes), filing the death certificate by Vital Statistics, the release of remains to funeral homes, and the release of property to family members via the FAC.

### *Notification Unit* (See FAC Family Communications section)

In addition to their other duties, the Notification Unit at the FAC will, when appropriate, provide families with a worksheet to complete to collect the demographic data necessary for the death certificate. Funeral homes have their own versions of these worksheets; by providing this at the FAC it may help families speed up the process by preparing them for what questions the funeral home will ask and help the funeral homes by having the information readily available when requested.

### *Certification Unit*

Vital Statistics staff members are responsible for registering death certificates using either the Electronic Death Registration System (EDRS) or, (if EDRS or the internet are nonfunctional), using a Manual Death Certification Recorder. If EDRS is available, Vital Statistics staff serving in the Certification Unit will follow regular processes for completion and filing of the death certificate and other necessary documents (burial transit permit, shipping documentation). Any information not known at the time of certification can be entered as “unknown” or “pending” and added by affidavit later.

While the regular process should be followed during a mass fatality incident, the number of death certificates to be completed and permits for burial or cremation to be issued may be so large that it poses a challenge. If this happens, HMAAC will work to identify resources from other counties (such as additional Vital Statistics staff) and may seek out waivers or exceptions from state Department of Health to allow the processes to move forward quickly.

The Vital Statistics staff will be responsible for providing families with certified copies of death certificates; Leadership (as defined previously in the plan) will discuss at the start of the incident if a certain number of certified copies will be provided free of charge, as has been the practice at other mass fatality incidents.

### *Release Unit*

Depending on the speed of recovery of decedents, as well as the need to continue regular MEO operations, it is possible that funeral homes will be arriving to remove decedents for cremation or burial while decedents are being transported to the morgue for processing. To avoid overcrowding and potential confusion during mass fatality incidents managed at the KCME headquarter, remains will be released through an alternate location within the morgue, which will need to be communicated to funeral homes.

When the remains are ready for release to the funeral home, Death Investigators will follow normal procedures for the release of remains.



*Personal Effects Release Unit*

If the mass fatality incident is related to a terrorist attack or other crime, law enforcement should be responsible for handling personal effects, as they are also evidence. In that case, this unit will work with law enforcement on how to transfer items securely.

If the incident is not related to a crime, or if law enforcement chooses not to collect personal effects, then the Disposition Operations Group will manage the organization of personal effects and transportation to the FAC for return to families.

Strategy:

- Complete the administrative components to facilitate the release of remains to next of kin.

Objectives:

- Register death certificates using regular procedures if possible.
- Release remains to funeral homes.
- Coordinate release of personal effects to law enforcement or FAC for release to next of kin.
- Revise death certification process as needed and allowed by law if incident involves many individuals with insufficient information to complete needed forms.

Attachments:

23.01 Disposition Operations Objectives and Tasks

23.02 Job Action Sheets Disposition Operations

23.03 Decedent Affairs Protocol

23.04 Death Care Industry Contact List and Ebola Services

## 24 Safety and Security Overview

### Safety

#### *Public Concerns*

The public may have concerns regarding human remains based on misconceptions regarding remains as disease vectors. Public Health will need to counter misinformation with facts about human remains, including direction on the appropriate way to handle remains in a Level 1 incident.

#### *Worker Concerns and Risks*

To ensure the safety of all who respond to a mass fatality incident, a Safety Officer will be present at the scene of all mass fatality operation sites to identify hazards and provide guidance. The Safety Officer will provide direction to recovery workers as to personal protective measures they must take. This will take place via regular briefings on scene.

Responders should undertake standard personal protective measure when handling remains. Further information is outlined in the Safety attachments.

If the remains are contaminated via radiation or biological or chemical agents, and deemed unsafe to be handled by mortuary response personnel, KCMEO death investigators will rely on local HAZMAT or outside resources (e.g. Department of Defense or DMORT-WMD) to decontaminate the human remains, as determined by Incident Command. Only when the remains are considered safe to handle will death investigators and morgue staff members begin the process of identification and determining cause and manner of death. If the bodies cannot be decontaminated, KCMEO will work with family members and the Safety Officer to determine how to proceed with identification.

During a mass fatality incident, responders may also find themselves working in physically precarious circumstances, including adverse weather, biohazards, confined spaces, and amongst building debris. These concerns should be addressed ahead of time through training and discussion of expectations and of safety precautions responders should take, and workers should at minimum undertake normal protective measures.

Public Health will make resources available to address disaster behavioral health concerns of responders and other fatality management staff members related to the stress of the tasks they perform. Behavioral health services for responders will be coordinated through HMAC in partnership with existing services provided by local response organizations such as law enforcement and the fire service. Further details are in the King County Disaster Behavioral Health Response Plan.

#### Strategy:

- Ensure staff and members of the public take necessary precautions when interacting with human remains.

#### Objectives:

- Provide up-to-date and relevant safety messaging to human remains recovery and morgue operations staff.

- [If incident requires] Share information with public related to the safety hazards (or lack thereof) that human remains pose.

Attachments:

- 24.01 Safety and Security Objectives and Tasks
- 24.02 OSHA Recommendations for Personnel Handling Human Remains
- 24.03 Personal Protective Equipment for MFI Response

References:

King County Disaster Behavioral Health Response Plan

## Security

Security will be needed at every location participating in mass fatality response. KCMEO and Public Health will rely on law enforcement to make necessary arrangements for security, including closing streets and airspace and providing officers or contract security to various locations.

### *KCMEO*

If morgue operations take place at KCMEO facilities, additional security may be needed. Harborview currently provides building security, but law enforcement may call upon additional security resources to provide back-up if necessary. If the incident is large enough to stretch beyond ideal capabilities, HMAAC will work through local emergency managers to coordinate further security resources.

### *Other locations*

The agencies responsible for providing law enforcement within jurisdictions will provide security at mass fatality response locations. If private security is needed, HMAAC will request local law enforcement agency assistance via local EOCs to develop a security plan and select a private contractor.

Strategy:

- Ensure all locations where mass fatality and family assistance operations occur under Public Health's control are secure.

Objective:

- Work with law enforcement to ensure there is sufficient and appropriate security at all locations related to incident operations.

Attachments:

- 24.01 Safety and Security Objectives and Tasks
- 24.04 Physical Security Assessment
- 24.05 Security Plan Template
- 24.06 Traffic Control Plan Templates

## 25 Local Governmental and Hospital Responsibilities

Strategy:

- Ensure local governments can support mass fatality operations.

Objectives:

- Support healthcare fatality management operations.
- Support catastrophic city fatality management operations.

Attachments:

- 25.01 Local Government and Hospital Responsibilities Objectives and Tasks
- 25.02 Healthcare Fatality Management Guidelines
- 25.03 Healthcare Mass Fatality Plan Template
- 25.04 Deaths Occurring Inside a Healthcare Facility
- 25.05 Decedent Identification Tag
- 25.06 Decedent Information Form
- 25.07 Patient Identification Form
- 25.08 City Mass Fatality Response Workbook
- 25.09 City Remains Procedures
- 25.10 Deaths Occurring Outside a Healthcare Facility
- 25.11 Community Resource Distribution
- 25.13 Personal Effects Tracking Form
- 25.14 City Morgue Job Checklists
- 25.15 City Morgue Site Guidelines
- 25.15 Handling Human Remains
- 25.16 Photo Log
- 25.17 Reporting Decedents and Missing Persons to 9-1-1 and 2-1-1
- 25.18 KCMEO Background

## 26 Religious and Cultural Considerations Overview

Family and friends of victims and missing persons may have concerns about the treatment of the decedents, including worries that religious and cultural traditions will not be upheld. While the KCMEO will always treat each victim with respect, it may not be possible to accommodate all religious and cultural requests. Many factors affect this ability, including the number and condition of human remains.

The FAC plan sets out processes for addressing family member concerns by engaging the assistance of religious representatives from affected communities. Information regarding special requests related to the disposition and treatment of the remains will be communicated by FAC representatives directly to KCMEO morgue operations staff.

### Strategy:

- Provide cultural competent services and support to those affected by a mass fatality incident.

### Objective:

- Work with trusted members of the affected community to determine any specific needs they may have.

### Attachments:

- 26.02 Cultural and Religious Considerations
- 26.03 Death Dying Fact Sheet – Bhutanese
- 26.04 Death Dying Fact Sheet – Burmese
- 26.05 Death Dying Fact Sheet – Cambodian
- 26.06 Death Dying Fact Sheet – Congolese
- 26.07 Death Dying Fact Sheet – Eritrean
- 26.08 Death Dying Fact Sheet – Ethiopian
- 26.09 Death Dying Fact Sheet – Iranian (INCOMPLETE)
- 26.10 Death Dying Fact Sheet – Iraqi
- 26.11 Death Dying Fact Sheet – Somali

## 27 HMAC Support Overview

### *Logistics*

The Logistics Section within HMAC will provide logistics support to the human remains recovery teams and morgue operations via the processes outlined in the HMAC ESF 8 Basic Plan and EOC functional annex. The Section will work with any activated EOCs, as well as KCOEM, to secure needed supplies, equipment and services. This includes ensuring the basic needs of staff are met, including providing food and water at the scene and morgue.

Potential State Resources	
Washington State Search and Rescue	<input type="checkbox"/> Teams to search for victims and collect evidence
Washington State Patrol	<input type="checkbox"/> Missing and Unidentified Persons Unit
National Guard	<input type="checkbox"/> Fatality Search and Rescue Team <input type="checkbox"/> Region X National Guard Fatality Search and Rescue Team <input type="checkbox"/> CBRNE Enhanced Ready Force
Various Agencies	<input type="checkbox"/> Cadaver Dogs

Potential Federal Resources <sup>12</sup>	
Department of Homeland Security (DHS)	<input type="checkbox"/> Emergency Response Teams <input type="checkbox"/> Catastrophic Incident Coordination <input type="checkbox"/> Stafford Act Funding
Department of Health and Human Services	<input type="checkbox"/> DMORT – Disaster Mortuary Operational Response Team <input type="checkbox"/> US Public Health Service Commissioned Corps <input type="checkbox"/> DPMU – Deployable Portable Morgue Unit <input type="checkbox"/> Federal Family Assistance support team
Department of Defense	<input type="checkbox"/> Armed Forces Medical Examiner System (Dover, DE) <input type="checkbox"/> Mortuary Affairs Assistance
FBI / DOJ	<input type="checkbox"/> Evidence Response Team Unit <input type="checkbox"/> Disaster Squad <input type="checkbox"/> Critical Incident Response Group <input type="checkbox"/> Laboratory Services <input type="checkbox"/> Hazardous Materials Response Unit <input type="checkbox"/> Office for Victim Assistance
NTSB Office of Transportation Disaster Assistance	<input type="checkbox"/> Technical assistance for victim identification <input type="checkbox"/> Family assistance coordination during legislated transportation incidents

<sup>1</sup> HHS Fatality Management Concept of Operations

<sup>2</sup> [http://www.fas.org/irp/doddir/dod/jp4\\_06.pdf](http://www.fas.org/irp/doddir/dod/jp4_06.pdf)



Potential Federal Resources <sup>12</sup>	
Department of Veterans Affairs	<input type="checkbox"/> Eligible veterans burial <input type="checkbox"/> Advice on interment methods <input type="checkbox"/> Medical record archives
U.S. Coast Guard	<input type="checkbox"/> Expertise related to water incidents
Various Agencies	<input type="checkbox"/> Incident Management Teams

In an incident that is Level 3 or larger, the County may need to call on outside organizations to provide disaster mortuary assistance. This may include assets from other counties, state agencies, other states, or federal assets. Requests for state or federal assets will follow standard resource ordering protocols through HMAC to KCOEM and then to the State Emergency Operations Center.

One commonly discussed asset is the Disaster Mortuary Operational Response Team. In incidents without a Stafford Act declaration, it is likely that the state will be responsible for the costs associated with bringing in the federal DMORT, or any of the increasingly prevalent state DMORT-type teams.

Strategy:

- Provide overall logistical support to mass fatality and FAC operations within Public Health and the KCMEO's oversight.

Objectives:

- Respond to requests for resources, staff, and services.

Attachments:

- 27.02 Human Remains Recovery Equipment and Supplies
- 27.03 Funeral Home Survey
- 27.04 State and Federal Assets and Locations
- 27.05 Job Sheet Template
- 27.06 Staff Request Form
- 27.07 Staffing Numbers
- 27.08 Position Matrix
- 27.09 Process for KCMEO to Request Assistance
- 27.10 Code of Conduct
- 27.11 Confidentiality Agreement FAC
- 27.12 Confidentiality Agreement Morgue
- 27.15 Staff Check-in-out Protocols (in progress)
- 27.16 Staff Daily Sign-in Sheet
- 27.17 Job Action Sheets HMAC

*Planning*

The Planning Section within HMAC will provide support as outlined in the ESF 8 Basic Plan and HMAC procedures manual, serving primarily to manage documentation and maintain situational



awareness. The section will also work with the Planning Section Liaison located at the morgue to manage information gathering.

In many circumstances at the start of operations information on the reporting of deaths in the media will not match what has been reported to or confirmed by the KCMEO. In order to ensure that the response to the incident is adequate it is crucial that localities report this information as early in the incident as possible. To assist this process, the Planning Section will hold a conference call early in the response to address issues in multi-jurisdictional incidents. The call will serve to gain situational awareness as well as push information out to city emergency managers.

Strategy:

- Provide overall planning support to mass fatality and FAC operations within Public Health and the KCMEO's oversight.

Objectives:

- Gather requested information and respond to requests for information.

Attachments:

27.13 Conference Call Agenda  
27.14 Rumored Fatalities Grid

*Finance and Administration*

The Finance and Administration Section within HMAAC will provide support to the KCMEO and Morgue Sites as outlined in the HMAAC ESF 8 Basic Plan and HMAAC procedures manual. Specific responsibilities of the Finance and Administration Section include mobilizing staff and volunteers to fill resource requests, time sheet reconciliation, cost accounting, and coordination with Public Health Human Resources Section on labor issues or Public Health employee mental health concerns.

KCMEO may request, through HMAAC, the assistance of the Mass Fatality Response team. Additionally, HMAAC has the ability to call upon Medical Reserve Corps members registered in neighboring counties via statewide mutual aid agreements. It is expected that any incident larger than a small one will require additional staff.

Any staff not already assigned to Public Health Preparedness Section or KCMEO must be requested through HMAAC. They are not to self-deploy, nor is an entity other than HMAAC to request them.

Strategy:

- Provide overall finance and administration support to mass fatality and FAC operations within Public Health and the KCMEO's oversight.

Objective:

## 28 Demobilization Overview

### *Morgue Demobilization*

Deactivation will commence when the Chief Medical Examiner (or designee) has determined that operations are returning to normal and no longer require the daily support of HMAAC. This does not preclude the continuation of long-term response aspects, including delayed identification of human remains or case management services for family members of missing persons or decedents.

### *FAC Demobilization*

Planning to demobilize the FAC should begin as soon as the facility is operational. The Planning Section in coordination with the FAC Director and the KCMEEO will create plans and triggers for the FAC demobilization, with the Demobilization Unit responsible for the coordination of demobilization. The time and date of demobilization should be clearly communicated to all families, and referral services and, if necessary, case management, may be set-up in advance to handle any further follow-up for families.

#### General demobilization considerations

- Number of clients seen/day.
- Number of decedents still to identify.
- Number of unaccounted for persons still to locate.
- Ability for other organization to handle current operation needs off site.
- Need for daily briefings.

#### Example criteria to consider for demobilization

- Daily briefings are no longer needed.
- Rescue, recovery investigations and identification have decreased, and can be handled by normal operations.
- Fewer than five clients per day register at the FAC three days in a row.
- Memorial services have been arranged for family and friends.
- Provision for the return of personal effects has been arranged.
- Ongoing case management and/or hotline number has been established if needed.

#### Strategy:

- Reduce and eventually cease services once the need can be managed through regular operations.

#### Objective:

- Transition provision of services back to normal operations.

#### Attachments:

28.01 Demobilization Template for FAC

28.02 Mass Fatality and Family Assistance Demobilization

## 29 Scenario-Specific Disaster Considerations Overview

While the goal of this plan is to be widely applicable and address the most likely mass fatality incidents, there are types of incidents that will require specific and potentially different response actions. These may include pandemic outbreaks, contaminated decedents, and incidents taking place in locations such as Lake Washington or Elliot Bay. If such an incident occurs, staff should refer to the relevant attachments to ascertain what additional protocols and steps need to be implemented to properly address the issues should such incidents raise.

Strategy:

- Adjust response based on incident specifics.

Objective:

- Ensure appropriate considerations are taken in formulating response to incident.

Attachments:

29.01 Airline Incidents

29.02 Catastrophic Number of Fatalities

29.03 Contaminated Decedents

29.04 Incidents in Large Bodies of Water

29.05 Managing School Scenes of Mass Violence

29.06 State ME Catastrophic Questions

### 30 Mutual Aid Overview

Mass fatality incidents can impact single or multiple jurisdictions. Even when King County is not directly impacted, Public Health may be asked to assist a nearby county who lacks the resources to effectively respond to the incident. Similarly, Public Health may request assistance from other jurisdictions or state and federal partners when King County resources run short. In scenarios involving an exchange of resources across jurisdictions, the following framework will apply.

Incident primarily impacts King County:

- Outside resources, if received, merge into the HMAC organizational structure, follow Public Health response plans and procedures, and work under a Public Health-secured State Mission Number.
- Issues related to authorities and payments are negotiated prior to outside assistance arriving on scene in King County, and may involve the Regional Coordinating Framework (RCF) and/or the Washington Intrastate Mutual Aid System (WAMAS).

Incident primarily impacts a nearby county:

- If Public Health is asked to provide mutual aid to jurisdictions outside King County, responders are deployed in accordance with processes described in the Workforce Mobilization plan.
- Resources deployed by King County merge into the requesting jurisdiction's organizational structure, follow their response plans and procedures, and work under the State Mission Number secured by that jurisdiction.
- Portions of [plan name] may be activated at the discretion of Leadership as defined in section [X] when HMAC is providing support.

Incident impacts multiple counties: (Though unusual, HMAC could simultaneously be managing a King County response, lending aid to other counties, and receiving assistance from outside partners.)

- Outside resources, if received, merge into the HMAC organizational structure, follow Public Health response plans and procedures, and work under a Public Health-secured State Mission Number.
- Issues related to authorities and payments are negotiated prior to outside assistance arriving on scene in King County, and may involve the Regional Coordinating Framework (RCF) and/or the Washington Intrastate Mutual Aid System (WAMAS).
- If Public Health is asked to provide mutual aid to jurisdictions outside King County, responders are deployed in accordance with processes described in the Workforce Mobilization plan.
- Resources deployed by King County merge into the requesting jurisdiction's organizational structure, follow their response plans and procedures, and work under the State Mission Number secured by that jurisdiction.
- Portions of the Mass Fatality and Family Assistance Operations Plan may be activated at the discretion of Leadership (as defined in the Activation section) when HMAC is lending aid.



Strategy:

- Provide support to other jurisdictions in a safe and reasonable way.

Objectives:

- Determine if PHSKC or KCMEO can fulfill requests.
- Ensure deploying staff are prepared and comfortable taking on their assigned roles.

References:

Workforce Mobilization Plan

### **31 Communications**

There will be strong media interest in any mass fatality incident. Members of the public will want to know where to go to get information on missing or deceased family and friends. Public Health serves as the lead agency in King County for developing public messaging content during a mass fatality incident related to human remains recovery, morgue operations and the Family Assistance Center. All King County jurisdictions will coordinate through a Joint Information Center (JIC) or, in the absence of a JIC, with Public Health, to ensure consistency of messaging.

### **Communicating Directly with Family and Friends**

All releasable information will first be provided by KCMEO to the relatives and friends of potential victims before being shared with the media. KCMEO will coordinate with Public Health Public Information Officers to provide information on the specifics of the incident to the friends and family, including expected duration and any unique challenges, as soon as reasonable and prior to releasing the information to the media. In addition to in-person discussions with family members, Public Health will utilize existing means (e.g. the Public Health Insider blog, press releases, social media) to share information related to the incident, including the recovery process, the identification process, and the release of decedents to their families, so families can have the information firsthand.

Per Washington State law, the KCMEO is required to release information concerning a death to the media within 48 hours of identification, even if the next of kin has not been located to be notified.

### **Media Management**

All media will be directed to contact the King County Joint Information Center (JIC). If a JIC is not opened, media will be directed to the Public Health PIO. KCMEO will not take any media calls regarding the mass fatality incident directly; however, the KCMEO media line will be operational as always for non-disaster-related operations. All information related to the mass fatality recovery process, including human remains recovery, morgue operations, FAC operations, and total fatality numbers will be provided directly by Public Health PIOs. PIOs from cities within King County should also refer media requests for information directly to Public Health PIOs (or the JIC, if open).

While mass fatality operations are underway at the incident scene, Public Health Communications will be in communication with the PIOs from the responding agencies to provide message content and coordinate as needed. In order to protect the dignity of the decedents and show respect for the families and friends of the victims, Public Health will provide as much information to the media as possible while reiterating the sensitivity of the situation. In order to facilitate information management, a press release template has been prepared for use by the Communications Section. Additionally, Public Health has created a JIC template to consolidate information for daily briefings, press releases and JIC and Contact Center calls.

## Discussing Number of Decedents

Deaths related to the mass fatality will be reported daily at a regular press briefing, and will include estimated and/or confirmed deaths, positive identifications, and the names of those whose next of kin have been notified. Deaths that occur daily and are not associated with the mass fatality incident will be reported using normal systems maintained by the KCMEO. All media calls to the KCMEO received outside the regular press briefings will be managed by Public Health PIOs.

## Communications with Staff

Staff meetings should be held on a regular basis to receive updated information on operations, the recovery and identification efforts, unaccounted for persons investigations, and any changes. At a minimum staff in each module should attend an All Staff Briefing at the beginning of each operational period. Command staff should also attend two command briefings per operational period, one at the beginning and one towards then end of the operational period. Each section or unit may hold their own briefings periodically to communicate any pertinent information.

*Staff Briefing agenda could include the following:*

- Goals and Objective
- New Initiatives
- Status of Rescue, recovery and identification efforts
- Status of incident investigation
- Status of Secondary Services
- Status of disposition and return of remains
- Return of personal effects
- FAC operations and demographic data

## Communications with Incident Site

The modules should maintain regular communications with the incident site through HMAC and the KCMEO to monitor the recovery effort and provide any information necessary on operations. All communications with the incident site should be coordinated through the Liaison Officer. Any important updates from the incident site should be communicated to the leaders of each module.

## Coordinated Communications with Partners

### 1. Hospitals

Communication with hospitals will be coordinated through the NWHRN HECC. Hospitals may be contacted through phone calls, email, WATrac, fax, or other forms of communication. All communications should be recorded and important information should be relayed to the FAC Director. Information such as patient names, conditions, or locations should not be released to unauthorized individuals.

### 2. EOCs



As needed, modules will communicate with local EOCs through liaisons and HMAC. Resource requests will be communicated to the HMAC Logistics Section by the module Logistics Chief upon approval of the module leader. HMAC Logistics Section will then work with the appropriate jurisdiction to request needed assistance.

### 3. Elected Officials

Communication with elected officials will be handled by the PIO in consultation with the HMAC Area Commander and the KCMEO. If a JIC has been established the PIO should coordinate all messages with the lead JIC PIO before communicating with elected officials.

In the event an elected official appears on site at any module they should be greeted and briefed by the PIO. If they insist on entering, the module supervisor may, at his or her discretion, allow them to enter the operations area if escorted by the supervisor or the PIO.

#### Strategy:

- Employ multiple approaches to ensure that the families of individuals, as well as members of the public, have necessary, relevant, and accurate information.

#### Objectives:

- Gather and share accurate information.
- Ensure family members receive information before it is released to the press and public.
- [If necessary] Share information on management of decedents with the public.

#### Attachments:

31.01 Communications Objectives and Tasks

31.02 Mass Fatality Media FAQ Sheet

31.03 Messaging Tips

31.04 FAC Information Tracking for PIOs (Fillable and To Print)

31.05 Initial Press Release Components

31.06 Mass Fatality Incident Update Template and Completion Instructions (Fillable and To Print)

31.07 Remains in Place Public Messaging Pre-Disaster

31.08 Key Messages What to Do if Someone Dies in Disaster





## 32 Roles and Responsibilities

### Primary Agencies

#### Public Health – Seattle & King County

- Coordinate all mass fatality response operations via Health and Medical Area Command.
- Develop public messaging content such as fatality numbers, names of decedents, and public guidance.
- Establish and operate the Family Assistance Center.
- Establish Contact Center in concert with 2-1-1.
- Establish Virtual Family Assistance Center.
- Establish Victim Information and Identification Center.
- Coordinate the acquisition of the location, equipment, and supplies need to support operations.
- Secure staff for many roles outlined throughout the plan.

#### King County Medical Examiner's Office

- Document the context and coordinate the recovery of human remains.
- Establish positive identity of all disaster related decedents by scientific means.
- Determine and certify the cause(s) and manner of disaster related deaths.
- Collect and preserve all medico-legal evidence, and release said evidence to appropriate law enforcement authorities.
- Recover and document all personal property associated with the human remains and release to legal next of kin.
- Ensure appropriate notification of next of kin.
- Coordinate the disposition of decedents including interim storage of all human remains resulting from a disaster.
- Maintain the official log of reported and confirmed deaths resulting from a disaster.
- Serve as the lead agency for the release of all information regarding deaths resulting from emergencies or disasters.
- Determine the need for a FAC.
- Share information on victim recovery and identification operations.
- Provide notifications to families.
- Secure staff to support mass fatality response operations.



## **Local Support Agencies**

### Law Enforcement

#### *Scene and Call Center*

- Set up Reception Center at scene.
- Lead or support investigations into mass fatality incidents.
- Provide for or coordinate security at mass fatality response locations.
- Assist at the scene as needed, including mapping, photography, search, labeling, packaging and other tasks.
- Secure staff to support these responsibilities.

#### *Morgue*

- Provide for or coordinate security at mass fatality response locations.
- Lead the investigation into those who are determined to be missing persons.
- Aid the VIC in collecting or providing information that could help facilitate decedent identification.
- Secure staff to support these responsibilities.

#### *FAC*

- Lead or support investigations into mass fatality incidents.
- Provide for or coordinate security at mass fatality response locations.
- Lead the investigation into those who are determined to be missing persons.
- Coordinate security and provide credentialing in the FAC.
- Aid the VIC in collecting or providing information that could help facilitate decedent identification.
- Secure staff to support these responsibilities.

### Fire and EMS

#### *Scene and Call Center*

- Serve as Safety Officer.
- Implement catastrophic tagging and identification as directed by KCMEO.

#### *Morgue*

- Implement catastrophic tagging and identification as directed by KCMEO.



Offices of Emergency Management

*Overall Response*

- Serve as the primary emergency agencies for events occurring within their jurisdictions.
- Coordinate the jurisdiction-wide effort to support mass fatality response agencies.
- Respond to resource requests from within their jurisdictions and pass such requests on to the County when unable to fulfill them.
- Prepare emergency proclamations.
- Manage decedents by implementing its catastrophic plan as directed by KCMEO.
- Share information concerning the incident.

*Scene and Call Center*

- Respond to resource requests from within their jurisdictions and pass such requests on to the County when unable to fulfill them.

*Morgue*

- Respond to resource requests from within their jurisdictions and pass such requests on to the County when unable to fulfill them.
- Upon request, assist with establishing contact with Consuls located within their jurisdiction.
- Manage decedents by implementing its catastrophic plan as directed by KCMEO.

*FAC*

- Respond to resource requests from within their jurisdictions and pass such requests on to the County when unable to fulfill them.
- Prepare emergency proclamations.
- Upon request, assist with establishing contact with Consuls located within their jurisdiction.



**County**

King County Department of Executive Services

*Overall Response*

- Prepare emergency proclamations and requests for assistance from the State and federal government.

King County Office of Emergency Management

*Overall Response*

- Provide emergency support throughout the county.
- Serve as first point of contact for requests in unincorporated King County and as support for requests originating in incorporated cities.

King County Sherriff's Office

*Overall Response*

- Lead or support investigations into mass fatality incidents.

*Scene and Call Center*

- Staff call center tasked with taking missing persons reports using Snohomish Mass Missing Persons Tool.

*Morgue*

- Assist with acquisition and analysis of antemortem and postmortem prints.

*FAC*

- Assist with acquisition and analysis of antemortem and postmortem prints.



## State

### Washington State Department of Health

#### *Overall Response*

Work with the Washington State Emergency Management Division (EMD) to request the assistance of State resources or federal assets such as DMORT and the VIC Team.

In concert with EMD, manage federal resource requests and distribution of federal assets.

#### *Morgue*

Work with the Washington State Emergency Management Division (EMD) to request the assistance of State resources or federal assets such as DMORT and the VIC Team.

In concert with EMD, manage federal resource requests and distribution of federal assets.

Manage requests for state-purchased medical examiner resources.

#### *FAC*

Work with the Washington State Emergency Management Division (EMD) to request the assistance of State resources or federal assets such as DMORT and the VIC Team.

In concert with EMD, manage federal resource requests and distribution of federal assets.

### Washington State Emergency Management Division

#### *Overall Response*

Assist in acquiring any non-medical assets for local jurisdictions.

Request assistance of federal assets that may support FAC operations.

#### *Morgue*

Assist in acquiring any non-medical assets for local jurisdictions.

#### *FAC*

Assist in acquiring any non-medical assets for local jurisdictions.

Request assistance of federal assets that may support FAC operations.



Washington State Patrol

*Scene and Call Center*

- Assist local law enforcement with traffic control, closing / rerouting streets in support of mass fatality operations.

*Morgue*

- Assist in the identification of the deceased using physical information.
- If requested and available, assist in the taking of samples for DNA and in the processing of those samples using the Crime Lab.
- Determine who to outsource to if testing cannot be done within capacity of lab and contract with that organization.

*FAC*

- If requested and available, assist in the taking of samples for DNA and in the processing of those samples using the Crime Lab.
- If requested and available, provide staff to train FAC personnel on DNA collection.

## **Federal**

### National Transportation Safety Board

#### *Morgue*

- In the event of a legislated aviation or passenger rail accident (per 49 USC 1136 and 1139):
  - Coordinate assistance efforts with local and State authorities, including the medical examiner, local/county/State law enforcement, emergency management agency, hospitals, and other emergency support personnel.

#### *FAC*

- In the event of a legislated aviation or passenger rail accident (per 49 USC 1136 and 1139):
  - Coordinate support of other federal agencies providing family assistance support to local jurisdiction.
  - Oversee air and rail carrier family assistance response.
  - Coordinate JFSOC operations.
- Serve as a technical advisor to assist local jurisdictions with FAC operations.

### Disaster Mortuary Operations Response Team

#### *Morgue*

- Assist with victim identification and mortuary services if the KCMEO's resources are overwhelmed.
- Provide mortuary staff and resources to an incident.

#### *FAC*

- Provide VIC Team to aid in the establishment of a FAC.

### Department of Justice

#### *Morgue*

- If available, aid in fingerprint collection and supplementing laboratory assets.

#### *FAC*

- If an incident is officially classified as a criminal act, coordinate communications with families/friends to gain and provide information about the incident.
- Lead agency on coordinating Crime Victim Assistance for families.



Department of State

*Morgue*

- Assist in gathering antemortem data or DNA reference samples.
- Notify foreign governments and families of foreign citizens involved in the incident.

*FAC*

- Assist with providing services to aid in information collection and communications with foreign countries, foreign nationals, or Americans living or traveling abroad.
- Assist in gathering antemortem data or DNA reference samples.
- Notify foreign governments and families of foreign citizens involved in the incident.
- Provide additional interpretation/translation services and assist families of foreign victims with entry into the United States.

Department of Homeland Security: Coast Guard

*Overall Response*

- Provide support and expertise related to mass fatality incidents taking place in the water.

Federal Emergency Management Agency

*Overall Response*

- Provide support in conjunction with federally declared disasters.

FEMA Region X National Guard Fatality Search and Recovery Team (FSRT)

*Scene and Call Center*

- Assist in search and recovery, with expertise in recovering contaminated remains.

Law Enforcement Agencies (FBI, ATF)

*Overall Response*

- Lead or support investigations into mass fatality incidents that are confirmed or suspected criminal events.

*Scene and Call Center*

- Lead or support investigations into mass fatality incidents that are confirmed or suspected criminal events.





National Guard CBRNE-Enhanced Ready Force Package (CERF-P)

*Scene and Call Center*

Decontamination of contaminated recovered remains.

**Non-Profit and Private Partners**

2-1-1 / Crisis Connections

*Scene and Call Center*

- Operate contact center to assist with family reunification

*FAC*

- Operate Virtual Family Assistance Center

American Red Cross of King County (Regional Office)

*Scene and Call Center*

- Provide support (e.g. feeding, mental health) to first responders at the scene of the incident.

*FAC*

- If requested, provide Mental Health and Spiritual Care support to the FAC.
- Aid in providing child care services at a FAC.

Hospitals

*Morgue*

- Manage decedents onsite until they can be removed and taken into custody
- Report deaths to KCMEEO.

*FAC*

- Set up a temporary Family Reception Center area within their facilities.
- Enter patient information into WATrac to support patient tracking / support patient tracking with paper forms if WATrac is down.

Faith-Based Organizations

*Scene and Call Center*

Provide support to the families and friends affected by the disaster.

*Morgue*

Serve as cultural liaisons when issues around the treatment of decedents and interaction with family members (e.g. who notify of the death) arises.

*FAC*

Provide support to the families and friends affected by the disaster.

Serve as cultural liaisons when issues around the treatment of decedents and interaction with family members (e.g. who notify of the death) arises.

Death Care Industry

*Scene and Call Center*

Assist with transportation and family support.

Provide space for temporary interment after a catastrophe.

*Morgue*

Follow standard operating procedures to manage final disposition of human remains.

Work with KCMEO and the family to determine how remains identified following initial release will be handled.

Assist with transportation and family support.

Provide space for temporary interment after a catastrophe.

*FAC*

Assist with transportation and family support.

Medical and Dental Offices

*Morgue*

Provide access to medical / dental records documents, and/or specimens as requested by KCMEO per RCW 70.02.050.



Incident Site Owners and Operators

*Scene and Call Center*

- Provide electronic or paper versions of floor plans or schematics.
- Provide information on building or vehicle occupants.

Washington Forensic Dental Society

*Morgue*

- If requested and available, assist with the collection of antemortem and postmortem dental data, and with the positive identification of decedents by comparison of these data sets.



## **International**

### Embassies and Consulates

#### *Morgue*

- Assist with identification of international decedents and coordination of the repatriation of remains.
- Serve as a liaison with family members of foreign nationals.

#### *FAC*

- Serve as a liaison with family members of foreign nationals.

### Interpol

#### *Morgue*

- Assist in the identification of the deceased by processing fingerprints through its database.

### 33 Training & Exercises Overview

It is crucial to the success of this plan that staff members be regularly trained in its implementation, and that table-top and full-scale exercises that might have a fatality component include the response as outlined in this plan. It is also crucial that the plan or parts of the plan be shared with those organizations that are expected to play a part in mass fatality response and management.

Over the next three years:

- Public Health Preparedness Staff will receive an orientation of the plan each time significant revisions are made.
- Potential mass fatality response staff, including PHRC volunteers, KCMEO staff, and death investigation and autopsy response team members, will receive topical training on different sections of the plan.
- Facilitated discussions or table-top exercises will be scheduled at regular intervals to validate different components of the plan.
- A functional or full-scale exercise will be held as funding allows or as directed by grant requirements. The next functional exercise will be held in 2019.

Attachments:

33.01 HMAAC Staff Training Overview

33.02 KCMEO Staff Training Overview

33.03 Emergency Management Training Overview

33.04 FD and PD One Pager